

Babies Can't Wait

Part C State Performance Plan



Georgia Department of Human Resources
Division of Public Health
Family Health Branch
Office of Children with Special Needs

Original Submission: December 2, 2005
Updated/Revised: February 1, 2007

**INTERAGENCY COORDINATING COUNCIL
CERTIFICATION OF ANNUAL REPORT**

On behalf of the Interagency Coordinating Council (ICC) of Georgia, I certify that the ICC agrees/ disagrees (*) with the information in the State's Annual Performance Report for Federal Fiscal Year 2005. The ICC understands that 34 CFR §80.40, of the Education Department General Administrative Regulations, requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.



Signature of ICC Chairperson

11/22/05

Date

(*) The Council may submit additional comments related to the Lead Agency's Annual Performance Report and append comments to the Report.

Overview of Part C System in Georgia

Georgia is a large southeastern state with a diverse population of 8,829,383 according to 2004 U.S. Census estimates. Georgia is the largest state east of the Mississippi River with over 57,000 square miles of land and ranks as the 10th most populous state in the country. There are major metropolitan areas and urban population centers as well as rural communities located in the mountains, the plains, and coastal areas. The 2004 U.S. Census estimates include 411,041 children under three years of age in Georgia.

The Georgia Department of Human Resources (DHR) Division of Public Health is the designated State Lead Agency for the Babies Can't Wait early intervention system established under Part C of the Individuals with Disabilities Education Act. Georgia has participated in the federal program since 1987, with DHR as the Lead Agency responsible for developing the system. Georgia first received federal funds in 1989 (Fiscal Year 1990). The Part H/Early Intervention system was originally located within DHR's Division of Mental Health, Mental Retardation, and Substance Abuse in Georgia. On August 1, 1992, the responsibility for the Part H/Early Intervention system was transferred to DHR's Division of Public Health.

Babies Can't Wait is administered through 18 District offices throughout the state. Through the 18 offices, children and families in every county in Georgia can access early intervention supports and services. Subgrants to these public health district offices are executed annually to coincide with the state fiscal year (July 1 – June 30) in order to ensure statewide implementation of the Part C Early Intervention program, Babies Can't Wait (BCW). Assurances by the District Health Directors included in the subgrants/contracts address the use of Part C funds, compliance with BCW policies, BCW data reporting schedules and requirements, and subcontract approval by the State Lead Agency. The contracts state that the purpose of the BCW program is "to maintain an infrastructure and provide outreach, evaluation, assessment, service coordination, and to implement strategies designed to meet the developmental needs of eligible children as authorized by the individualized family service plan (IFSP) when other resources are not available, for the District's Babies Can't Wait Program." In addition, the purpose stated in the grant-in-aid annex requires the use of funds for the "provision of services, including service coordination to children birth to three years of age who are developmentally delayed or have conditions which put them at risk for poor developmental outcomes; evaluation and assessment; early intervention coordinators and the administrative operation of the four components of the program."

Early intervention supports and services are provided in accordance with Part C statute and regulations. State Babies Can't Wait policies and procedures are disseminated statewide in a variety of formats (hard copies, electronic files, etc.) and are available upon request from the State Lead Agency and District offices.

Overview of State Performance Plan Development

In May of 2005, forty-eight individuals were invited to participate in a stakeholder group that was organized to initiate the development of a State Performance Plan (SPP) for the Babies Can't Wait (BCW) (IDEA-Part C) Early Intervention System as required in the Individuals with Disabilities Education Improvement Act of 2004. The U.S. Department of Education Office of Special Education Programs (OSEP) provided guidance and technical assistance to prepare the State for the development of this plan. Members of the BCW stakeholder group were selected to ensure diverse representation, including advocacy groups, parents of children with disabilities,

private and public service providers, State Interagency Coordinating Council (SICC) members, early intervention district program coordinators, state reimbursement agencies, personnel preparation, training and technical assistance providers, child care resource and referral agencies, preschool special education (IDEA-Part B), Head Start and Early Head Start. In addition, individuals were invited to ensure that the makeup of the stakeholder group reflected geographic, gender, and ethnic diversity. A national Part C consultant facilitated the work of the stakeholder group, while staff support was provided by State Lead Agency personnel.

The initial meeting of the stakeholder group was held on June 20, 2005, at which time the SPP purpose, intent, and format were introduced. Information about the alignment of the SPP with the federal Continuous Improvement Monitoring Process (CIMP), Continuous Improvement Focused Monitoring System (CIFMS), and Annual Performance Reporting (APR) requirements was presented. The Stakeholder group was scheduled to meet on September 27-28, 2005 to develop the draft of Georgia's SPP. Due to adverse weather in the Gulf States region and subsequent travel restrictions, the meeting was postponed until October 25-26, 2005.

An early childhood outcomes workgroup was convened in October 2005, prior to the two-day stakeholder meeting. The workgroup, comprised of state lead agency staff, early intervention district program coordinators, early intervention specialists, and higher education faculty, was charged to review information and research provided by OSEP and the national Early Childhood Outcomes (ECO) Center and to make recommendations to State Lead Agency to assist in defining methodology and data collection processes to respond to indicator #3. The recommendations of the workgroup were presented for review and discussion at the stakeholder meeting on October 25-26, 2005.

For each of thirteen indicators provided by OSEP, the stakeholder group examined information that was provided by the State Lead Agency, including overview and description of the system; baseline data and related discussion and explanation of baseline; and improvement activities, timelines and resources. For each indicator, baseline data was reported and analyzed from federal fiscal year 2004 (FFY2004: October 1, 2003 – September 30, 2004). A fourteenth indicator (#12 – Resolution Sessions) was not addressed because it is not applicable to Part C in Georgia as Babies Can't Wait has not adopted Part B due process procedures. Stakeholders established measurable and rigorous targets for performance indicators (#2, 5, 6, and 13) and also recommended improvement activities, timelines and resources for each of these indicators. The group engaged in discussion of new indicators (#3, and 4) reviewing and providing recommendations to the State Lead Agency to assist in defining methodology and data collection processes to respond to these indicators. Finally, members reviewed the baseline data and status for each of the compliance indicators for which targets are 100% (#1, 7, 8, 9, 10, 11, and 14) and provided recommendations for improvement activities, timelines and resources for each indicator.

Opportunities to provide input were also provided during quarterly meetings of the Early Intervention District Program Coordinators (August 2005), State Interagency Coordinating Council (SICC) (October 2005), Parent Educators (October 2005), Training/Technical Assistance Contractors (August 2005) and during three regional meetings of service coordinators (November 2005). Comments were incorporated into the SPP as appropriate and the plan was finalized and approved for submission to OSEP by December 2, 2005.

In November 2005, a draft version of Georgia's Part C State Performance Plan was disseminated electronically throughout the state for additional stakeholder input. In addition to disseminating to the Stakeholder group for their review and distribution to colleagues and the

constituencies they represent, the SPP was emailed to Early Intervention Coordinators (Local Lead Agency Program Coordinators), Early Intervention Specialists, Family Health Branch State Staff, State Interagency Coordinating Council (SICC) members, District Children 1st Coordinators, District Children's Medical Services Coordinators, District Universal Newborn Hearing Screening and Intervention (UNHSI) Coordinators, District High Risk Infant Follow-Up Coordinators, Parent Educators, and Babies Can't Wait Training/Technical Assistance Contractors. Individuals were able to submit questions and comments through November 15, 2005.

Georgia's Part C State Performance Plan will be disseminated to the public through posting to the Babies Can't Wait webpage (<http://www.health.state.ga.us/programs/bcw/publications.asp>), the Parent to Parent of Georgia (Part C Central Directory) webpage (<http://www.parenttoparentofga.org>) and highlighted in the Division of Public Health main webpage (<http://www.health.state.ga.us/>). The SPP will be disseminated to all of the above individuals, including representatives of public agencies (Department of Education, Department of Early Care and Learning, etc.) electronically for distribution throughout the State. In December 2005, information about the SPP will be disseminated to the media outlets statewide through a news release developed by the DHR Office of Communications and with support from District Early Intervention Coordinators and Public Information Officers.

State Performance Plan Update/Revision February 2007

Stakeholders met on December 7, 2006 to review data and status of the state Part C system as well as local systems related to established targets. Based upon guidance from the Office of Special Education Programs (OSEP), the following revisions were made to the State Performance Plan for the Part C system in Georgia:

- **Indicator #1:** New baseline data submitted in response to clarification of this indicator by OSEP.
- **Indicator #2:** Targets revised to reflect Stakeholder input and clarification from OSEP.
- **Indicator #3:** Initial entry data collection reported.
- **Indicator #4:** Baseline data reported; Measurable and rigorous targets established; Improvement activities, timelines and resources identified.
- **Indicator #8c:** Baseline data revised in response to OSEP request for data regarding timeliness of transition conferences.
- **Indicator #9:** Baseline data resubmitted in response to revision to the measurement for this indicator by OSEP.
- **Indicator #14:** Targets revised in response to OSEP request for targets related to both timeliness and accuracy of data reporting.

The following indicators were not revised and were maintained in the State Performance Plan as originally submitted by Georgia on December 2, 2005 and approved by OSEP on February 28, 2006:

- Indicators #5, 6, 7, 8a, 8b, 10, 11, 12, 13

Current data, status in relation to established targets, discussion of progress or slippage, and review of activities, strategies, timelines and resources for each indicator are reported under separate cover in the Annual Performance Report which was submitted to OSEP on February 1, 2007.

Georgia's updated/revised Part C State Performance Plan and 2007 Annual Performance Report will be disseminated to the public through posting to the Babies Can't Wait webpage (<http://www.health.state.ga.us/programs/bcw/publications.asp>), the Parent to Parent of Georgia (Part C Central Directory) webpage (<http://www.parenttoparentofga.org>) These documents will be disseminated to representatives of state agencies (Department of Education, Department of Early Care and Learning, etc.) electronically for distribution throughout the State. District "Reports" outlining the performance of each district in relation to state targets have been developed and will be posted to the Babies Can't Wait and Parent to Parent of Georgia websites in Spring 2007. Information about the updated State Performance Plan, the Annual Performance Report, and documents designed for reporting on the performance of each local (district) program in relation to state SPP targets will be disseminated to the media outlets statewide through a news release developed by the Department of Human Resources (DHR) Office of Communications and with support from District Early Intervention Coordinators and Public Information Officers.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #1 Revised February 2, 2007)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

Infants and toddlers who are eligible for Part C and their families receive early intervention supports and services in accordance with BCW policies from early intervention providers who meet applicable licensure and/or personnel standards. State of Georgia educational background and licensure requirements are adhered to for early intervention service providers, including but not limited to audiologists, nurses, physicians, occupational therapists, physical therapists, speech-language pathologists, social workers, psychologists, nutritionists, and family therapists. Credentials are reviewed by the State Lead Agency for all service coordinators statewide in order to ensure BCW personnel qualifications are met.

Service coordination is provided in a “dedicated” model in Georgia. This means that service coordinators function only as service coordinators and do not provide other intervention supports and services to the children and families for whom they provide service coordination. Service coordinators may be employed as District Babies Can't Wait employees or they may provide service coordination through subcontracts with a District office. Prior to beginning work as a service coordinator, every individual service coordinator applicant's credentials are reviewed and approved by the State Lead Agency and each individual must attend a two-day initial orientation session. In each of the four quarters of SFY2004, approximately 79% of all enrolled children and families received service coordination from private subcontractors and publicly employed service coordinators served the remainder (approximately 21%).

Numbers of early intervention personnel increased annually through 2002 in the disciplines most frequently listed on individualized family service plans (occupational therapy, physical therapy, speech-language pathology, and special instruction). The numbers of psychologists, nutritionists, and nurses have declined slightly, as such services are more frequently accessed and provided outside of the early intervention system. Slight decreases in numbers of providers of “high-frequency” services (occupational therapy, physical therapy, and speech-language pathology) were noted in FFY2004 due, at least in part, to increased challenges in seeking and receiving consistent and timely reimbursement from third party insurers in the state. These issues continue to be addressed by the State Lead Agency and SICC.

Annually, a Middle School Multicultural Career Fest is held at a Georgia Historically Black College/University, in order to introduce early intervention careers to students and to enhance minority recruitment efforts. Middle school students, their teachers and counselors attend the Career Fest and follow-up contacts are initiated after each event.

Each of the 18 District offices administering the Babies Can't Wait system throughout Georgia is responsible for hiring and contracting with personnel to meet the needs of infants and toddlers with special needs and their families within their respective regions. The State Lead Agency provides contract template language to the 18 districts annually for use when sub-contracting for early intervention supports and services. Three contract templates are provided (service coordination, service provision, and special instruction) that contain all applicable requirements, including personnel qualifications and licensure, and regulations specific to Part C and the Babies Can't Wait system in Georgia. Templates are updated annually to incorporate all new requirements. Districts are required to incorporate all template language into their subcontract documents. These subcontracts are reviewed during onsite monitoring visits. Ongoing contract monitoring throughout the year is the responsibility of each district.

Georgia's Comprehensive System of Personnel Development (CSPD) requires the completion of six Project SCEIs (Skilled Credentialed Early Interventionists) training modules and related independent learning projects by all service coordinators and special instructors within two years of initial hire or contract with BCW. The six modules address (1) administrative and team processes; (2) evaluation and assessment; (3) family systems and family involvement; (4) professionalism/professional development; (5) program implementation and evaluation; and (6) typical and atypical development. An optional Early Intervention Credentialing workshop is offered annually to individuals who complete the Project SCEIs modules. Upon completion of SCEIs requirements, service coordinators and special instructors are required to complete and submit continuing education credit hours in accordance with BCW policy. Licensed professionals who are not required to adhere to the SCEIs requirements must adhere to continuing education requirements established by the State to maintain licensure.

The BCW Higher Education Consortium, comprised of representatives from 20 colleges and universities in Georgia strives to increase faculty knowledge, to increase participation of therapy disciplines in the consortium and to promote inclusion of early intervention content in coursework at the college and university level. The Consortium also promotes training and educational opportunities to support consortia members, state and district staff and providers statewide.

Babies Can't Wait has an established mechanism for assignment of family cost participation for early intervention supports and services. The BCW/Children with Special Needs Financial Analysis for Cost Participation is utilized statewide to determine fees for each enrolled child and family. The percentage assessed to each family is based upon 200% of the most current Federal Poverty Level (FPL) guidelines. The scale is updated annually and implemented on July 1st of each year in order to insure utilization of the most current FPL scale. Fees are not charged for services (evaluation/assessment, IFSP, service coordination, procedural safeguards, transition) that a child is otherwise entitled to receive at no cost to parents. Inability of the parents of an eligible child to pay for supports and services, as defined by completion of the BCW/Children with Special Needs Financial Analysis for Cost Participation, does not result in the denial of supports or services to the child or the child's family. The appropriate use and application of family cost participation is reviewed during district onsite monitoring visits.

A definition of "timely" was established through the work of Part C stakeholders. The stakeholders defined "timely" as no more than 45 days from the date when parental consent was obtained on the IFSP, but recommended training and guidance be provided statewide to emphasize the importance of initiating supports and services as soon as possible following the development of the IFSP.

Baseline Data for FFY2004 (2004-2005):

For FFY2004, 93% of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

Discussion of Baseline Data:

Data are not currently collected to determine the length of time between a parent's consent for services (signature on the IFSP) and the initiation of supports and services for every eligible infant and toddler. Information regarding timeliness of initiation of early intervention services is currently collected through monitoring processes. This information was examined in 2003 through examination of a sample of all individualized family service plans in the state. In addition, a computer-generated random sample of all new IFSPs written in April, May and June 2005 was collected in November 2005 in order to determine current baseline. This sample represented 227 new IFSPs and 327 early intervention services. Review of data by District indicates 100% compliance in 7 Districts and 90% - 96% compliance in 5 Districts. Six Districts reported compliance below 90%. Further examination of the data reveals that the average number of days to the initiation of the first service provided was twenty-three. Analysis across early intervention service categories (occupational therapy, physical therapy, speech language therapy, family counseling, special instruction, assistive technology, etc.) indicates the average number of days to initiation ranged from 0 to 20 days.

Revised Baseline Data for FFY2005 (2005-2006):

For FFY2005, 92% of infants and toddlers with IFSPs received the early intervention services on their IFSPs in a timely manner.

Discussion of Revised Baseline Data:

Baseline data reported in the State Performance Plan submitted on December 2, 2005 indicated 93% compliance. Upon receipt of clarification and additional guidance from OSEP in 2006 related to the calculations and measurement for this indicator, it was determined that data was calculated incorrectly for the initial SPP submission. Therefore, revised baseline data for FFY2005 is being submitted. Data submitted in FFY2004 was calculated only for initial IFSP services and was reported based upon the timeliness of initiation of each discrete service, rather than per child.

Revised data was collected through random selection of 10% or a minimum of 25 of all active child records in each district. Random selection was computer-generated from the Babies Can't Wait data system for each district. Data was reported for 495 children and 923 services. Included in both the numerator and denominator used to calculate this baseline are 1.4% of children whose services were not initiated in a timely manner due to family reasons, including families moving, child illness or hospitalization, and failure to attend scheduled appointments. Documentation from those 1.4% or 7 individual child records support reasons for delay that were family-initiated or family requested. Calculations are based upon actual numbers of days to the initiation of each service for each child.

Baseline submitted in the State Performance Plan in December 2005 reflected timeliness for the initiation of discrete services included only on initial IFSPs. Revised baseline data includes timelines for all services included on initial and annual IFSPs as well as periodic revisions to IFSPs, as required by OSEP. Baseline data are also calculated to reflect the percentage of children who received all of their early intervention services in a timely manner, rather than the percentage of discrete services that were initiated in a timely manner. Analysis of data for discrete services indicates that 95% of all early intervention services included on individualized family service plans were initiated in a timely manner. Delays in initiation of services that were not related to family-initiated or family-requested delays were primarily reported to be the result of limited provider availability.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- The State Lead Agency will ensure ongoing collaboration with pre-service college/university programs for training of special educators, occupational and physical therapists and speech-language pathologists to provide information and training on evidence-based practice in early intervention and the coaching model.
- The State Lead Agency will ensure ongoing and continued provision of targeted training and technical assistance to provide supports for personnel working with young children with special needs and their families throughout the state.
- The State Lead Agency will support ongoing collaboration and communication with state therapy associations: Georgia Occupational Therapy Association (GOTA), Georgia Speech-Language-Hearing Association (GSHA), and Physical Therapy Association of Georgia (PTAG) and other professional associations to encourage and address provider recruitment and retention. Efforts will include continued dissemination of information regarding BCW systems

change and related early intervention topics at the therapy association statewide conferences and through other mechanisms.

