

**Part C State Performance Plan (SPP) for 2005-2012****January 2012 Revision:**

Puerto Rico's Part C SPP was revised to include targets for FFY 2012 and the improvement activities to achieve those targets. The APR draft, along with actual data, targets and activities, was presented to the SPP/APR Steering Committee comprised of members of the Interagency Coordinating Council, including parents, Department of Education, Early Head Start/Head Start Programs, Department of the Family, University Center of Excellence in Developmental Disabilities, and Parent Information and Training Center representatives, among others on January 28, 2014. The SPP/APR Steering Committee assisted the PRDH in examining targets and improvement activities for each indicator through FFY 2012; we include a general table with the improvement activities in the end of this document. A complete copy of the revised SPP will be posted at the Puerto Rico Department of Health website: <http://www.salud.gov.pr/PARTCPROGRAM/Pages/default.aspx>

**Overview of the State Performance Plan Development:***A. Composition of stakeholders that participated in the development of the SPP*

Interagency Coordinating Council, Regional Pediatric Center's Medical Directors and Administrators and Parent Information and Training Center representatives.

*B. Stakeholders' involvement in the development of the SPP*

Puerto Rico Department of Health (PRDH) gathered and analyzed data for the development of the SPP using PRDH staff with data analysis expertise and content area expertise. The SPP draft, along with raw data, was presented to the SPP Steering Committee comprised of members of the Interagency Coordinating Council, including parents, Regional Pediatric Center's Medical Directors and Administrators and Parent Information and Training Center representatives on November 22, 2005. The SPP Steering Committee assisted the PRDH in examining data, targets, activities and planning for improvement in specific areas and provided suggestions/input. Comments and recommendations received by November 30, 2005 were considered and incorporated into the final copy of the SPP when appropriate.

*C. SPP public dissemination*

Puerto Rico will make its SPP available through public means, including posting on the website Puerto Rico Department of Health and distribution through public agencies, including the Puerto Rico Department of Education, Early Head Start/Head Start Programs, Department of the Family, Office of the Ombudsman for Persons with Disabilities, Developmental Disabilities Council, Puerto Rico Developmental Disabilities University Affiliated Program, and the Parents Training Center.

Puerto Rico will report annually to the public on the performance of each health region on the targets for every indicator (except General Supervision) in the Puerto Rico SPP. An Island-wide data summary will be mailed to early intervention services providers, advocacy groups, parent organizations, higher education institutions, legislators and key stakeholders.

Puerto Rico SPP and Annual Performance Report will be available in Spanish and English.

*D. Early Intervention Services (EIS) programs*

In Puerto Rico each of the seven (7) health regions (*Arecibo, Bayamón, Caguas, Fajardo, Mayagüez, Metropolitan and Ponce*) is defined as an EIS program. In each health region there is an *Avanzando Juntos* (EIS program) System Point of Entry and Exit (SPOEE) located in the Regional Pediatric Center (RPC).

Each SPOEE is responsible to ensure that all opportunities available under Part C are made available to families, and that the decision that families make are with accurate and timely information, the knowledge of choices or options available to the family and with full

## SPP Template – Part C

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understanding of their rights, opportunities and responsibilities. The steps or functions that each SPOEE shall ensure include: receive the referral, conduct and complete family intake, ensure that eligibility determination is completed according to regulations, arrange for and ensure the completion of assessments activities necessary to plan and complete an IFSP, facilitate the IFSP team meeting, complete the initial IFSP, periodic and annual reviews of the IFSP and maintain the Early Intervention (EI) Record for each child referred.

**Part C State Performance Plan (SPP) for 2005-2012****Overview of the State Performance Plan Development:**

The revised criteria for “Timely IFSP services provision”, was presented to the SPP/APR Steering Committee comprised of members of the Interagency Coordinating Council, including parents, Regional Pediatric Center’s Medical Directors and Avanzando Juntos System Points of Entry and Exit Supervisors, and Parent Information and Training Center representatives on January 30, 2007. The SPP/APR Steering Committee provided suggestions/input.

