

Program Review Process Monitoring for the period of 7/1/12 – 6/30/13

Instructions regarding data collection:

3 weeks or more before review:

1. The ESS Liaison will provide a list of the children whose records will be reviewed
2. AA/Program Directors complete:
 - Self-Review checklist
 - Indicator 1 Timely Services for all children with new IFSPs
 - Indicator 7 45-day Timeline for all those children who's IFSP was signed more than 45 days after the referral.
 - Indicator 8 Transition forms for records of children who transitioned to special education.

1 week prior to review program submits to the ESS Liaison:

- Self-Review checklist containing program summary only, not individual child checklists
- Indicator 1 Timely Services for all children with new IFSPs program summary only, not individual child checklists
- Indicator 7 45-day Timeline for all those children who's IFSP was signed more than 45 days after the referral program summary only, not individual child checklists
- Indicator 8 Transition forms for records of children who transitioned to special education program summary only, not individual child checklists
- Summary of overall findings (short narrative) including program strengths and challenges

The day of the BDS review the individual child checklists will be used during the BDS record review for data verification:

- Completed individual child record checklists
- Completed individual child Indicator 1 form
- Completed individual child Indicator 7 form
- Completed individual child Indicator 8 (Early Childhood Transition form)
- Completed Form review sheet with sample forms attached

NOTES:

It is essential that all transitions from ESS have been accurately recorded in the statewide database in order for the list to be accurate. If you realize that the list is not complete, please pull the charts of children who should be on the list and update the data system. ***This year we will be collecting baseline data for the Indicator 8 b. notification/referral.***

1. ***Children who were potentially eligible but parents did not want them to be referred – please have their records available the day of the review. We will be looking at evidence that the parent chose not to have their child referred. (In the future, these will be the parents who opted out of notification/referral)***
2. ***Children for whom notification (referral) has been made to the LEA:***
 - a. *Have available documentation showing that families were given an opportunity to object to their information being sent and their decision. **This will not be requested this year.***
 - b. ***Notification (referral) provided at least 90 days prior to third birthday.***
 - c. ***Reason why notification was provided less than 90 days prior to third birthday.***
3. If you supplied self-review data to BDS as part of a Corrective Action Plan, have the records of children who were reported as not in compliance due to exceptional family circumstances available for review.
4. The day of the data collection visit –
 - The ESS Liaison will review with the ESS Program Director the **summary of program data from the self-review** that was submitted prior to the review.
 - The BDS team may ask questions concerning the status of previous issues at this time.

- **Have available for review licenses/certifications for the evaluators used by the program to determine a child's eligibility.** Also have a list of evaluators that includes the evaluator's name, the name of the license/certification, and date of expiration available to give the ESS Liaison.
- **Have available individual staff professional development plans.** Plans will be reviewed for documentation that the staff has received the following trainings: Child Outcomes Training and Procedural Safeguards Training. Also: do FCESS staff have goals related to providing FCESS.
- **Have available for review the program's improvement plan.**
- After this initial discussion, BDS staff will commence verifying compliance data through review of child records.
- It is important that someone from the program be available to respond to questions from the BDS Monitoring Team.
- AA staff will be asked to assist with verifying the accuracy of key data that is currently in NHLeads. It would be extremely helpful to have access to the internet available for this purpose (either cable or wireless).

Feedback will be provided regarding the need for additional data collection, if applicable, within two days of the close of the on-site record review visit to facilitate immediate resolution of any areas of non-compliance prior to the September 30, 2011 deadline.

Program Review Process Timetable Monitoring for the period of 7/1/12 – 6/30/13

Starting in March	<p><u>Status meetings</u> to summarize the regional and ESS program status based on the previous year monitoring information and progress toward timely correction scheduled on an “as needed” basis using remote meeting options such as phone conferencing, webinars, etc. to avoid undue travel and to maximize the time of all involved.</p> <p>Participants include but are not limited to:</p> <ul style="list-style-type: none"> • BDS Liaison • AA ESS Manager • AA Quality Improvement personnel • ESS Program Director • Facilitated by ESS Liaison
March/June	<p><u>Program Determinations</u> based on guidance from OSEP, input from ICC, and program directors using APR compliance data from the 7/1/11-6/30/12 monitoring period. See determinations document for a description of how determinations are made.</p>
April – June	<p><u>Data collection</u> for the 7/1/012 – 6/30/13 monitoring period:</p> <ol style="list-style-type: none"> 1. Names of children whose records will be reviewed or for whom additional information is needed is sent at least 3 weeks prior to the scheduled visit. 2. Self-review is completed by ESS program and AA using the provided checklist and list of child names. The self-review summary is then submitted to the BDS ESS Liaison 1 week prior to the date of the compliance data collection visit. At this time, a written summary of the program’s successes and areas needing improvement is also submitted. 3. BDS staff visits the program and collect compliance data. 4. As required by OSEP, when less than 100% compliance is identified for any indicator (excepting documented and verified exceptional family or program circumstances) additional data must be submitted to document full compliance within one year from the date that the program was notified of the noncompliance. Documentation for any delay must include information about when the service was provided and the reason for the delay. 5. Corrective action plans will be required for all programs that do not provide data demonstrating correction within two months of the monitoring visit. 6. Any non-compliance that requires a corrective action plan is considered a “finding”. 7. Collection of compliance data for programs with a corrective action plan continues until submitted data show two consecutive months of compliance.
Fall	<p>BDS ESS Liaisons prepare summary reports, which include compliance data, self-review data, corrective action activities, comments/observations regarding any identified trends, and promising practices. Summary reports will be sent to the AA/ESS program for factual corrections no later than 12/31/2013.</p>
Fall	<p>Status meeting (as needed) to review the summary report, celebrate successes and to plan any necessary next steps.</p>
December 2013 January 2014	<p>ESS Liaisons use compliance data to develop an Annual Performance Report for submission to OSEP due February 1, 2014. This data is also used to make local program determinations</p>