- The State Lead Agency will convene a Recruitment/Retention workgroup during FFY2006 (2005-2006) to explore and provide recommendations for ongoing recruitment and retention of early intervention service providers in all geographic areas of Georgia.
- The State Lead Agency will incorporate expanded examination and review of the percent of infants and toddlers with IFSPs who receive the early intervention supports and services on their IFSPs in a timely manner into current on-site monitoring practices and into future general supervision activities that will augment focused monitoring efforts beginning in Fall 2006.
- Beginning in Winter 2006, the State Lead Agency's general supervision and monitoring will include the collection and analysis of a 10% sample of all IFSPs (or 25 IFSPs, whichever is greater) to determine number of days to initiation of supports and services. Each District will be required to provide data for this sample at least once every three years on an established monitoring cycle. The random sample will be obtained from the Babies Can't Wait data system for each district. Districts will be provided the sample population at least 3 months prior to the date on which the data will be due. Districts will be required to provide additional sample(s) and corrective action plans if noncompliance is identified. State Lead Agency staff will specifically focus enforcement efforts on Districts with compliance percentages less than 90%. A mechanism for submitting documentation of family-requested delays in initiation of supports and services will be incorporated into this reporting requirement. Family-requested delays will not be included when determining compliance with this indicator.
- During SFY2006, the State Lead Agency will develop training and guidance materials for service coordinators and early intervention providers to introduce the definition of "timely" and to focus on the importance of initiating supports and services as soon as possible following development of each IFSP. Training will be provided statewide throughout SFY2006 and on an ongoing basis.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005. Recommendations were made due to concerns about changes in Georgia's Medicaid system that were implemented in 2006, including the implementation of managed care and changes related to service limitations and prior authorization procedures.

- During 2007, the State Lead Agency will determine a mechanism for tracking timeliness of initiation of services by payment source as a way to assess if delays can be attributed to specific payment sources. This data will be utilized to inform future communication and collaborations with various funding sources.
- During Fall 2006, the State Lead Agency will collect data, by District, related to the numbers of service coordinators and therapy service providers (occupational therapists, physical therapists, and speech-language pathologists) working within Babies Can't Wait prior to changes in the state Medicaid system and after changes were implemented. Data will be updated approximately quarterly through 2007 to facilitate careful assessment of turnover and loss of providers as well as provider availability and potential shortages.

- During SFY2007, Districts with identified noncompliance in any area will be notified in writing and appropriate corrective action plans will be required from each District. The State Lead Agency will work with each District to ensure the provision of necessary training and technical assistance as well as monitoring of evidence of change and improvement to ensure correction of noncompliance within 12 months of identification and notification. Sanctions will be applied as necessary if improvement and correction are not evident within specified timelines. A written description of this process, including clarification of timelines, notification of identification and correction/close-out of noncompliance findings, and requirements related to documenting evidence of change and correction will be developed and provided to all Districts in 2007.
- Data verification visits will be conducted onsite in each of the 18 district Babies Can't Wait programs during calendar year 2007 to examine data collection, data entry, and data reporting processes for timeliness and accuracy. Upon completion of initial data verification visits in all Districts, a schedule for follow-up and repeat visits will be developed for subsequent years.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #2 Revised February 2, 2007)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Overview of Issue/Description of System or Process:

Babies Can't Wait policies and procedures, in addition to training materials and instructions for use of the statewide IFSP document, support the provision of supports and services in natural environments in Georgia. The IFSP process is used to ensure that early intervention supports and services are provided in home and community settings throughout Georgia unless early intervention cannot be achieved satisfactorily in a natural environment. Policy clarification regarding service delivery in natural environments was issued in 1999 and implemented statewide effective July 1, 2000. BCW monitors the development and implementation of IFSPs to ensure natural environment requirements are met. The IFSP document requires a justification for supports and services in non-natural environments that includes an explanation of (1) why outcomes/strategies cannot be achieved in the natural environment, (2) how interventions will be included in the natural environment, and (3) a plan or timeline to move the service(s) to the natural environment. Local lead agencies submit all IFSPs containing justifications for supports and services in non-natural environments to the State Lead Agency for tracking. In addition, non-natural environments as settings for service delivery are entered in and reported from the Babies Can't Wait database.

The State Interagency Coordinating Council in collaboration with the State Lead Agency produced a "Frequently Asked Questions" document and a "Fact Sheet" about natural environments in 1999. In Fall 2003, the state lead agency developed a "Frequently Asked Questions" document about the primary coach model of service delivery in natural environments, using information collected at provider and family forums. These documents were widely disseminated statewide and are currently still in use throughout Georgia.

Babies Can't Wait is implementing a model of service delivery in which a primary service provider or coach will support the family/caregiver's and other professionals' learning through coaching. The primary service provider/coach will function as part of an active team, which also includes the parents/caregivers and other professional team members, and will have access to input and support from the other members on the team on a regular basis and whenever needed. Each child's team is comprised of professionals from the following disciplines, which may include but are not limited to, occupational therapy, physical therapy, speech-language pathology, nursing, nutrition, and/or early childhood education/special education, which are determined to be necessary to support the child and family toward attainment of IFSP outcomes or goals. The primary service provider could be any one of these team members. In this model, the knowledge shared between professionals and caregivers for use across various natural settings and activities is greatly increased and ultimately provides the child many more

opportunities for practice of skills. The primary service provider or coach focuses on promoting competence and positive family functioning and supports families to encourage each child's development while building on existing strengths and interests. Support is provided during daily routines, in familiar settings and with familiar toys and objects in those settings. This model recognizes that family members and care providers are the primary influences for nurturing growth, development and learning in young children. It also provides caregivers with the formal and informal supports necessary to enable them to promote their child's participation in family and community life.

Training and technical assistance for service coordinators includes a mandatory two-day orientation provided by the State Lead Agency that must be completed prior to initiation of work with Babies Can't Wait. Content of the orientation includes extensive training on Part C requirements including evaluation, assessment, and IFSP development as well as delivery of supports and services in natural environment.

A cooperative agreement is in place between the Department of Human Resources Division of Public Health and Bright from the Start: Georgia's Department of Early Care and Learning (DECAL). Through this agreement, BCW is increasing efforts to provide information and support designed to promote increased availability of high-quality inclusive early learning opportunities, such as child care and Early Head Start, for infants and toddlers with special needs.

BCW co-sponsors the annual Georgia Association for Young Children (GAYC) conference and provides support for scholarships for family child care and center-based child care providers serving infants and toddlers enrolled in Babies Can't Wait. BCW partners with the Georgia Department of Technical and Adult Education in providing training and information about early intervention and inclusive child care to faculty at technical schools who are training child care providers.

Baseline Data for FFY2004 (2004-2005):

For FFY2004 (2004-2005), Georgia had 99.76% of infants and toddlers with IFSPs primarily receiving early intervention services in the home or community settings.

Discussion of Baseline Data:

The percentages of early intervention supports and services that are provided in natural environments for eligible infants and toddlers and their families was maintained at 99% for FFY2004 as BCW continues to support progress toward implementation of a primary provider model of early intervention service delivery in Georgia. Review of individualized family service plans for children with services in settings other than natural environments indicate that appropriate justifications are present for those services provided in non-natural environments.

Discussion of Revisions to Targets:

During preparation of the State Performance Plan in Fall 2005, Babies Can't Wait stakeholders originally set targets that reflected incremental progress at and above 99%, in response to OSEP guidance and requirements. However, the stakeholders did not fully support such targets because incremental increases above 99% did not represent meaningful changes or improvements nor did they allow for reasonable fluctuations due to individualization of services based upon the needs of eligible children and their families. Based upon clarifications received from OSEP in 2006 that states, with stakeholder input, could establish "maintenance" targets for this indicator when performance was at or above 95%, the Babies Can't Wait Stakeholder group

revised targets as indicated below. Stakeholders further supported revisions to targets in anticipation of possible changes in service delivery settings that may result from changes in Georgia's state Medicaid system which were implemented in 2006.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	99.76%
2006 (2006-2007)	96%
2007 (2007-2008)	96%
2008 (2008-2009)	96%
2009 (2009-2010)	96%
2010 (2010-2011)	96%

Improvement Activities/Timelines/Resources:

- The State Lead Agency will ensure that ongoing training from national consultants will be provided to core teams in districts. Core teams in each district will receive training in the primary coach model from national consultants by June 2006. Teams will receive ongoing support in coaching practices for six months by the national consultants and State Lead Agency staff and technical assistance providers. Original teams will be expected to mentor new district teams in the primary coach model as they are established, with support from State Lead Agency staff and technical assistance providers.
- The State Lead Agency will ensure ongoing and continued provision of targeted training and technical assistance to provide supports for personnel working with young children with special needs and their families throughout the state.
- The State Lead Agency will ensure ongoing collaboration with pre-service college/university programs for training of special educators, occupational and physical therapists and speech-language pathologists to provide information and training on evidence-based practice in early intervention and the coaching model.
- The State Lead Agency will continue collaborations with state agencies and higher education faculty to support preparation of early intervention and early childhood personnel throughout the state.

- The State Lead Agency will continue collaborations with state technical schools, training programs, and professional associations to support personnel preparation for child care providers in order to increase the availability of high quality inclusive child care and early childhood education opportunities for infants and toddlers with special needs.
- The State Lead Agency will support ongoing collaboration and communication with state therapy associations: Georgia Occupational Therapy Association (GOTA), Georgia Speech-Language-Hearing Association (GSHA), and Physical Therapy Association of Georgia (PTAG). Efforts will include continued dissemination of information regarding BCW service delivery system in natural environments and related early intervention topics at the therapy association statewide conferences and through other mechanisms.
- In FFY2005, the State Lead Agency finalized and disseminated, both in hard copy and through the BCW website, Frequently Asked Questions documents for physicians and health care providers on the following topics: Getting Started with Babies Can't Wait; Babies Can't Wait and Substance-Exposed Infants; and Babies Can't Wait and the Primary Service Provider/Coaching Model of Service Delivery. Ongoing use of these products will occur to continue to educate physicians and the public about early intervention and service delivery in natural environments.
- The service coordinator orientation curriculum will be revised and implemented by the State Lead Agency in FFY2006 to include additional content that promotes the implementation of a coaching model of early intervention service delivery within natural environments. Training content will include information on supporting families in mapping community resources and informal supports as well as discussion of a wide range of possible community settings that might be natural environments for families and children.
- The State Lead Agency will convene a Recruitment/Retention workgroup during FFY2006 to explore and provide recommendations for ongoing recruitment and retention of early intervention service providers in all geographic areas of Georgia.
- The State Lead Agency will support the State ICC in their role to provide advice and assistance related to recruitment and retention in 2006.
- During SFY2006, the State Lead Agency will ensure that the Babies Can't Wait Parent Handbook is updated to include the revised IFSP document as well as the Natural Environments "Frequently Asked Questions" document and "Fact Sheet". The State Lead Agency will encourage continued dissemination of these documents to families and caregivers as an educational and informational tool.
- During SFY2006, the State Lead Agency will provide all current fact sheets and frequently asked questions documents to the Babies Can't Wait Parent Educators for use in parent support and parent education activities throughout the state.
- Through State Lead Agency collaboration with Child Care Resource and Referral Agencies and Bright from the Start: Georgia's Department of Early Care and Learning, the state agency responsible for overseeing child care and educational services for Georgia's children ages birth through four, increased focus and emphasis will be placed on local collaboration between Babies Can't Wait and Child Care Inclusion Coordinators to support and promote quality developmentally appropriate inclusive child care for children. A focus will be on strategies to

ensure dissemination of information not only to child care center directors and administrators, but also to classroom teachers and direct caregivers. Training and support will be provided to both teachers and early intervention providers to emphasize the importance of incorporating early intervention supports and services within typical early childhood learning experiences.

- In 2006, collection of data from individualized family service plans related to the availability and accessibility of inclusive child care will be initiated in order to document the extent of need as identified by families of infants and toddlers enrolled in Babies Can't Wait. Following collection of this information for at least 12 months, data will be shared with appropriate personnel from Bright from the Start: Georgia Department of Early Care and Learning and the Division of Family and Children Services Childcare and Parent Services (CAPS) program for future work and planning.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #3 Revised February 2, 2007)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication);
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement: (As revised by OSEP in December 2006)

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If a + b + c + d + e does not sum to 100%, explain the difference.

- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)
 - a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
 - b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by (# of infants and toddlers with IFSPs assessed))] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by the (# of infants and toddlers with IFSPs assessed))] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

If a + b + c + d + e does not sum to 100%, explain the difference.

Description of the Outcome Measurement System for Georgia:

In the Babies Can't Wait system in Georgia, evaluations and assessments are most frequently completed by teams comprised of two or more of the following: early intervention specialists, early interventionists, nurses, nutritionists, physical therapists, occupational therapists, and /or speech language pathologists, all of whom meet applicable state licensure and/or personnel

qualifications. Team composition is determined based upon each child and family's unique needs and reason for referral. Evaluations and assessments are completed using tools or procedures from at least two of the following categories: systematic observation of functional abilities in the child's daily routine or natural setting; observation of care provider-child interaction; evaluation of child's play; use of standardized behavior checklists or curriculum-based measures; and standardized and/or norm referenced diagnostic tools. At least one tool or procedure must be comprehensive across all developmental domains.

Approved assessment tools and procedures are identified based upon six standards of assessment materials for use with young children, including authenticity (does the tool/procedure focus on actual child behavior in real settings), convergence (does it rely on more than one source of information), collaboration (does it involve cooperation and sharing, especially with parents), equity (does it accommodate special sensory, motor, cultural, or other needs rather than penalize children who have such needs), sensitivity (does it include sufficient items for planning lessons and detecting changes), and congruence (was it developed and field tested with children similar to those being assessed). Input and recommendations from practitioners and higher education faculty within Georgia was utilized in the compilation of the list of approved tools and procedures which is included in BCW policy (available upon request).

The Babies Can't Wait system has collected and reported the percentage of individual child IFSP progress statements that are met statewide since 2000. Multidisciplinary teams working with each child and family use a likert scale to rate each progress statement as either met, partially met, not met, or situation changed/no longer applies. Team members and early intervention providers receive ongoing training in the use of specific tools and procedures as well the process and procedures for rating IFSP progress statements. Such training has been provided at least annually since 1996/1997. In addition to topical training opportunities that address the use of specific tools or procedures, a Project SCEIs training module focuses significantly on evaluation and assessment in early intervention.

Description of Measurement Strategies Georgia will use:

To initiate collection of required data on the early childhood outcome indicators, a workgroup of State Lead Agency staff, Local Lead Agency personnel and higher education faculty reviewed information from the national Early Childhood Outcomes (ECO) Center and provided recommendations for consideration by the Babies Can't Wait Stakeholder group and additional stakeholders. The process that was supported by stakeholders throughout Georgia is described below.

Who will be included in the measurement?

Every child enrolled in Babies Can't Wait will be included in the measurement of child outcomes, excluding those children who enter Babies Can't Wait at 33 months of age or older.

What tool(s) will be used?

Georgia's Part C system will collect child outcome information for every child using the Early Childhood Outcomes Center Child Outcomes Summary Form (COSF). The 7-point Child Outcomes Summary Form will allow Georgia's Part C system to respond to the revised five child outcome reporting categories that were provided by OSEP in Fall 2006 with only minor revisions to report formats contained within the Babies Can't Wait data system.

Prior to completion of the COSF for each child, evaluators must complete at least one tool for which a crosswalk is available from the National Early Childhood Outcomes

Center. Crosswalked tools that are currently being used to inform the completion of the COSF in Georgia include the Battelle Developmental Inventory II, Carolina Curriculum for Infants and Toddlers with Special Needs, Assessment, Evaluation, and Programming System for Infants and Children, Hawaii Early Learning Profile, and the Developmental Assessment of Young Children. Additional information that could be used to support completion of the COSF may be synthesized from any approved evaluation tool or procedure included in the BCW Standards (See Attachment 2).

How will the tool be completed? By whom? When?

Entry Data:

Within the first 45 days from initial referral to Babies Can't Wait, the first measurement will occur with every eligible child. As part of the evaluation/assessment and determination of eligibility processes, evaluators will be required to select one tool/procedure for completion for which a crosswalk to the Child Outcomes Summary form is available. Teams may continue to select additional valid and reliable tools/procedures as appropriate for each child from the approved list of tools and procedures in the Babies Can't Wait Policies and Procedures. Evaluators will complete the Child Outcomes Summary form as part of the documentation of eligibility, in conjunction with Georgia's determination of eligibility form. The form will be completed using the information from the evaluations prior to the initial IFSP meeting. The information compiled on the form will be reviewed with each family at their child's initial IFSP meeting. Data will be submitted and entered at the district level and transmitted to the State Lead Agency monthly.

Annual Data:

Annual measurement will occur with every child. As part of the re-evaluation/assessment and re-determination of eligibility processes, evaluators will be required to select one tool/procedure for completion for which a crosswalk to the Child Outcomes Summary form is available. Teams may continue to select additional valid and reliable tools/procedures as appropriate for each child from the approved list of tools and procedures in the Babies Can't Wait Policies and Procedures. Evaluators will complete the Child Outcomes Summary form as part of the documentation of re-eligibility, in conjunction with Georgia's determination of eligibility form. The form will be completed using the information from the evaluations prior to the annual IFSP meeting. The information compiled on the form will be reviewed with each family at their child's annual IFSP meeting. Data will be submitted and entered at the district level and transmitted to the State Lead Agency monthly.

Exit Data:

Within 45 days of a child's anticipated transition or exit from Babies Can't Wait, an early intervention provider who is part of the child's IFSP team will update the child's developmental status, using the crosswalked tool that was previously completed. This does not require a re-evaluation, but instead an update of ongoing assessment activities that is already a required component of early intervention service delivery. That provider would then complete the Child Outcomes Summary form based upon the updated assessment and developmental information. Alternately, if evaluation results from a crosswalked tool are available from the local school system preschool special education program, those results may be used to complete the Child Outcomes Summary form. The state lead agency for Part C will work to encourage Local Lead Agency and local school system agreements to address sharing of evaluation and outcomes data for children transitioning to preschool special education. The information compiled on the

Child Outcomes Summary form will be reviewed with each family at their child's IFSP exit review meeting. Data will be submitted and entered at the district level and transmitted to the State Lead Agency monthly.