**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:***Timely IFSP services provision*

In FFY 2003 APR, Puerto Rico provided to OSEP baseline and comparison data on its progress at providing timely early intervention services on the IFSP, as required by 34CFR §§303.32(e), 303.342(e) and 303.344(f). On the service provision finding, PRDH provided data indicating improvement, but continued noncompliance, with the service provision requirements in (34 CFR §§303.340(c), 303.342(e) and 303.344(f)). PRDH reported the number of days that elapsed between the completion of the initial IFSP and the provision of services. From July 2003 through June 2004, the percent of services that were provided in less than 31 days from completion of the initial IFSP was 59.8%. From July 2004 through December 2004, the percent was 70.6%. PRDH did not provide data on the percent of services that were started in accordance with the initiation dates for services on the IFSPs.

*Puerto Rico’s criteria for “timely”**Timely (time period from parent consent to IFSP services initiation date)*

~~For infants and toddlers with one service in their IFSPs, *timely* means early intervention services initiated within **31 calendar days** from parent consent. For infants and toddlers who have more than one early intervention service in their IFSPs, *timely* means that at least one of the early intervention services is initiated within **31 calendar days** from parent consent. Other early intervention services may begin more than 31 calendar days after parent consent if the IFSP team decides that a later start date is appropriate to achieve the individual child and family outcomes.~~

~~*Timely (time period from the initiation dates for services in the IFSP and actual services initiation date) means services initiated prior to the dates, on the dates, or up to **7calendar days** after the initiation dates specified in the IFSP.*~~

OSEP determined that PRDH's timely standard based on the timeliness of the provision of one early intervention service, is inconsistent with the PART C regulations at 34 CFR 303.342(e) and 303.344(f)(1), which requires the lead agency to ensure the timely provision of all early intervention services on the IFSP that are consented to by the parent. PRDH was required to submit a revised definition of timely that makes clear that its timely standard applies to the provision of all early intervention services on the IFSP.

*Revised Timely Standard*

"Timely" means that early intervention services identified on the initial IFSP and any additional EI services identified on subsequent IFSPs are initiated by either:

1. Thirty (30) days from when the parent provides consent for the IFSP services, OR
2. When the IFSP team has identified, as appropriate, an initiation date beyond the 30 days from the parent consent, the projected IFSP initiation date (that must be on the IFSP for each early intervention service and is identified by the IFSP team).

**Baseline Data for FFY 2004 (2004-2005):**

*Data source: Monitoring*

Two (2) on-site focused monitoring to all seven (7) Avanzando Juntos Early Intervention Services System Point of Entry and Exit (SPOEE) at each of the Puerto Rico Department of Health Regional Pediatric Centers were completed for assessing progress toward compliance with Part C policies and procedures regarding the timely provision of IFSP's early intervention services.

On-site monitoring was conducted through the review of early intervention records and service providers billing and services records. The IFSP section of the revised early intervention record's monitoring instrument was used to collect the data from the early intervention records. New probes were used to obtain additional data needed. These include the dates that the services were to begin as specified on the IFSP and the actual dates that services began using service providers billing and services records.

Sampling methodology:

For the first focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from July 1<sup>st</sup>, 2003 through December 31, 2004. The sample size (n) for each SPOEE was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. The proportion of the number of infants and toddlers referred from July 2003 to June 2004 to the number of infants and toddlers referred from July 2004 to December 2004 was determined and applied to determine the number of early intervention records to be included in the sample for each period. For the July 2003-June 2004 period (Period A) the sample size varied from 29 to 35 for the different SPOEE. For the July 2004-December 2004 period (Period B) the sample size varied from 14 to 19 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

For the second focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from January 1<sup>st</sup>, 2005 through June 30, 2005 (Period C). The sample size (n) for each SPOEE for Period C was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. For the January 2005-June 2005 period (Period C), the sample size varied from 33 to 48 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