Who will report data to whom, in what form and how often?

Data will be collected locally, entered at each district office, and transmitted to the State Lead Agency monthly. Aggregate data reports will be generated quarterly. Data will be reported to OSEP annually in the Annual Performance Report. Reports to OSEP will include data from children who were enrolled for more than six (6) months in Babies Can't Wait. Child outcome data for children referred to Babies Can't Wait after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP, but may be used to satisfy additional in-state reporting requirements.

What are the timelines for implementation of data collection and reporting?

Georgia's initial baseline data collection will occur between March 1, 2006 and September 30, 2006. Ongoing data collection will continue effective October 1, 2006. Baseline entry data from March 1 – September 30, 2006 will be reported to OSEP in the Annual Performance Report due in February 2007. Exit data will be collected on all children who enrolled from March 1, 2006 – September 30, 2006 and exited between October 1, 2006 and June 30, 2007 for reporting to OSEP in the Annual Performance Report due in February 2008. In addition, the 2008 Annual Performance Report will include measurable and rigorous targets, improvement strategies, timelines and resources related to Indicator #3.

Description of Sampling Methodology (if applicable):

Not applicable. Georgia's Part C system will not use sampling to collect data for Indicator #3.

Measurable and Rigorous Targets:

Targets will be set and reported in February 2008, when complete baseline (entry and exit) data are available.

Report of Status of Activities, Training and Implementation:

Training materials and a Frequently Asked Questions document were developed in January and February 2006. Three training sessions were provided to local Part C programs and providers in February and March 2006. Training materials were provided to local Part C program coordinators for use in training additional staff and providers who were unable to attend the initial training sessions. Additional training sessions and technical assistance was provided to early intervention specialists and to individual districts throughout Spring and Summer months. Initial entry data collection was initiated by all local programs between March 1, 2006 and April 1, 2006. The Frequently Asked Questions document was posted to the Babies Can't Wait Publications webpage in June 2006. The Babies Can't Wait data system was revised in Spring 2006 to include data fields for collection and entry of child outcome data elements. The revisions included built-in verification and edit functions to prevent avoidable errors. Ongoing data collection continues in accordance with approved plans and procedures outlined in the original submission of Georgia's Part C State Performance Plan.

Report of Initial Entry Data Collection (collected between March 1, 2006 and September 30, 2006):

	Number	Percentage
Initial (Entry) Measurements	2515	
Positive Social Relationships		
At age level at entry (rated 6 or 7 on the COSF)	514	20.5%
Below age level at entry (rated 1-5 on the COSF)	1993	79.5%
Acquisition and Use of Knowledge and Skills		
At age level at entry (rated 6 or 7 on the COSF)	304	12%
Below age level at entry (rated 1-5 on the COSF)	2198	88%
Use of Appropriate Behaviors to Meet Needs		
At age level at entry (rated 6 or 7 on the COSF)	499	20%
Below age level at entry (rated 1-5 on the COSF)	1998	80%

Improvement Activities/Timelines/Resources:

- State Lead Agency programmatic and data staff will analyze data quarterly to ensure data collection is occurring for all children entering Babies Can't Wait. Data analysis will include review of data by county and district.
- The State Lead Agency staff will provide targeted technical assistance upon request in counties and districts to address the use of the Child Outcomes Summary Form, data collection and data entry. In addition, training and technical assistance will be provided if data collection and reporting and/or any other issues related to the collection of child outcome data are identified.
- Incorporate information and timelines related to the collection of child and family outcomes into Georgia's *Transition at Age 3: Steps for Success* document. Identify additional strategies and mechanisms to be used to educate and inform families about the collection and use of these data.
- During 2007, explore opportunities and identify ways that District Babies Can't Wait programs can partner with Department of Education Parent Mentors and Title I programs to increase outreach and education with parents about the collection and use of child and family outcome data.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #4 Revised February 2, 2007)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Overview of the System:

The Babies Can't Wait system is designed to support and promote family-centered practices in all aspects of program implementation. The resources, priorities and concerns of each family are central to the evaluation and assessment processes. This information is collected during the intake and recorded on the statewide determination of eligibility document. The intent of the form was to make the intake process more strengths-based, routines-based and family-centered, thereby better informing the evaluation and assessment processes. The intake form includes questions targeted to identify family/child strengths, interests and priorities in order to better inform the evaluation and assessment processes and IFSP development.

Family assessment is completed during the intake visit through the completion of Page 2 of the statewide individualized family service plan. On this page which is completed with parental consent, families may choose to share information about their child and family, including their strengths and resources for meeting their child's needs as well as topics and areas about which they would like to receive information and/or assistance. Page 3 of the IFSP document illustrates the importance of family and friends, routines, and activities in the life of each infant and toddler with special needs. Families are asked to identify their child's most enjoyable and most frustrating activities, routines, events, places, toys and games. They also provide information about where and with whom they spend time and the activities and routines that they are involved in as well as those they wish to participate in.

The *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is presented to all families at the time of initial intake and with the provision of all written notices and parental prior notices, including the statewide Notice and Consent for Initial and Annual Evaluation/Assessment and Parental Prior Notice forms. The Parental Prior Notice form is provided to families minimally when BCW determines that initial evaluation/assessment is not necessary, that a child is eligible or not eligible for Babies Can't Wait, and when scheduling meetings to develop the initial or annual Individual Family Service Plan (IFSP), to revise or review the IFSP, and to discuss transition planning. Provision of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is required each time any of these forms or notices is provided to families to ensure that families have multiple opportunities to be informed of their rights, including rights to dispute resolution. The document clearly outlines timelines for key points in the process from referral to IFSP development and provides a detailed explanation of rights under Part C of IDEA. Procedures for resolution of individual child complaints as well as administrative complaints are outlined in the document.

Service coordinators and service providers are trained and oriented to family-centered practices, appropriate practices that are responsive to diverse cultures, and infant/toddler and family rights under Part C of the Individuals with Disabilities Education Act through initial orientation sessions, the Project SCEIs training modules and ongoing training initiatives.

District monitoring processes include review of the use of required forms and dissemination of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* as required, as well as interviews with family members to assess their knowledge and understanding of their rights under Part C of IDEA.

The Babies Can't Wait system initiated systems change strategies and planning in 2002 to ensure that early intervention service delivery adheres to a model that most effectively assists families and caregivers in supporting their child's growth, development, inclusion and participation in home and community, and progress toward outcomes. Babies Can't Wait's conceptual framework for early intervention service delivery focuses on a family-centered approach that promotes child and family competence and positive functioning and builds the capacity of each family to use their existing skills and to develop new skills. In addition, service delivery within Babies Can't Wait focuses on the strengths of each child and family, promotes meaningful child and family participation in existing and desired activities and settings, and enhances the capacity of families and caregivers to identify, access and evaluate resources based upon the best match for their own situations.

Family support and education efforts that are supported by the Babies Can't Wait system in Georgia include the Parent Educator program. Parent Educators represent various regions of the state and various racial and ethnic populations. They provide a range of opportunities for families including training and education, support groups, newsletters, an email list serv, and individual telephone contacts with families of young children enrolled in Babies Can't Wait.

Georgia's early intervention system supports Parent to Parent of Georgia as the Central Directory of information, resources, and providers throughout the state. In addition, Parent to Parent maintains a network of supporting parents who are able to provide assistance to families requesting information. Parent to Parent also offers technical assistance for new and established support groups, maintains a parent message board, and provides information and education to families who request assistance by telephone.

Description of the Outcome Measurement System for Georgia:

In order to initiate collection of data on the family outcome indicators as required, recommendations were presented for consideration by the Babies Can't Wait Stakeholder group and additional stakeholders. The process that was supported by stakeholders throughout Georgia is described below.

The outcome measurement system for Georgia's Part C system includes:

Policies and Procedures to guide the collection of family outcome information and practices:

Georgia's Part C system will collect information from every family transitioning from Babies Can't Wait using the Early Childhood Outcomes Center Family Outcomes Survey (See Attachment 3). The tool will be completed with each family during the IFSP exit review which occurs within 30 days of the date of transition. The survey will be presented to families by their service coordinator as a hard copy in English or Spanish, or presented verbally or via other mode of communication if needed in another language. Families will have the option of completing the survey with the service coordinator or independently. The survey will be returned to the district Babies Can't Wait for data entry by the service coordinator. Options for securing individual surveys (hand delivery in sealed envelopes or return in stamped/self-addressed envelopes) will be explored and tested during the initial baseline collection. Future considerations will include examination of the possibility of online submission of the survey as an additional option for families. Individual districts also may consider administration of the survey with families by their Babies Can't Wait Parent Educators.

The Family Outcomes Survey will be completed with every family whose child or children were enrolled in Babies Can't Wait. Data will be reported to OSEP only from surveys completed by families whose children were enrolled for more than six (6) months in Babies Can't Wait. Survey results from families of children referred to Babies Can't Wait after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP.

Training and Technical Assistance to support the collection, data entry, reporting and use of family outcome data:

Training materials and guidance will be developed in Winter 2006. Training sessions will be convened using multiple modalities (face-to-face sessions, conference calls, video conferences) in Winter 2006 for administrators, service coordinators, service providers and data entry personnel in each District on the collection, data entry, reporting, and use of family outcome data. Additional training in how to present and explain the survey, the purpose of the collection of this information, and interview skills will be developed and provided at least annually for service coordinators and others who present the survey to families throughout the state.

Quality assurance, general supervision, and monitoring procedures to ensure the accuracy of family outcome data as well as database revisions to include family outcome data elements (including database functions to prevent avoidable errors in data entry):

The Babies Can't Wait data system will be revised to include data fields for collection and entry of family outcome data elements. The revisions will include built-in verification and edit functions to prevent avoidable errors.

Reports will be generated quarterly to indicate the numbers of parents selecting each potential rating for the five family outcomes. Numbers of families responding will be compared to numbers of children who transition from the Babies Can't Wait system during the same period of time to ensure appropriate implementation and application of this new data collection requirement. Districts with low numbers of responses to the Family Outcomes Survey relative to numbers of transitioning children will receive quality assurance calls to determine reasons for low response rates. Additional technical assistance and support will be provided as appropriate to address any identified areas of need within district programs.

Description of Measurement Strategies Georgia will use:

Who will be included in the measurement?

Every family whose child or children were enrolled in Babies Can't Wait will be included in the measurement of family outcomes, excluding those who have an active IFSP for 3 months or less.

What tool(s) will be used?

Georgia's Part C system will collect information from every family transitioning from Babies Can't Wait using the Early Childhood Outcomes Center Family Outcomes Survey. The Early Intervention Family Survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM) will be used approximately biennially for supplemental data and information.

How will the tool be presented to families? By whom?

The survey will be presented to families by service coordinators, Parent Educators, or other personnel trained in the presentation and use of the tool. The survey will be presented in hard copy in English or Spanish or presented verbally or via other mode of communication through an interpreter if needed in another language.

When will the measurement occur?

Measurement will occur with each family during the IFSP exit review which occurs within 30 days of the date of transition or exit from Babies Can't Wait.

Who will report data to whom, in what form, and how often?

Data will be collected locally, entered at each district office, and transmitted to the State Lead Agency monthly. Aggregate data reports will be generated quarterly. Data will be reported to OSEP annually in the Annual Performance Report. Reports to OSEP will include data from surveys completed by families whose children were enrolled for more than six (6) months in Babies Can't Wait. Survey results from families of children referred to Babies Can't Wait after 30 months of age or who receive early intervention for less than six months will not be included in the data reported to OSEP but may be used to satisfy other in-state reporting requirements.

What are the timelines for implementation of data collection and reporting?

Georgia's initial baseline data collection will occur between March 1, 2006 and September 30, 2006. Ongoing data collection will continue effective October 1, 2006. Baseline data as well as measurable and rigorous targets, improvement strategies, timelines and resources will be reported to OSEP in the Annual Performance Report due in February 2007.

Description of Sampling Methodology (if applicable):

Not applicable. Georgia’s Part C system will not use sampling to collect data for Indicator #4.

Discussion of Initial Baseline Data Collection:

Training materials and a Frequently Asked Questions document were developed in January and February 2006. Three training sessions were provided to local Part C programs and providers in February and March 2006. Training materials were provided to local Part C program coordinators for use in training additional staff and providers who were unable to attend the initial training sessions. The Frequently Asked Questions document was posted to the Babies Can't Wait Publications webpage in June 2006. Additional training sessions and technical assistance was provided to early intervention specialists and to individual districts throughout Spring and Summer months. Baseline data collection was initiated by all local programs between March 1, 2006 and April 1, 2006. The Family Outcome Survey was provided to local programs in English and Spanish. For other languages, the survey is presented through an interpreter. The Babies Can't Wait data system was revised in Spring 2006 to include data fields for collection and entry of family outcome data elements. The revisions included built-in verification and edit functions to prevent avoidable errors. Ongoing data collection continues in accordance with approved plans and procedures outlined in the original submission of Georgia’s Part C State Performance Plan.

Baseline Data for FFY2005 (March 1, 2006 – September 30, 2006):

For FFY2005 (March 1, 2006 – September 2006), 1,493 families completed the Family Outcomes Survey. Baseline data and percentages are:

- a. **90%** of families indicated that early intervention helped them to know their rights.
- b. **92%** of families indicated that early intervention helped them to effectively communicate their children's needs.
- c. **91%** of families indicated that early intervention helped them to be able to help their children develop and learn.

Discussion of Baseline Data:

Ratings of 5, 6 or 7 on the survey questions that address this indicator were included in the calculations of percentages, in accordance with guidance provided by the National Early Childhood Outcomes Center.

During this baseline period, 3303 children exited from Babies Can't Wait. Survey responses were received from 1493 families, representing a 45% return rate. Families whose children were deceased and families with whom contact was unsuccessful were not included in the calculation of the return rate.

Responses were analyzed by state, district and county as well as by race/ethnicity. Responses by race and ethnicity were representative of the general population in Georgia. Responses were received from 129 of 159 counties in Georgia. In the 30 counties from which no responses were received, approximately 50 children exited Babies Can't Wait during this baseline period.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	a. 90%

	b. 92% c. 91%
2007 (2007-2008)	a. 92% b. 93% c. 92%
2008 (2008-2009)	a. 94% b. 94% c. 94%
2009 (2009-2010)	a. 96% b. 95% c. 95%
2010 (2010-2011)	a. 98% b. 96% c. 96%

Improvement Activities/Timelines/Resources:

- State Lead Agency programmatic and data staff will analyze data quarterly to ensure representative numbers of responses by county, district, state and race/ethnicity.
- The State Lead Agency staff will provide targeted technical assistance as needed in counties and districts with low response rates or disproportionate responses from subgroups of the total population served in Babies Can't Wait.
- Based upon data analysis, additional strategies for survey administration will be explored and possibly piloted. Such strategies may include telephone follow-up by various types of early intervention personnel to families not responding to the survey.
- The State Lead Agency will provide the Family Outcomes Survey to local programs in additional languages as translations are available.
- The State Lead Agency will provide information to Districts to support them in the effective and appropriate introduction of the Family Outcomes Survey to families from various cultures.

- The State Lead Agency will develop training materials for use by District programs that address procedural safeguards and family rights.
- The State Lead Agency will promote continued collaboration with the Georgia Chapter of the American Academy of Pediatrics, the Georgia Chapter of the Academy of Family Physicians, Georgia Speech-Language Hearing Association, Georgia Occupational Therapy Association, Physical Therapy Association of Georgia, Family Connection Partnership and other professional associations. Physician and provider education will explain the family-centered approach to early intervention supports and services that is central to the Babies Can't Wait system.
- The State Lead Agency will continue to support ongoing training to district core teams in the provision of early intervention services through the use of coaching as a strategy to support and build and strengthen the capacity of families of young children with special needs in Babies Can't Wait.
- In order to ensure that early intervention practices are supportive of families and designed to build upon family strengths and capacity, the State Lead Agency will ensure ongoing and continued provision of targeted training and technical assistance to provide supports for personnel working with young children with special needs and their families throughout the state.
- In order to ensure that early intervention service providers are implementing practices that are supportive of families and designed to build upon family strengths and capacity, the State Lead Agency will ensure ongoing collaboration with pre-service college/university programs for training of special educators, occupational and physical therapists and speech-language pathologists, as well as continued collaborations with state agencies and higher education faculty to support preparation of early intervention and early childhood personnel throughout the state.
- The State Lead Agency will provide information and guidance to District programs and personnel related to strategies for introducing and preparing families for the receipt of the family survey as part of the IFSP process. Such efforts will be targeted to encourage ongoing discussion of the desired outcomes for families participating in Babies Can't Wait and more active engagement in all aspects of the early intervention system.
- Incorporate information and timelines related to the collection of child and family outcomes into Georgia's *Transition at Age 3: Steps for Success* document. Identify additional strategies and mechanisms to be used to educate and inform families about the collection and use of these data.
- During 2007, explore opportunities and identify ways that District Babies Can't Wait programs can partner with Department of Education Parent Mentors and Title I programs to increase outreach and education with parents about the collection and use of child and family outcome data.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #5 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

Overview of Issue/Description of System or Process:

There is a comprehensive public awareness program in place in Georgia. This includes the use of brochures, TV, radio, billboards, physician education and outreach, newspaper/magazine advertisements and articles, health fairs, conference exhibits and mass mailings. Babies Can't Wait program brochures and fact sheets (including general program fact sheet and autism fact sheet) are available statewide in English, Spanish, Korean and Vietnamese. A comprehensive statewide approach to social marketing for child find was developed in 2004. Media materials include local prevalence data based on identified risk conditions as well as resources for launching a public awareness effort customized for each local District's needs. Materials include a media calendar, evidence-based marketing strategies, resource data of potential marketing stakeholders, sample proclamations, letters to the editor, pre-recorded public service announcements (PSAs), billboards, bus boards, posters and a brochure for professionals. Conditions identified at birth, medical/biological and socio-environmental data from Georgia's electronic birth certificates were correlated with demographic zip code data for the entire state to target Child Find outreach. Training in the use of these strategies and materials was provided to District teams in 2004 and implementation was initiated in 2004/2005. Correlations are used by Districts to identify "hot spots" where potential children may be found based on prevalence of risk conditions within a geographical neighborhood. Analysis of these data enables District personnel to plan a more concise outreach campaign because Districts are better able to identify where current Babies Can't Wait families reside and where they may potentially reside based on risk conditions.

Parent to Parent of Georgia serves as the Central Directory for Georgia's Part C system. The Central Directory is accessible statewide through a toll free number that is answered by personnel who have access to and maintain a Special Needs Database of more than 4,800 disability resources throughout the state. The database is also available and searchable via the internet (www.Parenttoparentofga.org).

Contractual relationships exist with the Georgia Chapter of the American Academy of Pediatrics and the Georgia Academy of Family Physicians. Through this work, information about Babies

Can't Wait and the benefits of early detection, periodic screening, and early intervention is shared with physicians throughout the state on an ongoing basis via newsletters, web pages, facsimiles, conferences, and teleconferences. Information about Babies Can't Wait also is routinely disseminated to six Regional Perinatal Centers (Atlanta, Macon, Augusta, Columbus, Albany, and Savannah) that provide a comprehensive system of care for high-risk pregnant women and newborns.

Children 1st is the single point of entry to Public Health programs and services in Georgia. All births and referrals undergo a screening and, as appropriate, Children 1st assists families with referrals to Babies Can't Wait when developmental delays or disabilities are suspected. Within the Division of Public Health, collaboration and cross-training has promoted referrals to Babies Can't Wait from Children 1st (Single Point of Entry), Universal Newborn Hearing Screening and Intervention, Children's Medical Services (Title V/Children with Special Health Care Needs/CSHCN), High Risk Infant Follow-Up, Newborn Metabolic Screening, and Health Check (Early and Periodic Screening, Detection, and Treatment/EPSTD).

In October 2004, Georgia's Division for Family and Children Services (DFCS) began initial implementation of provisions from the Keeping Children and Families Safe Act of 2003 (Child Abuse Prevention and Treatment Act reauthorized) that require the referral of each child under three years of age with a substantiated case of abuse and neglect to the Part C early intervention system.

Each of the Districts, as the local lead agencies for the Part C system in Georgia, developed collaborative local child find plans by December 1, 2003 which outlined child find targets through 2007. Within each District, each county serving below 1.60% of the 0-3 population was required to address child find. Following initial submission to the State Lead Agency, plans are maintained at District level, data are monitored by the State Lead Agency and plans are subject to monitoring during onsite program reviews.

Baseline Data for FFY2004 (2004-2005):

- A. For FFY2004 (2004-2005), Georgia served 0.55 % of infants, birth to one, with IFSPs, compared to states with similar (narrow) eligibility whose average was 0.90%.
- B. For FFY2004 (2004-2005), Georgia served 0.55% of infants, birth to one, with IFSPs, compared to the national average of 0.92%.

Discussion of Baseline Data:

Georgia is currently serving children birth to one year at a rate less than the national average and less than states with similar eligibility. For this comparison, Georgia used newly developed eligibility criteria rankings provided by OSEP in October 2005 which placed Georgia's Part C system in the narrow eligibility category.

The percentages served in Georgia, in states with similar eligibility, and nationally are based on the federal 618 Data tables submitted on December 1, 2004. Percentages served annually will be calculated based upon the most current U.S. Census population estimates that are available with adjustments for annual state population growth. Comparisons to national percentages and similar states were based upon data excluding children at risk.

Significant focus and emphasis has been placed on child find in recent years in Georgia. Trend data indicate positive impact of these increased efforts and continued growth and increases in numbers served in recent years. From 2000-2004, the number of children birth to one year

served in Babies Can't Wait has increased by 34%, while nationally, the numbers only increased by 14%.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	0.56%
2006 (2006-2007)	0.59%
2007 (2007-2008)	0.64%
2008 (2008-2009)	0.68%
2009 (2009-2010)	0.72%
2010 (2010-2011)	0.75%

Improvement Activities/Timelines/Resources:

- In FFY2005, the State Lead Agency finalized and disseminated, both in hard copy and through the BCW website, Frequently Asked Questions documents for physicians and health care providers on the following topics: Getting Started with Babies Can't Wait; Babies Can't Wait and Substance-Exposed Infants; and Babies Can't Wait and the Primary Service Provider/Coaching Model of Service Delivery. Ongoing use of these products will occur to continue to educate physicians and the public about early intervention and service delivery in natural environments.
- In FFY2006, the State Lead Agency will finalize and disseminate via the BCW website, the Babies Can't Wait Fact Sheet in multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese.
- The State Lead Agency will promote continued collaboration with the Georgia Chapter of the American Academy of Pediatrics, the Georgia Chapter of the Academy of Family Physicians, Georgia Speech-Language Hearing Association, Georgia Occupational Therapy Association, Physical Therapy Association of Georgia, Family Connection Partnership and other professional associations.
- The State Lead Agency will explore opportunities for education and information dissemination to students in medical schools in Georgia about the importance of early screening, referral and early intervention for infants and toddlers with disabilities or developmental delays.

- The State Lead Agency will ensure ongoing collaboration across state agencies, including but not limited to the Department of Education Division for Exceptional Students, the Department of Early Care and Learning, the Division of Family and Children Services, the Division of Mental Health Developmental Disabilities and Addictive Diseases, and the Department of Community Health (Medicaid).
- Through State Lead Agency collaboration with Child Care Resource and Referral Agencies and Bright from the Start: Georgia's Department of Early Care and Learning, the state agency responsible for overseeing child care and educational services for Georgia's children ages birth through four, increased focus and emphasis will be placed on local collaboration between Babies Can't Wait and Child Care Inclusion Coordinators to educate and inform child care providers about the importance of early detection, referral and intervention for children with suspected disabilities or developmental delays. A focus will be on strategies to ensure dissemination of information not only to child care center directors and administrators, but also to classroom teachers and direct caregivers.
- The State Lead Agency will ensure ongoing collaboration within the Division of Public Health, including but not limited to Children 1st (Single Point of Entry), Universal Newborn Hearing Screening and Intervention, Children's Medical Services (Title V/CSHCN), High Risk Infant Follow-Up, Newborn Metabolic Screening, and Health Check (EPSDT). Activities will include information dissemination through various mechanisms (meetings, email, conference calls, videoconferences) to Children 1st and High Risk Infant Follow-Up coordinators to ensure appropriate referrals of potentially eligible infants are made.
- The State Lead Agency will provide ongoing support, technical assistance and training to districts to support the use of social marketing materials for child find throughout the state, including media calendars, evidence-based marketing strategies, resource data of potential marketing stakeholders, sample proclamations, letters to the editor, pre-recorded public service announcements (PSAs), billboards, bus boards, posters and brochures for professionals. Focus will be placed on use of materials for outreach to both traditional (physicians, hospitals, etc.) and nontraditional (faith-based organizations, child care programs, etc.) referral sources.
- The State Lead Agency will continue to monitor and support the Districts in implementation of local child find/public awareness plans.
- The State Lead Agency will continue quarterly production, analysis and monitoring of programmatic data including information about primary and secondary referral sources as well as data related to local public awareness activities and efforts. Through analysis and review of reports, areas for focused work to increase knowledge and awareness about Babies Can't Wait will be identified as appropriate.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- Additional data analysis to examine possible reasons for a decline in infants 0-1 accessing Babies Can't Wait will be conducted in 2007 and on an ongoing basis as appropriate.

Analyses will be conducted at the state and district level and also at county level, whenever possible.

- Numbers of referrals by referral source (Are different referral sources making more or fewer referrals than in previous years?)
 - Numbers of referrals by age at referral
 - Number of referrals by race/ethnicity (Are some populations not accessing services because of changes in state and federal laws and public policy related to citizenship and immigration status?)
 - Examine population data, Census data and birth rate data by district to determine where in Georgia the population changes are most significant
 - Numbers of referrals by type of eligibility and/or diagnosis (Will increases be noted because of expanded newborn metabolic screening that is being implemented in Georgia in January 2007?)
 - Numbers of eligible infants, 0-1, by District. Did numbers decrease in all areas of the state or only in some areas?
 - Additional analysis of systems and data in the 10 Districts that did not meet targets.
- Provide continued targeted technical assistance and training for evaluators in strategies for evaluating and detecting the presence of developmental delays in very young infants. Include additional training in the use of informed clinical opinion in eligibility determination processes.
 - Working with the Georgia Chapter of the American Academy of Pediatrics, the Georgia Chapter of the Academy of Family Physicians, and Department of Community Health, continue to promote and educate about the use of standardized developmental screening tools.
 - Provide continued targeted technical assistance and training for evaluators in strategies and appropriate tools for evaluating and detecting the presence of social and emotional delays in young children.
 - Routinely collaborate with the Office of Women's Health within the Family Health Branch, to ensure that regional perinatal centers and tertiary care facilities are informed about Babies Can't Wait and making referrals for early intervention whenever appropriate.
 - Continue targeted physician outreach to increase knowledge and understanding about the purpose and focus of early intervention as well as the existing infrastructure and capacity within the Babies Can't Wait system to meet the needs of infants and toddlers with special needs and their families.
 - In 2007, establish and implement timelines for the ongoing review, revision and updating of child find plans by districts in order to ensure that plans are meeting the needs of individual communities, counties and districts in Georgia.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #6 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

Overview of Issue/Description of System or Process:

There is a comprehensive public awareness program in place in Georgia. This includes the use of brochures, TV, radio, billboards, physician education and outreach, newspaper/magazine advertisements and articles, health fairs, conference exhibits and mass mailings. Babies Can't Wait program brochures and fact sheets (including general program fact sheet and autism fact sheet) are available statewide in English, Spanish, Korean, and Vietnamese. A comprehensive statewide approach to social marketing for child find was developed in 2004. Media materials include local prevalence data based on identified risk conditions as well as resources for launching a public awareness effort customized for each local District's needs. Materials include a media calendar, evidence-based marketing strategies, resource data of potential marketing stakeholders, sample proclamations, letters to the editor, pre-recorded public service announcements (PSAs), billboards, bus boards, posters and a brochure for professionals. Conditions identified at birth, medical/biological and socio-environmental data from Georgia's electronic birth certificates were correlated with demographic zip code data for the entire state to target Child Find outreach. Training in the use of these strategies and materials was provided to District teams in 2004 and implementation was initiated in 2004/2005. Correlations are used by Districts to identify "hot spots" where potential children may be found based on prevalence of risk conditions within a geographical neighborhood. Analysis of these data enables District personnel to plan a more concise outreach campaign because Districts are better able to identify where current Babies Can't Wait families reside and where they may potentially reside based on risk conditions.

Parent to Parent of Georgia serves as the Central Directory for Georgia's Part C system. The Central Directory is accessible statewide through a toll free number that is answered by personnel who have access to and maintain a Special Needs Database of more than 4,800 disability resources throughout the state. The database is also available and searchable via the internet (www.Parenttoparentofga.org).

Contractual relationships exist with the Georgia Chapter of the American Academy of Pediatrics and the Georgia Academy of Family Physicians. Through this work, information about Babies

Can't Wait and the benefits of early detection, periodic screening, and early intervention is shared with physicians throughout the state on an ongoing basis via newsletters, web pages, facsimiles, conferences, and teleconferences. Information about Babies Can't Wait also is routinely disseminated to six Regional Perinatal Centers (Atlanta, Macon, Augusta, Columbus, Albany, and Savannah) that provide a comprehensive system of care for high-risk pregnant women and newborns.

Children 1st is the single point of entry to Public Health programs and services in Georgia. All births and referrals undergo a screening and, as appropriate, Children 1st assists families with referrals to Babies Can't Wait when developmental delays or disabilities are suspected. Within the Division of Public Health, collaboration and cross-training has promoted referrals to Babies Can't Wait from Children 1st (Single Point of Entry), Universal Newborn Hearing Screening and Intervention, Children's Medical Services (Title V/Children with Special Health Care Needs/CSHCN), High Risk Infant Follow-Up, Newborn Metabolic Screening, and Health Check (Early and Periodic Screening, Detection, and Treatment/EPSTD).

In October 2004, Georgia's Division of Family and Children Services (DFCS) began initial implementation of provisions from the Keeping Children and Families Safe Act of 2003 (Child Abuse Prevention and Treatment Act reauthorized) that require the referral of each child under three years of age with a substantiated case of abuse and neglect to the Part C early intervention system.

Each of the Districts, as the local lead agencies for the Part C system in Georgia, developed collaborative local child find plans by December 1, 2003 which outlined child find targets through 2007. Within each District, each county serving below 1.60% of the 0-3 population was required to address child find. Following initial submission to the State Lead Agency, plans are maintained at District level, data are monitored by the State Lead Agency and plans are subject to monitoring during onsite program reviews.

Baseline Data for FFY2004 (2004-2005):

- A. For FFY2004 (2004-2005), Georgia served 1.33% of infants and toddlers, birth to three, with IFSPs, compared to states with similar (narrow) eligibility whose average was 1.95%.
- B. For FFY2004 (2004-2005), Georgia served 1.33% of infants and toddlers, birth to three, with IFSPs, compared to the national average of 2.24%.

Discussion of Baseline Data:

Georgia is currently serving children birth to three years at a rate less than the national average and less than states with similar eligibility. For this comparison, Georgia used newly developed eligibility criteria rankings provided by OSEP in October 2005 which placed Georgia's Part C system in the narrow eligibility category.

The percentages served in Georgia, in states with similar eligibility, and nationally are based on the federal 618 Data tables submitted on December 1, 2004. Percentages served annually will be calculated based upon the most current U.S. Census population estimates that are available with adjustments for annual state population growth. Comparisons to national percentages and similar states were based upon data excluding children at risk.

Significant focus and emphasis has been placed on child find in recent years in Georgia. Trend data indicates positive impact of these increased efforts and continued growth and increases in numbers served in recent years. From 2000-2004, the number of children birth to three years

served in Babies Can't Wait has increased by 40%, while nationally, the numbers only increased by 23%.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.40%
2006 (2006-2007)	1.45%
2007 (2007-2008)	1.50%
2008 (2008-2009)	1.60%
2009 (2009-2010)	1.70%
2010 (2010-2011)	1.80%

Improvement Activities/Timelines/Resources:

- In FFY2005, the State Lead Agency finalized and disseminated, both in hard copy and through the BCW website, Frequently Asked Questions documents for physicians and health care providers on the following topics: Getting Started with Babies Can't Wait; Babies Can't Wait and Substance-Exposed Infants; and Babies Can't Wait and the Primary Service Provider/Coaching Model of Service Delivery. Ongoing use of these products will occur to continue to educate physicians and the public about early intervention and service delivery in natural environments.
- In FFY2006, the State Lead Agency will finalize and disseminate via the BCW website, the Babies Can't Wait Fact Sheet in multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese.
- The State Lead Agency will promote continued collaboration with the Georgia Chapter of the American Academy of Pediatrics, the Georgia Chapter of the Academy of Family Physicians, Georgia Speech-Language Hearing Association, Georgia Occupational Therapy Association, Physical Therapy Association of Georgia, Family Connection Partnership and other professional associations.
- The State Lead Agency will explore opportunities for education and information dissemination to students in medical schools in Georgia about the importance of early screening, referral and early intervention for infants and toddlers with disabilities or developmental delays.

- The State Lead Agency will ensure ongoing collaboration across state agencies, including but not limited to the Department of Education Division for Exceptional Students, the Department of Early Care and Learning, the Division of Family and Children Services, the Division of Mental Health Developmental Disabilities and Addictive Diseases, and the Department of Community Health (Medicaid).
- Through State Lead Agency collaboration with Bright from the Start: Georgia's Department of Early Care and Learning, the state agency responsible for overseeing child care and educational services for Georgia's children ages birth through four, and Child Care Resource and Referral Agencies increased focus and emphasis will be placed on local collaboration between Babies Can't Wait and Child Care Inclusion Coordinators to educate and inform child care providers about the importance of early detection, referrals and intervention for children with suspected disabilities or developmental delays. A focus will be on strategies to ensure dissemination of information not only to child care center directors and administrators, but also to classroom teachers and direct caregivers.
- The State Lead Agency will ensure ongoing collaboration within the Division of Public Health, including but not limited to Children 1st (Single Point of Entry), Universal Newborn Hearing Screening and Intervention, Children's Medical Services (Title V/CSHCN), High Risk Infant Follow-Up, Newborn Metabolic Screening, and Health Check (EPSDT). Activities will include information dissemination through various mechanisms (meetings, email, conference calls, and videoconferencing) to Children 1st and High Risk Infant Follow-Up coordinators to ensure appropriate referrals of potentially eligible infants and toddlers are made.
- The State Lead Agency will provide ongoing support, technical assistance and training to districts to support the use of social marketing materials for child find throughout the state, including media calendars, evidence-based marketing strategies, resource data of potential marketing stakeholders, sample proclamations, letters to the editor, pre-recorded public service announcements (PSAs), billboards, bus boards, posters and brochures for professionals. Focus will be placed on use of materials for outreach to both traditional (physicians, hospitals, etc.) and nontraditional (faith-based organizations, child care programs, etc.) referral sources.
- The State Lead Agency will continue to monitor and support the Districts in implementation of local child find/public awareness plans.
- The State Lead Agency will continue quarterly production, analysis and monitoring of programmatic data including information about primary and secondary referral sources as well as data related to local public awareness activities and efforts. Through analysis and review of reports, areas for focused work to increase knowledge and awareness about Babies Can't Wait will be identified as appropriate.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- Additional data analysis to examine possible reasons for a decline in infants and toddlers, 0-3, accessing Babies Can't Wait will be conducted in 2007 and on an ongoing basis as

appropriate. Analyses will be conducted at the state and district level and also at the county level, whenever possible.