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First on-site visits were completed as follows:

Arecibo	March 10, 2005
Bayamón	February 23 - 24, 2005
Caguas	March 3, 2005
Fajardo	March 1, 2005
Mayaguez	February 25, 2005
Metro	March 8, 2005
Ponce	March 4, 2005

Second on-site visits were completed as follows:

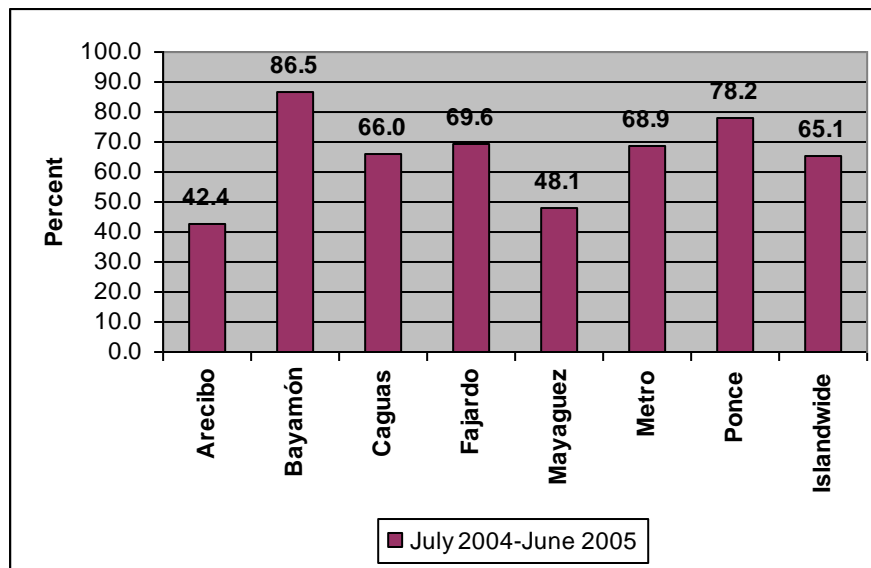
Arecibo	October 17, 2005
Bayamón	October 11, 2005
Caguas	October 7, 2005
Fajardo	October 13, 2005
Mayaguez	October 5, 2005
Metro	October 10, 2005
Ponce	October 14 & 19, 2005

Measurement:

Percent = 236 infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total 362 infants and toddlers with IFSPs times 100 (236/362 X100) = 65.1%

## PERCENT OF INFANTS AND TODDLERS WHO RECEIVED THE EARLY INTERVENTION SERVICES ON THEIR IFSPs IN A TIMELY MANNER (July 2004-June 2005)