- Numbers of referrals by referral source (Are different referral sources making more or fewer referrals than in previous years?)
 - Numbers of referrals by age at referral
 - Number of referrals by race/ethnicity (Are some populations not accessing services because of changes in state and federal laws and public policy related to citizenship and immigration status?)
 - Examine population data, Census data and birth rate data by district to determine where in Georgia the population changes are most significant
 - Numbers of referrals by type of eligibility and/or diagnosis (Will increases be noted because of expanded newborn metabolic screening that is being implemented in Georgia in January 2007?)
 - Numbers of eligible infants and toddlers, 0-3, by District. Did numbers decrease in all areas of the state or only in some areas?
 - Additional analysis of systems and data in the 9 Districts that did not meet targets.
- Provide continued targeted technical assistance and training for evaluators in strategies for evaluating and detecting the presence of developmental delays in infants and toddlers. Include additional training in the use of informed clinical opinion in eligibility determination processes.
 - Working with the Georgia Chapter of the American Academy of Pediatrics, the Georgia Chapter of the Academy of Family Physicians, and Department of Community Health, continue to promote and educate about the use of standardized developmental screening tools.
 - Provide continued targeted technical assistance and training for evaluators in strategies and appropriate tools for evaluating and detecting the presence of social and emotional delays in young children.
 - Routinely collaborate with the Office of Women's Health within the Family Health Branch, to ensure that regional perinatal centers (tertiary care facilities) are informed about Babies Can't Wait and make referrals for early intervention whenever appropriate.
 - Continue targeted physician outreach to increase knowledge and understanding about the purpose and focus of early intervention as well as the existing infrastructure and capacity within the Public Health/Children with Special Needs/Babies Can't Wait system to meet the needs of infants and toddlers with special needs and their families.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #7 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by (# of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

Notice and consent for evaluations, assessments, and IFSP development are provided to families in accordance with state BCW policies and using state forms. Evaluations and assessments are completed by appropriately qualified and/or licensed personnel, including but not limited to audiologists, nurses, physicians, occupational therapists, physical therapists, speech-language pathologists, social workers, psychologists, nutritionists, family therapists, early intervention specialists and early interventionists, in accordance with State BCW Policies. Evaluations and assessments are completed using tools or procedures from at least two of the following categories: systematic observation of functional abilities in the child's daily routine or natural setting; observation of care provider-child interaction; evaluation of child's play; use of standardized behavior checklists or curriculum-based measures; and standardized and/or norm referenced diagnostic tools, with at least one tool or procedure comprehensive across all developmental domains.

The IFSP process, which involves the use of a statewide IFSP document, is followed to ensure that each child and family is provided the timely development of a written individualized family service plan that contains information about each child and family, including strengths and resources, topics and areas of interest or need, descriptions of routines, and activities in the life of each infant and toddler with special needs, statements about each infant/toddler's present levels of development and individualized goals or outcomes for each child and family. Individualized family service plans are developed by multidisciplinary teams including parents, service coordinator, and at least two professionals representing two different disciplines. Participation at IFSP meetings may be in person, via speakerphone or through video-conferencing. Data are collected, reported, and monitored quarterly to indicate the number of participants at initial and annual IFSP meetings. Reasons for delay in IFSP meetings are documented on the IFSP and submitted for data entry at the District level. Family-identified reasons for delay (child illness/hospitalization, family response time, and family requested delay) are excluded from calculation of percentages of IFSPs developed within the 45-day timeline.

Baseline Data for FFY2004 (2004-2005):

For FFY2004, 92% of IFSPs were developed within Part C's 45-day timeline, excluding family-identified reasons for delay.

Discussion of Baseline Data:

Data are collected for every IFSP developed in Georgia to respond to this indicator. Reasons for delay in meeting the 45-day timeline are documented in each child's Babies Can't Wait record and recorded on each IFSP and entered in the data system for reporting. Family-identified reasons for delays (child illness/hospitalization, family response time, and family requested delay) are not included in calculations.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- In FFY2006, the State Lead Agency will finalize the integrated intake/determination of eligibility form and provide training in the use of the form. This form is designed to ensure a strengths-based, routines-based and family-centered approach for intake through the identification of family and child strengths, interests and priorities. Such information will more effectively inform evaluation/assessment processes and IFSP development while also reducing duplicative paperwork.
- The State Lead Agency will provide training and technical assistance to Districts to support the implementation of revisions to the statewide IFSP document in FFY2005.

- The State Lead Agency will finalize translation of the revised IFSP to Spanish and disseminate it for use statewide in FFY2006.
- The State Lead Agency will continue monthly production, analysis and monitoring of state and district 45-day timeline compliance percentages. Through analysis and review of monthly reports, the State Lead Agency will identify any instances of noncompliance and implement immediate action to correct noncompliance as appropriate. More intensive focus will be on any Districts with percentages below 90%.
- The State Lead Agency will continue ongoing provision of targeted training and technical assistance to provide supports for personnel involved in intake, evaluation and assessment and IFSP development with young children with special needs and their families throughout the state.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- During SFY2007, Districts with identified noncompliance in any area will be notified in writing and appropriate corrective action plans will be required from each District. The State Lead Agency will work with each District to ensure the provision of necessary training and technical assistance as well as monitoring of evidence of change and improvement to ensure correction of noncompliance within 12 months of identification and notification. Sanctions will be applied as necessary if improvement and correction are not evident within specified timelines. A written description of this process, including clarification of timelines, notification of identification and correction/close-out of noncompliance findings, and requirements related to documenting evidence of change and correction will be developed and provided to all Districts in 2007.
- Data verification visits will be conducted onsite in each of the 18 district Babies Can't Wait programs during calendar year 2007 to examine data collection, data entry, and data reporting processes for timeliness and accuracy. Upon completion of initial data verification visits in all Districts, a schedule for follow-up and repeat visits will be developed for subsequent years.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #8a and #8b Approved by OSEP February 28, 2006 – No Revisions Made February 2007; Indicator #8c Revised February 1, 2007)

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = [(# of children exiting Part C who have an IFSP with transition steps and services) divided by (# of children exiting Part C)] times 100.
- B. Percent = [(# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (# of children exiting Part C who were potentially eligible for Part B)] times 100.

Overview of Issue/Description of System or Process:

The transition process is outlined in BCW policies and procedures, including requirements for transition conferences and transition plans containing appropriate steps and services for each child exiting BCW at three years of age. Because transition-related content is included in the statewide IFSP form, transition is discussed at every IFSP meeting for every eligible infant and toddler. Up to nine months prior to each child's third birthday, increased focus and emphasis is placed on transition planning for each child and family. Transition planning includes identification and documentation of steps, activities and services identified to support transition, the development of an individual transition plan, and convening a transition conference designed to provide information and to support families in making informed decisions about future supports and services for their children. Notification information is transmitted on individual children upon receipt of written parental consent. This consent is documented in the transition section of the IFSP document. Service coordinators are responsible for transmission of notification information to the appropriate local school system for each child. District early intervention coordinators or their designees are responsible for reviewing every IFSP. The early intervention coordinator does not approve or disapprove the IFSP nor does he/she have a role in the IFSP team decision process; instead, this review is to ensure that the document is complete and was developed in accordance to all applicable policies and procedures.

A transition survey is implemented statewide as a two-part process – the first step is implemented as transition planning is initiated to help families and service coordinators identify

priorities for each family during transition planning. The second step is a voluntary satisfaction survey to measure family satisfaction with the transition planning process and their transition experience that is administered by telephone 3-6 months after the child's third birthday and transition from Babies Can't Wait.

Babies Can't Wait and the Department of Education Division for Exceptional Students (DES) developed a joint publication entitled *Transition at Age 3: Steps for Success* that is available throughout the state in hard copy, electronically and on each program's webpage. *Transition at Age 3: Steps for Success* provides guidance, policy clarification and information for Babies Can't Wait personnel and providers, local school system personnel, families and the early care and education community in Georgia. This publication is provided to every family in Babies Can't Wait as transition planning is initiated.

Babies Can't Wait State Lead Agency and Division for Exceptional Students personnel provide joint trainings and presentations to local Part C and Part B personnel, families, and community providers focused on transition requirements and obligations. Training in the use of *Transition at Age 3: Steps for Success* is available via web cast training linked to program web pages as well as through face-to-face presentations.

Babies Can't Wait data reports are provided biannually (March/April and October/November) for dissemination to local school systems to assist in planning for potentially-eligible children exiting Part C and accessing 619 (preschool special education) services. Reports include information on children who will be turning three years old within the next six months, including child ID, county of residence, date of birth and disability or diagnosis which resulted in Part C eligibility.

District Babies Can't Wait offices collaborate with local school systems (LSS) to convene individual transition meetings for families and children as well as to provide periodic transition "fairs" in order to present information about various options and learning settings available to families in local communities.

Baseline Data for FFY2004 (2004-2005):

- A. For FFY2004, 100% of children exited Babies Can't Wait with an IFSP that included transition steps and services.
- B. For FFY2004, notification to local school systems occurred for 100% of children who were exiting Part C and were identified as potentially eligible for Part B.
- C. For FFY2004, transition conferences occurred for 85% of the children exiting Part C who were identified as potentially eligible for Part B.

Discussion of Baseline Data:

- A. Data are not currently collected to verify the presence of transition steps and services for every transitioning toddler. This information is currently collected through monitoring processes. Districts are selected for monitoring on a pre-determined three-year cycle. The state is currently in the third three-year cycle for district monitoring. Database revisions will enable reporting of these data for every enrolled child.
- B. Data are not currently collected to verify the transmission of notification information for every transitioning toddler. This information is currently collected through monitoring processes and reflects child-specific notification information that was transmitted with parental permission. Districts are selected for monitoring on a pre-determined three-year

cycle. The state is currently in the third three-year cycle for district monitoring. Database revisions will enable reporting of these data for every enrolled child.

- C. Statewide collection of data from every IFSP of the transition meeting date for each child was initially implemented in SFY2005. Monthly review of this new data collection has indicated that transition meeting dates are not documented in the same manner throughout the state, which impacts the baseline data as reported. Transition meeting dates, which are used to respond to this indicator as a measure of the completion of a transition conference for each exiting toddler, are missing for 15% of the children who exited during this baseline year. Missing data do not confirm noncompliance but instead identify an area for further investigation and focus of training and technical assistance with local programs.

Revised Baseline Data for #8C for FFY2005 (2005-2006):

- C. For FFY2005, transition conferences occurred for 94% of children exiting Part C who were identified as potentially eligible for Part B. For FFY2005, 74% of transition conferences were convened at least 90 days prior to the third birthday of each transitioning child.

Discussion of Revised Baseline Data:

Revised baseline data are being submitted for Indicator 8C upon request from OSEP. In addition to data that was originally submitted in December 2005 indicating the percentage of children exiting Babies Can't Wait who had a transition meeting, OSEP specifically requested that data be submitted related to the transition planning meeting timeline. Timeline data are taken from the Babies Can't Wait data system and indicates noncompliance. Compliance with this timeline requirement ranges from 54% to 100%. Four districts demonstrated substantial compliance with this timeline requirement. Notification of identification of noncompliance and corrective action plans will be implemented with all other districts.

Data was reported for 662 children who exited during the reporting period; 624 of those children had transition meetings. Transition meetings were convened at least 90 days prior to the third birthday for 488 children who exited during the reporting period. New data collection implemented in 2006 includes fields to collect reasons for delay in meeting the 90-day timeline for transition meetings which will allow for more in-depth analysis of reasons for delays in meeting this requirement. During this reporting period, three meetings were reported to be delayed due to family reasons, but an additional 133 meetings were delayed with no reason for delay reported or documented. Included in both the numerator and denominator used to calculate this data are 2% of children whose services were not initiated in a timely manner due to family reasons, including families moving, child illness or hospitalization, and failure to attend scheduled appointments. Documentation from those 2% or 3 individual child records support reasons for delay that were family-initiated or family requested. Calculations are based upon actual numbers of days from the date of the transition meeting to the third birthday for each child.

There continues to be missing data related to transition planning conferences. In addition, numerous database revisions have been recently implemented to better monitor and analyze compliance data. Data collection, verification and cleaning continue to be a priority for this indicator.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 100% B. 100% C. 100%
2006 (2006-2007)	A. 100% B. 100% C. 100%
2007 (2007-2008)	A. 100% B. 100% C. 100%
2008 (2008-2009)	A. 100% B. 100% C. 100%
2009 (2009-2010)	A. 100% B. 100% C. 100%
2010 (2010-2011)	A. 100% B. 100% C. 100%

Improvement Activities/Timelines/Resources:

- The State Lead Agency finalized IFSP revisions during FFY2005, incorporating the transition plan as part of IFSP and including reasons for delay in transition meeting and documentation of participation of LSS at transition conferences. Training and technical assistance will be provided to ensure accurate implementation statewide in FFY2006 and on an ongoing basis.

- In FFY2006, the State Lead Agency will complete translation of *Transition at Age 3: Steps for Success* to Spanish for printing, dissemination and posting to BCW and DES web pages.
- In FFY2006, the State Lead Agency will finalize *Transition at Age 3: Steps for Success* brochure and request translation of the brochure to multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese. The brochure will be printed and disseminated in English and Spanish. The brochure in additional languages will be posted to the BCW and DES web pages.
- The State Lead Agency will provide ongoing targeted training and technical assistance to Babies Can't Wait personnel and providers to ensure understanding of and compliance with transition requirements.
- The State Lead Agency will provide ongoing training and technical assistance to District data entry personnel to ensure accurate reporting of transition-related data.
- In 2005/2006, the State Lead Agency will finalize database revisions to include new transition-related data elements to be collected, including:
 - Transition plan (steps and services) completed (yes or no)
 - Notification completed (yes or no)
 - Date of referral to local school system
 - Reasons for delay in transition planning conference
 - Local School System representative invited to transition planning conference (yes or no)
 - Local School System representative attended transition planning conference (yes or no)
- On an ongoing basis, the State Lead Agency will identify additional data elements and data collections as necessary.
- The State Lead Agency will continue monthly production, analysis and monitoring of state and District transition conference compliance percentages. Through analysis and review of monthly reports, the State Lead Agency will identify any instances of noncompliance and implement immediate action to correct noncompliance as appropriate. More intensive focus will be on any Districts with percentages below 90%.
- The State Lead Agency will continue to ensure the implementation of the transition survey throughout the state in order to assess parent and family satisfaction with all aspects of the transition process.
- The State Lead Agency will continue to provide biannual data reports for dissemination to local school systems to assist in planning for potentially-eligible children exiting Part C and accessing 619 (preschool special education) services.
- The State Lead Agency will encourage Districts to work with local school systems to promote collaboration and timely sharing of information, including evaluation and assessment results for individual children with written parental consent, to help facilitate smooth transitions.

- The State Lead Agency will support and promote finalizing a revised cooperative agreement between the Department of Education and the Department of Human Resources that will include information outlining areas of collaboration related to notification and data sharing between Part C and Part B.
- In 2006, the State Lead Agency in cooperation with the Division for Exceptional Students will finalize and implement a revised policy regarding transmission of notification information. The revised procedure will ensure that Babies Can't Wait will notify local school systems of all children exiting early intervention. The notification shall consist of child's name, date of birth, and parental contact information (parent name, phone number, and address). Babies Can't Wait will inform parents of the intent to provide this notification information and their right to object to the transmission of this information. Parental objection will be required to be submitted in writing (or alternate means as specified in BCW policy for families whose mode of communication is not written or not English). Procedures, including intervals at which information will be provided to the local school systems, the age of the children at which information will be shared, and time periods during which families may object to the provision of notification implementation will be developed and mutually agreed upon by Babies Can't Wait and the Division for Exceptional Students before the effective date of implementation.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- During SFY2007, Districts with identified noncompliance in any area will be notified in writing and appropriate corrective action plans will be required from each District. The State Lead Agency will work with each District to ensure the provision of necessary training and technical assistance as well as monitoring of evidence of change and improvement to ensure correction of noncompliance within 12 months of identification and notification. Sanctions will be applied as necessary if improvement and correction are not evident within specified timelines. A written description of this process, including clarification of timelines, notification of identification and correction/close-out of noncompliance findings, and requirements related to documenting evidence of change and correction will be developed and provided to all Districts in 2007.
- Data verification visits will be conducted onsite in each of the 18 district Babies Can't Wait programs during calendar year 2007 to examine data collection, data entry, and data reporting processes for timeliness and accuracy. Upon completion of initial data verification visits in all Districts, a schedule for follow-up and repeat visits will be developed for subsequent years.
- In 2007, State Lead Agency staff will develop training materials related to transition for dissemination to Districts for use in regular training of staff and providers.
- State Lead Agency staff will continue to encourage District personnel to report challenges that are identified related to working with local school systems in transition planning. State Lead Agency staff will continue to share identified issues with the 619 Coordinator at the Department of Education for assistance.

- During Spring 2007, transition will be an area of focus for on-site focused monitoring. Two districts will receive focused monitoring visits related to transition. Effective practices that positively impact transition planning and outcomes that may be identified through this work will be shared throughout the state to support continued improvement on this indicator.
- Data related to transition steps and services, notification, and transition conferences will continue to be closely followed to ensure that data elements that were recently added to the data system are collected and reported consistently throughout the state. District-level data will be further analyzed at the county level and by service coordinator to identify areas for targeted technical assistance and training and to ensure correction of noncompliance related to this indicator.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #9 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: *(As revised by OSEP in December 2006)*

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Overview of Issue/Description of System or Process:

The State Lead Agency has conducted regular District Monitoring since 1996. The state is currently in the third three-year cycle for district monitoring. Each year, 6-7 districts receive an onsite monitoring visit as part of a three year cycle during which all Districts are monitored. District Monitoring review teams consist of trained state and Local Lead Agency personnel, private agency providers, and parents of children with special needs. District Site Visits are 3-4 days in length and include child record reviews (at least 10% of total caseload), observations and interviews with families, service coordinators, local interagency coordinating council (LICC) members, Local Lead Agency staff, and private providers. Following each on-site visit, the State Quality Assurance Coordinator prepares and sends a written report to the District within sixty (60) days. The District must then provide written response which may include a technical assistance plan with State Lead Agency or technical assistance provider involvement or improvement plans, as specified in the written report. Upon acceptance of a District's response and plans, quarterly progress reports are submitted to the State Lead Agency and follow-up site visits are scheduled as appropriate. Districts are required to correct identified areas of noncompliance within 12 months of receipt of the written report from the State Lead Agency. The BCW State Lead Agency staff ensures correction of noncompliance, enforcement, and sanctions as necessary.

In June 2005, the State Lead Agency convened stakeholders and initiated planning to shift to a system of focused monitoring for Babies Can't Wait. Through adoption of a focused monitoring system, the State Lead Agency will work with stakeholders to define priority areas to be examined for compliance and results in order to better maximize resources and improve results. Priorities will be selected based upon which areas will benefit most from the intensity of a focused onsite visit and subsequent follow-up efforts.

Additional general supervision efforts include monthly reviews of District Expenditure reports to ensure appropriate use of Part C funds as well as monthly, quarterly and annual review and analysis of District programmatic data reports. Districts are queried and responses are requested when questions arise from these reviews. The SICC receives and reviews fiscal expenditure reports as well as monitoring reports on a quarterly basis.

State Lead Agency staff maintain a log of informal issues and problems that are identified and reported by families, personnel and early intervention service providers, and the community. Upon receipt of an inquiry or concern, State Lead Agency staff initiate an investigation into each issue. All parties are contacted and asked to provide additional information about the situation and circumstances related to the issue in order to determine next steps and appropriate actions. State Lead Agency staff provide guidance and direction to districts, when appropriate, to resolve issues. State staff follow-up with all parties to ensure satisfactory resolution of issues is accomplished in a timely manner.

State Lead Agency staff maintain a log of due process requests, mediation requests and systems complaints. Policies and procedures are in place to ensure appropriate and timely responses to formal complaints and requests. This documentation enables the State Lead Agency to identify Districts where specific issues may be arising or persisting and to then provide appropriate directives, guidance, and supervision to ensure correction.

Baseline Data for FFY2004 (2004-2005):

- A. In FFY2004, 42% of noncompliance related to monitoring priority areas and indicators was corrected within one year of identification.
- B. In FFY2004, 100% of noncompliance related to areas not included in the federally-identified monitoring priority areas and indicators was corrected within one year of identification.
- C. In FFY2004, no instances of noncompliance were identified through other mechanisms (complaints, due process hearings, mediations, etc.).

Discussion of Baseline Data:

- A. Six formal monitoring visits, as well as monthly, quarterly, and annual data reviews/desk audits were conducted during SFY2004 for a total of 93 review occurrences. Districts are selected for monitoring on a pre-determined three-year cycle. Monthly, quarterly, and annual data reviews/desk audits were conducted for all Districts at multiple points throughout the baseline period. Twelve findings of noncompliance were identified (eleven related to 45-day timelines and one related to percentage of children 0-3 served). Five findings were corrected within one year while five more showed significant improvement (increased percentage of IFSPs written within 45 days to 90% or greater). Only two findings did not show significant progress (one related to 45-day timelines and one related to percentage served). The district with persistent 45-day timeline noncompliance is subject to additional compliance and improvement planning requirements as well as on-site follow-up by State Lead Agency and/or technical assistance personnel. The finding related to percentage served is not a compliance indicator, but rather a performance indicator.
- B. Four instances of noncompliance were identified through general supervision and monitoring that were not included in the federally-identified monitoring priorities and indicators in SFY2004. Monthly, quarterly, and annual data reviews/desk audits were

conducted for all Districts at multiple points throughout the baseline period. Additional compliance areas were monitored during onsite monitoring activities in six Districts. All identified areas of noncompliance were corrected in SFY2005, within a twelve-month time period. Documentation and verification of correction was obtained through on-site follow-up monitoring visits and quarterly reporting submitted by Districts.

- C. No formal administrative complaints, mediations, or due process requests were received during this period; therefore no instances of noncompliance were identified through these mechanisms. Through the review of informal issues and concerns reported to the State Lead Agency, no noncompliance was identified.

Revised Baseline Data for FFY2005 (2005-2006):

For FFY2005, 80% of noncompliance findings were corrected within one year of identification.

Discussion of Revised Baseline Data:

Revised baseline data are being submitted in response to changes in the measurement requirements for Indicator #9 that were provided by OSEP in December 2006.

Revised Targets:

Revised targets are provided below in order to comply with revised measurement and reporting requirements from OSEP.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- The State Lead Agency will continue Babies Can't Wait District monitoring through the established Peer Review process to ensure compliance and quality of early intervention services and supports provided throughout Georgia. A three-year cycle for scheduled reviews will continue to be followed until implementation of Focused Monitoring. Parents/family members and early intervention providers will continue to be included as review team members.
- The State Lead Agency will continue to ensure ongoing and continued availability of targeted training and technical assistance to address areas in need of improvement as well as areas of noncompliance identified through general supervision and monitoring.
- The State Lead Agency will implement a Focused Monitoring system in Fall 2006.
- In FFY2006, the State Lead Agency will implement district self-assessment procedures (process to be determined by Focused Monitoring Stakeholders) to support the implementation of focused monitoring in Georgia.
- In FFY2006, the State Lead Agency will implement the use of a database for tracking informal issues and concerns received at the state level in order to establish a baseline and to identify systemic issues and focus areas for technical assistance and training to local lead agencies.
- In FFY2006, the State Lead Agency will examine the potential for and make a determination about the possible implementation of a database for tracking informal issues and concerns at the District level.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- Data verification visits will be conducted onsite in each of the 18 district Babies Can't Wait programs during calendar year 2007 to examine data collection, data entry, and data reporting processes for timeliness and accuracy. Upon completion of initial data verification visits in all districts, a schedule for follow-up and repeat visits will be developed for subsequent years.
- During SFY2007, Districts with identified noncompliance in any area will be notified in writing and appropriate corrective action plans will be required from each District. The State Lead Agency will work with each District to ensure the provision of necessary training and technical assistance as well as monitoring of evidence of change and improvement to ensure correction of noncompliance within 12 months of identification and notification. Sanctions will be applied as necessary if improvement and correction are not evident within specified timelines. A written description of this process, including clarification of timelines, notification of identification and correction/close-out of noncompliance findings, and requirements related to documenting evidence of change and correction will be developed and provided to all Districts in 2007.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #10 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = $[(1.1(b) + 1.1(c)) \text{ divided by } (1.1)] \text{ times } 100.$

Overview of Issue/Description of System or Process:

Procedures for filing and responding to written complaints are included in BCW Policies. Individuals or organizations may file written signed complaints with the State Lead Agency regarding any allegations of violations by any public agency in the state that receives funds under Part C of IDEA, including the State Lead Agency, the State Interagency Coordinating Council, other public agencies that are involved in the BCW program or any public agency or private service provider participating in BCW who receive Part C funds on a contract basis (from a public agency) to carry out a function or provide a service required under Part C. Alleged violations must generally have occurred not more than one year prior to filing the complaint. Upon receipt of a complaint, the State Lead Agency has 60 calendar days to complete an investigation and issue a written decision.

The *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is presented to all families at the time of initial intake and with the provision of all written notices and parental prior notices, including the statewide Notice and Consent for Initial and Annual Evaluation/Assessment and Parental Prior Notice forms. The Parental Prior Notice form is provided to families minimally when BCW determines that initial evaluation/assessment is not necessary, that a child is eligible or not eligible for Babies Can't Wait, and when scheduling meetings to develop the initial or annual Individual Family Service Plan (IFSP), to revise or review the IFSP and to discuss transition planning. Provision of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is required each time any of these forms and/or notices are provided to families to ensure that families have multiple opportunities to be informed of their rights, including rights to dispute resolution. The document clearly outlines timelines for key points in the process from referral to IFSP development and provides detailed explanation of rights under Part C of IDEA. Procedures for resolution of individual child complaints as well as administrative complaints are outlined in the document.

District monitoring efforts include review of the use of required forms and dissemination of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* as required, as well as interviews with family members to assess their knowledge and understanding of their rights under Part C of IDEA.

The State Lead Agency provides contract template language to the eighteen Districts annually for use when sub-contracting for early intervention supports and services. Three contract templates are provided (service coordination, service provision, and special instruction) that contain all applicable requirements and regulations specific to Part C and the Babies Can't Wait system in Georgia, including procedural safeguards and dispute resolution procedures. Templates are updated annually to incorporate all new requirements. Districts are required to incorporate all template language into their subcontract documents. Subcontracts are reviewed during onsite monitoring visits.

Baseline Data for FFY2004 (2004-2005):

For FFY2004, Georgia's Part C system received no signed written complaints. Therefore, no reports were required to be issued. As a result, no violations of applicable timelines occurred.

Discussion of Baseline Data:

Monitoring data and tracking of informal issues and concerns at the Local and State levels indicate that families are informed of their rights to mediation and due process. Providers and community organizations also are knowledgeable about processes for filing formal complaints. However, as situations are identified, local lead agencies and the State Lead Agency staff work with families, providers, and other organizations, typically resolving conflicts and addressing issues without necessitating formal complaint, mediation and/or due process proceedings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- In FFY2006, the State Lead Agency will finalize and disseminate via the BCW website, all Babies Can't Wait statewide notice and consent forms as well as the *Notice of Infant/Toddler and Family Rights under BabiesCan't Wait* in multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese.

- The State Lead Agency will continue Babies Can't Wait District monitoring through the established Peer Review process to ensure compliance and quality of early intervention services and supports provided throughout Georgia. A three-year cycle for scheduled reviews will continue to be followed until implementation of Focused Monitoring. Parents/family members and early intervention providers will continue to be included as review team members.
- The State Lead Agency will continue to ensure ongoing and continued availability of targeted training and technical assistance to address areas in need of improvement as well as areas of noncompliance identified through general supervision and monitoring.
- The State Lead Agency will implement a Focused Monitoring system in Fall 2006.
- In FFY2006, the State Lead Agency will implement District self-assessment procedures (process to be determined by Focused Monitoring Stakeholders) to support the implementation of focused monitoring in Georgia.
- In FFY2006, the State Lead Agency will implement the use of a database for tracking informal issues and concerns received at the state level in order to establish a baseline and to identify systemic issues and focus areas for technical assistance and training to local lead agencies.
- In FFY2006, the State Lead Agency will examine the potential for and make a determination about the possible implementation of a database for tracking informal issues and concerns at the District level.
- In 2006, the State Lead Agency will develop training materials and a fact sheet on dispute resolution procedures. Training materials will be designed for use by District early intervention coordinators in the provision of annual training for service coordinators and District personnel to promote improved understanding of Babies Can't Wait dispute resolution procedures. The fact sheet will be designed for use by Babies Can't Wait personnel, early intervention providers and families. The State Lead Agency will monitor to ensure annual training is completed.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #11 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(3.2(a) + 3.2(b)) divided by (3.2)] times 100.

Overview of Issue/Description of System or Process:

Administrative law judges from the Office of State Administrative Hearings (OSAH) serve as impartial hearing officers who conduct due process hearings for the Part C system in Georgia. Requests for due process are made to the Local Lead Agency in writing and are then forwarded to the State Lead Agency within one business day. The Local Lead Agency informs families of any free or low-cost legal services and other relevant services available in the area if the family requests the information or requests an impartial due process hearing. Individuals participating in hearings may bring others with them, including legal counsel or others with expertise in early intervention or who are particularly knowledgeable about the child, the child's disability, or the issues at hand relative to the hearing. If either party plans to be represented by an attorney, they must notify the opposing party and the OSAH within three (3) working days after receipt of the notice of the hearing. The Office of State Administrative Hearings schedules the hearing at a time and location reasonably convenient to the parent(s) and notifies both parties in writing. Information, including evidence to be presented, must be shared by both parties at least five (5) days prior to the hearing. Due process hearings are completed and written decisions are issued within thirty (30) days of the request.

The *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is presented to all families at the time of initial intake and with the provision of all written notices and parental prior notices, including the statewide Notice and Consent for Initial and Annual Evaluation/Assessment and Parental Prior Notice forms. The Parental Prior Notice form is provided to families minimally when BCW determines that initial evaluation/assessment is not necessary, that a child is eligible or not eligible for Babies Can't Wait, and when scheduling meetings to develop the initial or annual Individual Family Service Plan (IFSP), to revise or review the IFSP, and to discuss transition planning. Provision of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is required each time any of these forms or notices is provided to families to ensure that families have multiple opportunities to be informed of their rights, including rights to dispute resolution. The document clearly outlines timelines for key points in the process from referral to IFSP development and provides detailed explanation of rights under Part C of IDEA. Procedures for resolution of individual child complaints as well as administrative complaints are outlined in the document.

District monitoring efforts include review of the use of required forms and dissemination of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* as required, as well as interviews with family members to assess their knowledge and understanding of their rights under Part C of IDEA.

Baseline Data for FFY2004 (2004-2005):

For FFY2004, Georgia's Part C system received no requests for due process hearings. Therefore, no violations of applicable timelines occurred.

Discussion of Baseline Data:

Monitoring data and tracking of informal issues and concerns at the Local and State levels indicate that families are informed of their rights to mediation and due process. Throughout the state, family members periodically ask questions about procedures for requesting mediation and due process as conflicts arise. However, as situations are identified, local lead agencies and the State Lead Agency staff work with families, typically resolving conflicts without necessitating formal mediation and/or due process proceedings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100%
2006 (2006-2007)	100%
2007 (2007-2008)	100%
2008 (2008-2009)	100%
2009 (2009-2010)	100%
2010 (2010-2011)	100%

Improvement Activities/Timelines/Resources:

- In FFY2006, the State Lead Agency will finalize and disseminate via the BCW website, all Babies Can't Wait statewide notice and consent forms as well as the *Notice of Infant/Toddler and Family Rights under BabiesCan't Wait* in multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese.
- The State Lead Agency will continue Babies Can't Wait District monitoring through the established Peer Review process to ensure compliance and quality of early intervention services and supports provided throughout Georgia. A three-year cycle for scheduled reviews

will continue to be followed until implementation of Focused Monitoring. Parents/family members and early intervention providers will continue to be included as review team members.

- The State Lead Agency will continue to ensure ongoing and continued availability of targeted training and technical assistance to address areas in need of improvement as well as areas of noncompliance identified through general supervision and monitoring.
- The State Lead Agency will implement a Focused Monitoring system in Fall 2006.
- In FFY2006, the State Lead Agency will implement District self-assessment procedures (process to be determined by Focused Monitoring Stakeholders) to support the implementation of focused monitoring in Georgia.
- In FFY2006, the State Lead Agency will implement the use of a database for tracking informal issues and concerns received at the state level in order to establish a baseline and to identify systemic issues and focus areas for technical assistance and training to local lead agencies.
- In FFY2006, the State Lead Agency will examine the potential for and make a determination about the possible implementation of a database for tracking informal issues and concerns at the District level.
- In 2006, the State Lead Agency will develop training materials and a fact sheet on dispute resolution procedures. Training materials will be designed for use by District early intervention coordinators in the provision of annual training for service coordinators and District personnel to promote improved understanding of Babies Can't Wait dispute resolution procedures. The fact sheet will be designed for use by Babies Can't Wait personnel, early intervention providers and families. The State Lead Agency will monitor to ensure annual training is completed.
- At least annually, the State Lead Agency will provide updated policies and procedures to the administrative law judges, from the Office of State Administrative Hearings, who serve as impartial hearing officers for due process hearings for the Part C system in Georgia. In addition, training and informational sessions will be provided as needed.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #12 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (3.1(a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Not applicable for Babies Can't Wait in Georgia because Part B due process procedures have not been adopted by Babies Can't Wait.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #13 Approved by OSEP February 28, 2006 – No Revisions Made February 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Overview of Issue/Description of System or Process:

Mediation is a voluntary option for families and Part C systems that is provided by trained and certified mediators from The Justice Center of Atlanta. Mediators are available to conduct mediation sessions within 72 hours of receipt of a request for mediation. Requests for mediation are made to the Local Lead Agency in writing and mediation sessions are completed within 14 days of receipt of requests. Mediation is provided at no cost to families. A copy of a written mediation agreement is mailed by the mediator to each party within five (5) calendar days following the mediation process.

The *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is presented to all families at the time of initial intake and with the provision of all written notices and parental prior notices, including the statewide Notice and Consent for Initial and Annual Evaluation/Assessment and Parental Prior Notice forms. The Parental Prior Notice form is provided to families minimally when BCW determines that initial evaluation/assessment is not necessary, that a child is eligible or not eligible for Babies Can't Wait, and when scheduling meetings to develop the initial or annual Individual Family Service Plan (IFSP), to revise or review the IFSP, and to discuss transition planning. Provision of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* is required each time any of these forms or notices is provided to families to ensure that families have multiple opportunities to be informed of their rights, including rights to dispute resolution. The document clearly outlines timelines for key points in the process from referral to IFSP development and provides detailed explanation of rights under Part C of IDEA. Procedures for resolution of individual child complaints as well as administrative complaints are outlined in the document.

District monitoring efforts include review of the use of required forms and dissemination of the *Notice of Infant/Toddler and Family Rights under Babies Can't Wait* as required, as well as interviews with family members to assess their knowledge and understanding of their rights under Part C of IDEA.

Baseline Data for FFY2004 (2004-2005):

For FFY2004, Georgia had no requests for mediation and subsequently no mediation agreements reached.

Discussion of Baseline Data:

Monitoring data and tracking of informal issues and concerns at the Local and State levels indicate that families are informed of their rights to mediation and due process. Throughout the

state, family members periodically ask questions about procedures for requesting mediation and due process as conflicts arise. However, as situations are identified, Local Lead Agency and the State Lead Agency staff work with families, typically resolving conflicts without necessitating formal mediation and/or due process proceedings.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<i>Based upon OSEP guidance, States should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.</i>
2006 (2006-2007)	
2007 (2007-2008)	
2008 (2008-2009)	
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

- In FFY2006, the State Lead Agency will finalize and disseminate via the BCW website, all Babies Can't Wait statewide notice and consent forms as well as the *Notice of Infant/Toddler and Family Rights under BabiesCan't Wait* in multiple languages, including Spanish, Korean, Vietnamese, Chinese, Russian, French, Somali, Arabic, Bosnian, Farsi and Portuguese.
- The State Lead Agency will continue Babies Can't Wait District monitoring through the established Peer Review process to ensure compliance and quality of early intervention services and supports provided throughout Georgia. A three-year cycle for scheduled reviews will continue to be followed until implementation of Focused Monitoring. Parents/family members and early intervention providers will continue to be included as review team members.
- The State Lead Agency will continue to ensure ongoing and continued availability of targeted training and technical assistance to address areas in need of improvement as well as areas of noncompliance identified through general supervision and monitoring.
- The State Lead Agency will implement a Focused Monitoring system in Fall 2006.

- In FFY2006, the State Lead Agency will implement District self-assessment procedures (process to be determined by Focused Monitoring Stakeholders) to support the implementation of focused monitoring in Georgia.
- In FFY2006, the State Lead Agency will implement the use of a database for tracking informal issues and concerns received at the state level in order to establish a baseline and to identify systemic issues and focus areas for technical assistance and training to local lead agencies.
- In FFY2006, the State Lead Agency will examine the potential for and make a determination about the possible implementation of a database for tracking informal issues and concerns at the District level.
- In 2006, the State Lead Agency will develop training materials and a fact sheet on dispute resolution procedures. Training materials will be designed for use by District early intervention coordinators in the provision of annual training for service coordinators and District personnel to promote improved understanding of Babies Can't Wait dispute resolution procedures. The fact sheet will be designed for use by Babies Can't Wait personnel, early intervention providers and families. The State Lead Agency will monitor to ensure annual training is completed.

Part C State Performance Plan (SPP) for 2005-2010

(Indicator #14 Revised February 2, 2007)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Georgia's Part C data system was initiated in response to state results-based budgeting requirements and then expanded to meet federal reporting requirements in 1998-1999. Reports from the Part C data system were critical in informing the Continuous Improvement Monitoring Process (CIMP) for Georgia since 2000. Data that are collected and entered into the BCW data system include child referral information, child evaluation/assessment information and data from individual individualized family service plans (IFSP), including initial, annual and six month reviews of IFSPs, as well as IFSP revisions and exit reviews. Data are entered daily and weekly at each of the 18 Local Lead Agency offices and transmitted electronically to the State Lead Agency designee on a monthly basis. Reports from the data system are generated monthly, quarterly, annually and upon request. Reports from the data system are used to meet 618 reporting requirements, state reporting requirements, and other requests for information and reports as needed. The Babies Can't Wait Data system is constructed to ensure compliance with applicable confidentiality requirements including the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA).

The BCW data system is routinely modified and updated to meet new demands for data and reporting. The State Lead Agency staff and training/technical assistance providers established guidelines for consistency in inputting referrals into the BCW database in September 2002. Data reports were modified to identify both the referral source that contacts the local office to make the referral and the source that informed the referent about Babies Can't Wait. This modification was done to allow more in-depth analysis of referral sources and areas to target for public awareness. The Part C data system was revised during SFY2003 to allow for additional reports related to the completion of transition meetings to be available in SFY2004. Current and future database revisions also will incorporate edits and validation checks designed to prevent knowable errors such as dates and missing data.

Both a dedicated Part C Data Analyst and Technical Assistance Specialist were hired during FFY2005. These personnel are responsible to ensure adequate training, support, and technical assistance for district programmatic staff and data entry personnel. These personnel also will ensure routine closer scrutiny, attention and management of all aspects of the Part C data

collection, data entry and data reporting in Georgia. Transition of the BCW Data System from a contracted function to one that will be managed within the State Lead Agency is ongoing and is supported by these two Part C staff. Transition of data will provide capacity for enhancement of the system and greater flexibility and usability of data in program management and program improvement. Data revisions to be completed during the transition will include the addition of numerous critical data elements that will be collected as well as additional data cleaning and data verification functions and increased accessibility to the data for Local Lead Agencies.

Training and technical assistance regarding the collection of data, data entry, and use of data in program administration and supervision is ongoing through multiple mechanisms including, but not limited to onsite technical assistance, face-to-face training sessions, and phone and email assistance. State Lead Agency staff provide technical assistance, review, and support to Local Lead Agencies in the collection and reporting of data, data entry, and the use of data for program administration and improvement. State Lead Agency staff consistently and routinely address consistency and accuracy in data entry and reporting by local lead agencies.

When additional analysis and local-level analysis is necessary, population data are obtained from the U.S. Census Bureau as well as the Office of Health Information and Policy within the Georgia Department of Human Resources Division of Public Health. The major purpose of OHIP is to provide valid and reliable evidence about the health status of the population of Georgia.

Subgrants to Georgia's eighteen Public Health District offices are in place for implementation of the BCW program statewide. Funds are disseminated to the Districts via grant-in-aid (GIA). Contracts are developed each fiscal year (July 1 – June 30) and include annexes specific to the Babies Can't Wait program. The contracts include assurances by the District Health Directors relating to BCW data reporting schedules and requirements.

Baseline Data for FFY2004 (2004-2005):

In FFY2004 (2004-2005), 100% of Georgia's 618 data were accurately reported and 100% were submitted on or before all applicable due dates.

In FFY2004 (2004-2005), Georgia's Annual Performance Report was submitted to OSEP in draft format by the due date, with the final version as approved by the State Lead Agency submitted within 1 month of the due date.

Discussion of Baseline Data:

The BCW data system supports timely and accurate submission of all 618 data.

Georgia's Annual Performance Report was submitted in draft format by the due date in March 2005, followed by a final version in April 2005, in order to accommodate SICC involvement and input to the report as well as to allow time for Department of Human Resources review and approval prior to submission. OSEP staff were notified in advance of these constraints.

Revised Baseline Data for FFY2005 (2005-2006):

In FFY2005 (2005-2006), 95% of Georgia's 618 data and State Performance Plan data were accurately reported and 100% was submitted on or before all applicable due dates. Data for all 618 tables as well as all SPP indicators and sub-indicators, with the exception of Indicator 8c, is considered to be 100% accurate. This includes 22 different data collections and calculations, with 21 of the 22 determined to be accurate, hence the determination of 95% accuracy.

	Due Date	Date Submitted
618 Date Table 1	02/01/06	02/01/06
618 Data Table 2	11/01/05	10/05/05
618 Data Table 3	11/01/05	10/05/05
618 Data Table 4	11/01/05	10/05/05
618 Data Table 5	11/01/05	10/05/05
State Performance Plan	12/02/05	12/02/05
618 Data Table 2	11/01/06	10/20/06
618 Data Table 3	11/01/06	10/20/06

Discussion of Revised Baseline Data:

Revised baseline data are being submitted in response to OSEP’s request for separate data related to accuracy and timeliness.

Revised Targets:

Revised targets are being submitted in response to OSEP’s request for revision to targets to clarify the intent to reach 100% accuracy and 100% timeliness regarding data reporting.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	a. 100% b. 100%
2006 (2006-2007)	a. 100% b. 100%
2007 (2007-2008)	a. 100% b. 100%
2008 (2008-2009)	a. 100% b. 100%
2009 (2009-2010)	a. 100% b. 100%
2010 (2010-2011)	a. 100% b. 100%

Improvement Activities/Timelines/Resources:

- During FFY2006, the State Lead Agency will complete the transition of the BCW Data System from a contracted function to one managed within the State Lead Agency, with support from Part C Data Analyst and Technical Assistance Specialist.
- During FFY2006, the State Lead Agency will incorporate all new data elements identified throughout this state performance plan and other mechanisms into the data system for enhanced data collection and reporting. Upon completion of revisions, database updates and appropriate training as well as ongoing technical assistance and support will be provided to District program staff to ensure accurate and timely data collection and data entry.
- The State Lead Agency will continue ongoing training and technical assistance for District personnel regarding the accurate collection of data, data entry, and use of data in program administration, supervision, and child find/public awareness.
- The State Lead Agency will continue to access data from the U.S. Census Bureau and the Office of Health Information and Policy within the Georgia Department of Human Resources Division of Public Health as needed to ensure accurate data are available for comparisons and analyses.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2005

The following revisions to improvement activities were recommended or identified by the Babies Can't Wait Stakeholders or the State Lead Agency for FFY2005.

- Data verification visits will be conducted onsite in each of the 18 district Babies Can't Wait programs during calendar year 2007 to examine data collection, data entry, and data reporting processes for timeliness and accuracy. Upon completion of initial data verification visits in all Districts, a schedule for follow-up and repeat visits will be developed for subsequent years.

Part C – SPP Attachment 1

Report of Dispute Resolution under Part C of the Individuals with Disabilities Education Act Complaints, Mediations, Resolution Sessions, and Due Process Hearings

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline SELECT timeline used {30 day/Part C 45 day/Part B 45 day}	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0

Part C – SPP Attachment 2

State Approved Evaluation/Assessment Tools and Procedures

The following list of tools/procedures is provided as a guide for local lead agencies to assist the MDT in selecting appropriate tools and procedures for eligibility evaluation and program planning assessment. Every attempt has been made to be thorough and to provide multiple options to provide team members with flexibility in identifying the needs of children and families. When appropriate, the MDT must consider accommodations/support tools that may be necessary to: a) obtain a more accurate picture of the child's functioning level; and b) assist the MDT with more effective program planning.

Local lead agencies may use the following criteria to add newly developed tools/procedures to this list. All six items must be summarized in writing by the professional(s) making the determination that a new tool/procedure meets the criteria below. This summary must be signed by the Early Intervention Coordinator and kept on file.

The six standards of assessment materials for use with young children are:

1. Authenticity: Does the tool/procedure focus on actual child behavior in real settings?
2. Convergence: Does it rely on more than one source of information?
3. Collaboration: Does it involve cooperation and sharing, especially with parents?
4. Equity: Does it accommodate special sensory, motor, cultural, or other needs rather than penalize children who have such needs?
5. Sensitivity: Does it include sufficient items for planning lessons and detecting changes?
6. Congruence: Was it developed and field tested with children similar to those being assessed?

LINKing Assessment and Early Intervention - An Authentic Curriculum-Based Approach, (1997) Bagnato, S., Neisworth, J., and Munson, S. (1997). Baltimore, MD: Paul H. Brookes Publishing Co.

1. Systematic observation of functional abilities in the child's daily routine or natural setting:

Systematic observation of functional abilities should be conducted by professionals who: a) have a strong background of typical/atypical development; b) are skilled in observing behaviors in a natural setting (home/day care); and c) understand how to organize observational information in a quantitative and qualitative manner. Systematic observation should be conducted in the child's natural setting (e.g., home, day care, etc.), when appropriate. The observation may include several of the child's routines, such as mealtime, bath time, and play time with care providers and/or siblings. It may require several short visits in order to obtain a complete picture of the child's functional abilities.

The principle of the systematic observation procedure for gathering assessment information is the recording of behaviors as they naturally occur. This procedure should involve identifying the typical behaviors/routines of a child and reliably obtaining information to assist the MDT in making decisions about eligibility, potential direction for intervention purposes (e.g., most appropriate setting for and/or necessary team members for intervention services), including the need for support tools. The systematic observation of functional abilities procedure is very helpful when a child: a) is difficult to test with standardized measures or in structured settings (e.g., child is shy and withdrawn); b) has a specific behavior or set of behaviors that are of concern to the MDT; or c) presents significantly different behaviors across settings/situations/individuals. The procedure will most likely identify interactions or behaviors that support or hinder the child's development. For example, the observation may detail: 1) a grandmother who facilitates independent walking (supportive interaction); or 2) a child care teacher who prefers to carry the child because it is faster (hindering interaction).

Systematic observation procedures should provide the MDT with both qualitative and quantitative information. To ensure useful information is obtained, professionals should gather and organize their observations through the use of global informal information (a.- c. below) and more specific information obtained through naturalistic observation procedures (d.- f. below). Procedures to consider are:

- a. Anecdotal observation notes: qualitative descriptions of child's functioning across environments/settings. Notes can describe the child's social-emotional skills, adaptive skills, problem-solving skills, communication skills, and functional use of fine/gross motor skills and areas that may need some sort of accommodation. Examples:
 - o Jose attempted to gain his mother's attention by first showing her a toy. When she did not comment, he tugged on her shirt. When she continued to talk on the phone, he screamed.
 - o A discharge summary from the NICU or written summary from a service provider that contains functional and meaningful information about the child's status in relationship to his/her developmental needs/care.
- b. List of typical routines: a list and short description of the child and care provider. The list should consider including information such as: time of the routine, place of the routine, toys/materials within the routine, expectations for the child within routines; and frequency of the routines and/or activities.
- c. Diary information: information from MDT members who are currently interacting with the child. This may include child care providers, family members, and service providers who can describe the child's coping strategies about a specific skill or behavior across the day.
Example: Diary on motor skills in day care:
 - o Sam pushed his stroller over to the cupboard to get a cookie.
 - o Sam used his stroller to get to his father when he came to pick him up.
 - o Sam used his stroller to get to the household center.
 - o Sam refused to use his stroller to go outside; he took one step independently and then gestured to be picked up and carried to the sandbox.
- d. Running Records: documentation of everything that occurs within a specific time period. For example, a language sample during a play activity.
- e. Event Sampling: measurement of specific child behaviors and/or child/other interactions as they occur by use of:
 - o Frequency Counts - this can be used for behaviors that are short in duration such as biting another child, using the toilet without wetting, or throwing toys during free play.
 - o Duration Measure - this can be used to measure how long a behavior occurs such as length of time child attends to an activity or duration of a temper tantrum.

- f. Category Sampling: measurement of a broad category of skills across several behaviors. For example, a professional may want to measure “initiations” (category) and include information about the child’s verbal versus social/nonverbal initiations. Category sampling can also include the use of one domain from a curriculum-based tool to obtain further information on a particular domain. For example, a professional may use the social-emotional domain (category) from the Transdisciplinary Play Based Assessment tool or the Social domain from the AEPS to obtain systematic information on social-emotional or social development.

When using the procedure of systematic observation of functional abilities, the professional must be knowledgeable in how to organize their observational notes to obtain the most useful, valid, and reliable information that will assist the MDT in making decisions about eligibility and possible intervention services. To ensure that accurate information is obtained, the following steps should be applied when utilizing this procedure:

- 1) A professional, in collaboration with other MDT members must identify the specific behaviors and/or relevant issues to observe (e.g., social initiations, biting, motor skills, etc.). The purpose of the observation must be clear;
- 2) The professional must select an appropriate data collection system (see a-f above) to ensure that functional/useful results will be obtained for MDT decision making;
- 3) The professional must select appropriate times and situations for observation; and
- 4) The professional must assess the accuracy of data collection and summarize the results.

2. Observation of care provider-child interaction:

Observation of care provider-child interaction should be conducted by professionals who a) have a strong background of typical/atypical development and b) are skilled in the use of the tool/procedure that has been determined appropriate (i.e., understands how to competently administer and score the tool and further reliably interpret and summarize the results).

Family Administered Neonatal Activities. Cardone, I., & Gilkerson, L. (1989). Zero to Three, 10(1), 23-28. Washington, DC: Bulletin of the National Center for Clinical Infant Programs. Uses the Neonatal Behavioral Assessment Scale (Brazelton, 1973) to involve parents in observing and interpreting their newborn’s actions and reactions. Focus is on confirming parent’s perceptions of the newborn through observations. Useful only for very young infants.

Maternal Behavior Rating Scale. Mahoney, G., Finger, I., & Powell, A. (1985). Relationship of maternal behavioral style to the development of organically impaired mentally retarded infants. American Journal of Mental Deficiency, 90, 296-302. Assesses quality of maternal interactive behavior during play with children ages 1 to 3 years in the areas of parent expressiveness, warmth, sensitivity to child state, achievement orientation, social stimulation, effectiveness, ability to give directives, child’s activity level, attention span, enjoyment and expressiveness. Easy to administer but may not be appropriate for many BCW families as the standardization sample was primarily middle class and Caucasian.

Nursing Child Assessment Scale (NCAS): Teaching and Feeding Scales. Bee, H. L., Barnard, K. E., Eyres, S. J., Gray, C. A., Hammond, M. A., Spietz, A., L., Snyder, C., & Clark, B. (1982). Prediction of IQ and language skill from perinatal status, child performance, family characteristics, and mother-infant interaction. Child Development, 53, 1134-1156. Assesses parent-child behaviors during teaching and feeding as a pre- and post-intervention tool for children ages 1 through 36 months in the areas of parent sensitivity to cues, response to distress, cognitive and socio-emotional growth fostering, clarity of cues, and responsiveness. These scales are widely used and shown to be effective as assessment-intervention programming tools. Examiners require intensive training by certified trainers.

Social Interaction Assessment and Intervention (SAIA) McCollum, J. A., & Stayton, V. D. (1985), *Journal of the Division for Early Childhood*. 9(2), 125-135. **Social Interaction Scale (SIS)** McCollum, J. A. & Yates, T. (1996 Revision). University of Illinois. Designed to assist the interventionist and family member in identifying interaction behaviors that are both observable and measurable. The items also serve as skills for the care giver to adjust to match the child's behavior during play and communicative social interaction thus linking assessment to intervention. It is brief, appropriate for children ages 2 through 34 months, and easy to use after training and practice.

3. Evaluation of child's play:

Evaluation of child's play should be conducted by professionals who a) have a strong background of typical/atypical development and b) are skilled in the use of the tool/procedure that has been determined appropriate (i.e., understands how to competently administer and score the tool and further reliably interpret and summarize the results).

Developmental Play Assessment (DPA), Lifter, K., Edwards, G. Avery, D., Anderson, S. R. & Sulzer-Azaroff, B. (1988) Developmental sequence of play from 8 months to 6 years. Requires the collection of a video sample of sequenced toy play. Can be administered by a family member. Scoring and interpretation requires a solid understanding of play.

Play Assessment Scale (PAS). Fewell & Rich, (1987) and Fewell, R. (1994). **Research Edition** Standardization is underway for this tool that assesses play behaviors from 2 to 36 months. Currently a play age score can be obtained on 45 developmentally sequenced items. Easy to administer by family members, educators, and familiar adults in natural settings. Scoring and interpretation requires a solid understanding of play.

Symbolic Play Scale. Westby, C. (1988). **Seminars in Speech and Language**. NY: Thieme Medical Publishers. Delineates 10 stages of play from 9 months through 5 years. Incorporates language development and competence and examines both child-initiated play and imitative play. Describes appropriate play at different stages to assist in interpretation. This tool is especially helpful for children with suspected communication delays.

Transdisciplinary Play Based Assessment (TPBA), Linder, T (1993). **Baltimore, MD: Paul Brookes**. Uses play as the process to assess developmental functioning, and includes broad classifications of play within the developmental assessment. Play classifications include early object use, symbolic and representational play, exploratory play, relational play, constructive play, dramatic play, games, and rough and tumble play. It is closely linked with intervention.

4. Standardized behavior checklists or curriculum-based measures:

Standardized behavior checklists or curriculum-based measures should be conducted by professionals who a) have a strong background of typical/atypical development and b) are skilled in the use of the tool/procedure that has been determined appropriate (i.e., understands how to competently administer and score the tool and further reliably interpret and summarize the results).

Assessment, Evaluation, and Programming System: AEPS Measurement for Birth to Three Years (Volume 1). Bricker, D. (Ed). (1993). **Baltimore, MD: Paul Brookes**. Curriculum-based assessment, evaluation, and family participation components are included to assist with program development and implementation. Areas included in both the assessment and curriculum are fine and gross motor, adaptive, cognitive, social-communication, and social. AEPS also includes a Family Report Measure for parents to assess their child and a Family Interest Survey to gain information on child, family, and community interest. Volume 2 includes curricular materials. Volumes 3 & 4 are available for older children. Facilitates the linkage between assessment and intervention. Interpretation of AEPS scores -

Professionals should use % scores only after the AEPS has been administered for a second time (e.g., last year the child scored 15% in communication, this year 22%). Documents progress from one administration to the next. (Addresses all five developmental domains.)

Callier-Azusa: Assessment of Deaf and Blind Children (CAS). Stillman, R. (1974). This curriculum-embedded tool is dedicated to the multiple needs of children birth - 8 who are deaf and blind. This tool emphasizes the tactile modes of learning/experiencing the environment. Provides developmental information from five subscales: socialization, daily living skills, motor development, perceptual abilities, and language development. Professionals who administer this tool should have experience in positioning and working with children with cognitive deficits requiring extensive supports.

The Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN - Birth to 24 months)(2nd ed.) Johnson-Martin, N., Jens, K., Attermeier, S., & Hacker, B. (1991). Baltimore, MD: Paul H. Brookes Publishing Co.; Carolina Curriculum for Preschoolers with Special Needs (CCPSN-12 months to 3 years). Johnson-Martin, N., Attermeier, S., & Hacker, B. (1990). Baltimore, MD: Paul H. Brookes Publishing Co. The CCITSN & the CCPSN are curriculum-embedded tools which test more than 400 discrete skills in 26 subdomains of development within the five overall developmental domains. The curriculum sequences are divided into 3 month (B-24 months) and 5-7 months age increments (2-3 yrs). A child's current skills are profiled on a developmental progress chart which provides an efficient graphic system for data collection and the charting of progress on a child's performance from one administration to the next. The results of these tests should be used in conjunction with other tests and information about the child. (Addresses all five developmental domains.)

Hawaii Early Learning Profile (HELP). Furuno, S., O'Reilly, K.A. Hosaka, C. M., Inatsuka, T.T., Zeisloft-Falbey, B, & Allman, T. 1988. Palo Alto, CA: VORT Publishing. A developmental checklist easily understood by family members that provides a curriculum for program planning. Stresses observation of natural adaptive behaviors of children with special needs in everyday settings and activities; promotes activity-based learning. Easy to use. Supplemental materials available for special family situations. (Addresses all five developmental domains.)

Infant-Toddler Developmental Assessment (IDA). Provence, S., Erickson, J., Vater, S., & Palmeri, S. (1995). Chicago, IL: The Riverside Publishing Co. Curriculum-based assessment for children ages birth to three years. Developmental domains include gross motor, fine motor, relationship to inanimate objects, language/communication, self-help, relationship to persons, emotions and feeling states, and coping behavior. Parent Report and Health Recording Guides are also available. Excellent supportive materials are available to enhance a family-centered program. This will be especially helpful for very young and medically involved children. This tool stresses observation of typical routine activities within the natural setting to gain information about the child's competencies and needs. (Addresses all five developmental domains.)

Infant-Toddler Language Scale. Rossetti, L. (1990). East Moline, IL: Lingui Systems. Developed for birth- to 3-year-olds. Includes parent questionnaire & test protocol to gather observed, elicited, and parent report information. Areas assessed include: play, interaction-attachment, gesture, pragmatics, language comprehension and expression. Parent questionnaire includes questions regarding concerns, interaction and communication development, and a vocabulary checklist for comprehension and production.

Transdisciplinary Play Based Assessment (TPBA), Linder, T (1993). Baltimore, MD: Paul Brookes. Uses play as the process to assess developmental functioning in the areas of cognitive, communication and language, sensory-motor, and social emotional skills. It is administered primarily by a play facilitator in both structured and free play settings. Video recordings enhance scoring accuracy and team observations. Family members play an active role in the assessment process. It is closely linked with intervention. (Addresses all five developmental domains.)

5. Standardized and/or norm referenced diagnostic tools:

A. General Developmental Standardized and/or Norm Referenced Diagnostic Tools:

Battelle Developmental Inventory. Newborg, J., Stock, J., Wnek, L., Guidubaldi, J. & Svinicki, J. (1984). Chicago, IL: Riverside Press. Includes five basic developmental domains; allows for parent report, observation and direct testing for many items. May be administered by many different professionals after training and can be used by a team in a play-based, transdisciplinary model. Because of the few items included within age ranges, additional programmatic assessment is recommended for program planning and IFSP development. (Addresses all five developmental domains.)

Bayley Scales of Infant Development. Bayley, N. (1993). San Antonio, TX: Psychological Corporation. Norm referenced tool, recently revised that provides standard scores for the motor and mental scales in children age 2 through 42 months. Requires specific training to administer in standardized format. An accompanying behavior rating scale is also useful.

Mullen Scales of Early Learning Revised. Mullen, E. (1995). Circle Pines, MN: American Guidance Service. Relatively new measure that includes the domains of fine and gross motor, speech and communication, visual and auditory reception, organization and memory for children ages birth to 5-8. Video illustrating administration available. Recommended that administrators be specially trained graduate-level personnel. (Addresses all five developmental domains.)

Syracuse Scales of Infant and Toddler Development Ensher, G., Gardner, E., Bobish, T., Michaels, C., Butler, K., & Meller, P. (1997) Applied Symbolix, 16 West Erie, Suite 300, Chicago, Illinois 312-787-3772. This tool is appropriate for children birth to age 36 months and consists of three forms: observation forms, play in the early months, and toddler play-based scenarios. The child is evaluated from a common set of play activities that require integrated abilities. The activities are meaningful and natural to children and care providers to help the professional elicit functional skills within a familiar context. Play activities are structured and unstructured to allow professionals the opportunity to observe the child in different situations.

B. Domain Specific Standardized and/or Norm Referenced Diagnostic Tools:

Vineland Adaptive Behavior Scales. Sparrow, S. S., Balla, D. A., & Cicchetti, D. V. (1984). Circle Pines, MN: American Guidance Service. A norm referenced adaptive behavior scale with subtests in communication, daily living skills, socialization, and motor skills for children birth to 18 years. This measure cannot be used to meet the requirement of a measure that looks across all five developmental domains.

MacArthur Communicative Development Inventories. Fenson, L., Dale, P., Reznick, S., Thal, D., Bates, E., Hartung, J., Pethick, S., & Reilly, J. (1993). San Diego, CA: Singular Publishing. Parent report tools used to determine child's comprehension and production vocabularies (including single and combined words, gestures, imitations) for children using words and gestures, and production vocabulary for children using word combinations. Article describing the use and results of the tools: Dale, P. (1991). The validity of a parent report measure of vocabulary and syntax at 24 months. Journal of Speech and Hearing Research, 34, 565-571.

Peabody Developmental Motor Scales. Folio, R. & Fewell, R. (1983). Allen, TX: DLM Teaching Resources. A standardized test for fine and gross motor skills in children ages 1 month to 83 months that links assessment to intervention through an instructional packet and set of activity cards. All items are direct test that can be completed by teachers and other practitioners knowledgeable about motor skills. The standardization sample was relatively small and consisted primarily of Caucasians.

Preschool Language Scale - 3. Zimmerman, I. Steiner, V., & Pond, R. (1992). San Antonio, TX: The Psychological Corporation. An easy to administer measure that examines a child's receptive and

expressive skills for children from ages 1 month to 6 years. It includes an articulation screening measure that can also be helpful to identify children in need of further assessment.

Sequenced Inventory of Communicative Development- Revised (SICD). Hedrick, D. Prather, E. & Tobin, A. (1984). Los Angeles, CA: Western Psychological Services. Assesses children between the ages of 4 months and 4 years in receptive and expressive communication areas of sound awareness and discrimination, comprehension of motor, vocal and verbal expressions. Format provides children opportunity to play with objects, identify pictures and follow directions. Parent report is a scoring option.

6. Supplemental Measures

Supplemental measures should be conducted by professionals who a) have a strong background of typical/atypical development and b) are skilled in the use of the tool/procedure that has been determined appropriate (i.e., understands how to competently administer and score the tool and further reliably interpret and summarize the results). **NOTE:** There are other tools which are commonly used by professionals in evaluation/ assessment activities (see list below). Results from these tools may provide valuable *supplemental* eligibility/program planning information when combined with the measures discussed above. BCW has determined that information from the tools listed below are not sufficient for eligibility purposes when used in isolation of categories (1.-5.) described above.

Assessing Linguistic Behavior (ALB). Olswang, L., Stoel-Gammon, C., Coggins, T., & Carpenter, R. (1987). Seattle, WA: University of Washington Press. Birth to two observational & administered scales: cognitive antecedents, play, communicative intention, language production and comprehension. Video available of children at different levels of development for first four segments.

Brigance Inventory of Early Development -Revised. Brigance, A. H. (1991). North Billerica, MA: Curriculum Associates. Measures abilities in 11 areas and includes 84 skills. Supplemental and comprehensive sequences are available for children needing specific task analysis.

Early Coping Inventory (ECI). Zeitlin, S., Williamson, G. G. & Szczepanski, M. (1988). **Early Coping Inventory.** Bensenville, IL: Scholastic Testing Service. Zeitlin, S., & Williamson, G. G. (1994). Coping in young children: early intervention practices to enhance adaptive behavior and resilience. Baltimore, MD: Paul Brookes. ECI assesses the coping and adaptive development between the ages of 4 and 36 months through direct observation of the child using a 5 point scale. This measure can add very helpful information for program planning.

Gesell Developmental Schedules Describes development across motor, communication, personal-social, and adaptive behavior for children between the ages of 4 weeks and 72 months. Parent questionnaires are also available for further validation of information. Useful for very young and medically involved children.

Observation of Behavior in Socially and Ecologically Relevant and Valid Environments (OBSERVE). Dunst & McWilliam, (1988) An observation method of evaluation based on the work of Piaget that provides a running record of behaviors in natural and elicited environments. Very useful for children with significant disabilities.

Parent/Professional Preschool Performance Profile (5Ps). (1987). **Variety Pre-Schooler's Workshop, 47 Humphrey Dr., Syosset, NY 11791.** Behavioral scales from 6 to 60 months designed for home-school collaboration. Areas included: social, motor, cognitive, self-help, language, and classroom adjustment. Parents and teacher complete the assessment based on their own observations of the child's performance, respectively at home and school. Then the parents and teachers meet to discuss ways to facilitate desired behaviors seen at home or school in the other setting. Available in English and Spanish.

SPECS: System to Plan Early Childhood Services. **Bagnato, S., Neisworth, J., & Gordon, J. (1990).** **Circle Pines, MN: American Guidance Service.** The SPECS is designed to assist MDT identify and interpret the developmental and behavioral status of children ages 2 through 6 years. While limited for use in birth to 2 year olds, the method facilitates team interaction and would be very helpful for transition planning.

Vulpe Assessment Battery-Revised. **Vulpe', S. (1994).** **East Aurora, NY: Slosson Educational Publications, Inc.** A developmental-behavioral assessment from birth to age 6 particularly useful for children with significant disabilities because it has 1230 items and will be specific enough to show change through intervention. Uses a 7 point scoring system that includes amount of support necessary to accomplish the task.

Part C – SPP Attachment 3 – Family Outcome Survey

Family Outcomes Survey

Directions:

- ◆ On the following pages, please circle the number that best describes your family right now. If a statement almost describes your family, but not quite, circle the number just below the statement. For example, if the statement under 3 almost describes your family, but not quite, circle the 2.
- ◆ You will notice that the responses include the word “we.” This refers to your family. It’s okay if you are answering just for yourself (your own opinion or experience) or as a family with a shared opinion or experiences.

Child ID # (from BCW Database) _____

Completed survey not received from Parent/Family, per service coordinator report:

_____ (signature of service coordinator) ____/____/____
(Date)



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Family Outcomes Survey

Understanding your child's strengths, abilities, and special needs

1. *Your child is growing and learning. How well do you understand your child's development?*

1	2	3	4	5	6	7
We are just beginning to understand our child's development		We have a basic understanding of our child's development, but still have a lot to learn		We have a pretty good understanding of our child's development		We understand our child's development very well

2. *Some children have special health needs, a disability, or are delayed in their development. How much do you know about your child's special needs?*

1	2	3	4	5	6	7
Right now we do not know very much		We have learned some things, but still have a lot of unanswered questions		We know a lot, but still need or want to know more		We are confident that we know most of what we need to know right now

3. *Professionals who work with you and your child want to know if the things they do are working. Are you able to tell if your child is making progress?*

1	2	3	4	5	6	7
Right now we can't tell if our child is making progress		We sometimes can tell if our child is making progress, but still have a lot to learn		We usually can tell if our child is making progress		We almost always can tell if our child is making progress

Knowing your rights and advocating for your child

4. *A variety of programs and services may be available for your child and family. Do you know what is available for your child and family?*

1	2	3	4	5	6	7
We are just beginning to learn about the programs and services that are available		We know about some programs and services, but still have a lot to learn		We think we are aware of most available programs and services		We are very aware of the programs and services that are available

5. Parents often meet with professionals to plan services or activities. How comfortable are you participating in these meetings?

1	2	3	4	5	6	7
Right now we are very uncomfortable participating in meetings		We are not very comfortable participating in meetings, but we do it anyway		We are pretty comfortable participating in meetings		We are very comfortable participating in meetings

6. Families of children with special needs have rights, and there are things you can do if you are not satisfied. How well do you know your rights and what to do if you are not satisfied?

1	2	3	4	5	6	7
We are not sure about our rights or what to do if we are not satisfied		We understand our basic rights but are not sure about all of our options if we are not satisfied		We think we know most of our rights and what to do if we are not satisfied		We are very aware of our rights and know exactly what to do if we are not satisfied

Helping your child develop and learn

7. All parents help their children develop and learn, but sometimes it is hard to know what to do. How would you describe your ability to help your child develop and learn?

1	2	3	4	5	6	7
We need to know a lot more about how to help our child develop and learn		We know the basics of helping our child develop and learn, but still have many questions		We feel pretty sure that we know how to help our child develop and learn		We are very sure that we know how to help our child develop and learn

8. All parents try to help their children learn to behave the way they would like, but sometimes it is hard to know what to do. How would you describe your ability to help your child learn to behave the way you would like?

1	2	3	4	5	6	7
We need to know a lot more about how to help our child behave like we want		We know the basics of helping our child behave, but still have many questions		We feel pretty sure that we know how to help our child behave		We are very sure that we know how to help our child behave

9. Your family has worked with professionals to develop a plan to help your child learn new skills and behaviors. How much are you able to help your child learn or practice these new skills at home or in your community?

1	2	3	4	5	6	7
We have not yet started to help our child learn or practice these skills and behaviors		We have started to help our child learn and practice these skills and behaviors, but it is not a regular thing yet		We often help our child learn and practice these skills and behaviors, but it is not as regular as we would like		We regularly help our child learn and practice these skills and behaviors throughout the day

Having support systems

10. Many people feel that talking with another person helps them deal with problems or celebrate when good things happen. Does your family have someone you trust to listen and talk with you?

1	2	3	4	5	6	7
Right now, we really don't have anyone we can talk with about the things that are happening in our lives		We can probably find at least one person we could talk with, but are not very satisfied with the situation		We usually have other people that we can talk with about things		There are definitely people in our lives we can talk with whenever we need to

11. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. Do you have someone you can call on when you need help with things?

1	2	3	4	5	6	7
Right now our family really doesn't have anyone we can call on when we need help with things		In an emergency we have people we can call on for help, but not for the everyday things		Usually there is someone that we can call on for help when we need it		We almost always have other people we can call on for help when we need it

12. Most families have things they enjoy doing. How much is your family able to do the things you enjoy?

1	2	3	4	5	6	7
Right now it is really difficult to do any of the things we enjoy		We are able to participate in some of the things we enjoy, but not nearly as much as we would like		We are able to participate in many of the activities we enjoy		We are able to participate in almost all of the activities we enjoy

Accessing your community

13. All children need medical care. How would you describe the medical care you have for your child right now?

1	2	3	4	5	6	7
We do not have the medical care we want for our child		We have some medical care, but still have a long way to go before it is what we want		We have good medical care for our child		We have excellent medical care for our child

14. Many families have a need for quality childcare. By this, we do not mean occasional babysitting, but regular childcare, either part-day or full-day. How would you describe the childcare you have for your child right now?

CHECK HERE IF YOU HAVE NOT WANTED CHILD CARE, AND GO TO QUESTION 15.

1	2	3	4	5	6	7
We do not have the childcare we want <u>OR</u> because of our child's special needs we have decided not to look for it.		We have some childcare, but still have a long way to go before it is what we want		We have good childcare for our child		We have excellent childcare for our child

15. Many families want their child to play with other children or participate in religious, community, or social activities. How would you describe your child's participation in these activities right now?

CHECK HERE IF YOU HAVE NOT WANTED YOUR CHILD TO PARTICIPATE IN SUCH ACTIVITIES AND GO TO QUESTION 16.

1	2	3	4	5	6	7
Right now our child does not participate in activities we want <u>OR</u> because of our child's special needs we have decided not to look for it		Our child participates in some social or community activities, but we have a long way to go before it is what we want		Our child has good participation in social or community activities		Our child has excellent participation in social or community activities

Your feelings about early intervention

16. *To what extent has early intervention helped your family know and understand your rights?*

1	2	3	4	5	6	7
Early intervention has not helped us know about our family's rights		Early intervention has done a few things to help us know about our rights		Early intervention has provided good help so that we know our family's rights		Early intervention has done an excellent job of helping us know about our family's rights

17. *To what extent has early intervention helped your family effectively communicate your child's needs?*

1	2	3	4	5	6	7
Early intervention has not helped us effectively communicate our child's needs		Early intervention has done a few things to help us effectively communicate our child's needs		Early intervention has done a good job of helping us effectively communicate our child's needs		Early intervention has done an excellent job of helping us effectively communicate our child's needs

18. *To what extent has early intervention helped your family be able to help your child develop and learn?*

1	2	3	4	5	6	7
Early intervention has not helped us help our child develop and learn		Early intervention has done a few things so that we can help our child develop and learn		Early intervention has done a good job of helping us help our child develop and learn		Early intervention has done an excellent job of helping us help our child develop and learn

Thank you for completing this survey