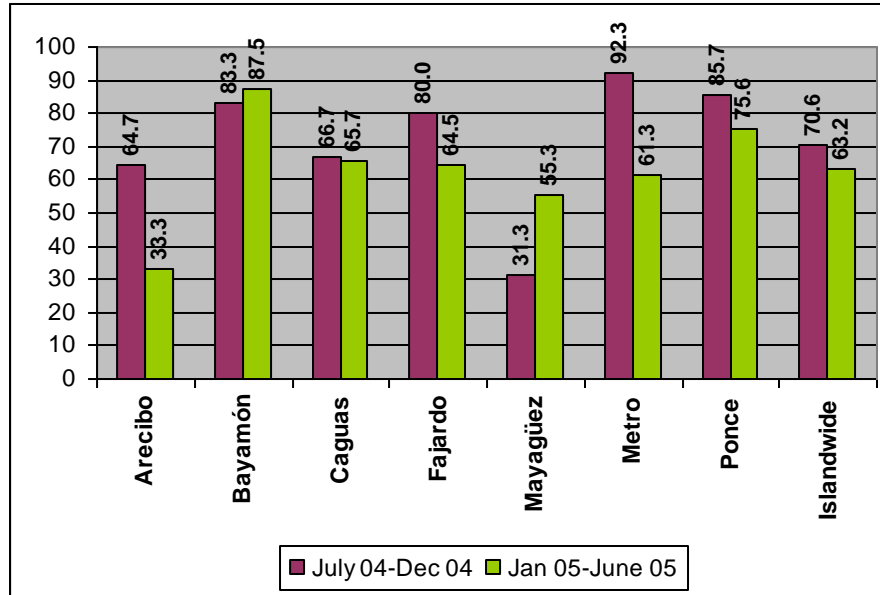
Figure 1.1 Source: 2004-2005 Monitoring



2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
Timely EIS	42.4% (n=25)	86.5% (n=45)	66.0% (n=33)	69.6% (n=32)	48.1% (n=27)	68.9% (n=31)	78.2% (n=43)	65.1% (n=236)
Total IFSPs	59	52	50	46	55	45	55	362

**PERCENT OF INFANTS AND TODDLERS WHO RECEIVED THE EARLY INTERVENTION SERVICES ON THEIR IFSPs IN A TIMELY MANNER (By Periods)**

Figure 1.2 Source: 2004-2005 Monitoring

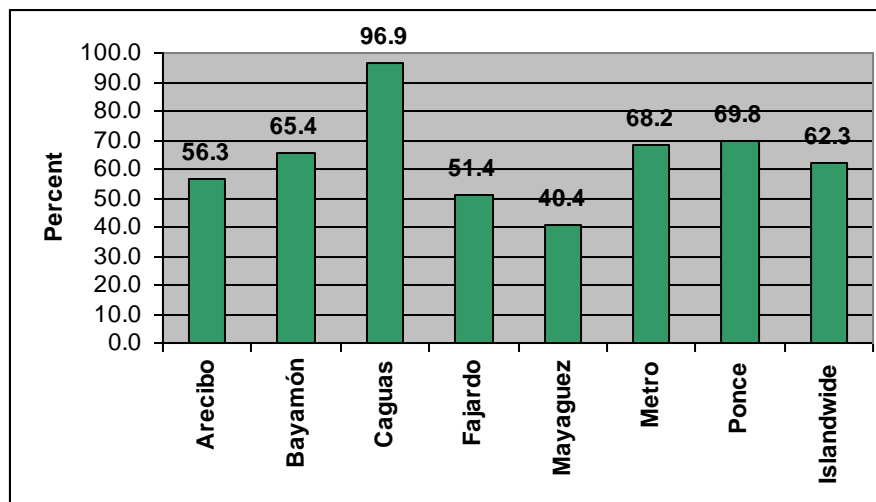


Period B	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
31-day	64.7% (n=11)	83.3% (n=10)	66.7% (n=10)	80.0% (n=12)	31.3% (n=5)	92.3% (n=12)	85.7% (n=12)	70.6% (n=72)
Total	17	12	15	15	16	13	14	102

Period C	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
31-day	33.3% (n=14)	87.5% (n=35)	65.7% (n=23)	64.5% (n=20)	55.3% (n=21)	61.3% (n=19)	75.6% (n=31)	63.2% (n=163)
Total	42	40	35	31	38	31	41	258

**PERCENT OF SERVICES THAT WERE STARTED IN A TIMELY MANNER IN ACCORDANCE WITH THE INITIATION DATES FOR SERVICES ON THE IFSPs (July 2004-June 2005)**

Figure 1.3 Source: 2004-2005 Monitoring



2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
Timely EIS	56.3% (n=27)	65.4% (n=34)	96.9% (n=31)	51.4% (n=19)	40.4% (n=21)	68.2% (n=30)	69.8% (n=30)	62.3% (n=192)
Total EIS	48	52	32	37	52	44	43	308

**Discussion of Baseline Data:**

Puerto Rico baseline is **65.1%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico percentage of compliance with timely initiation (within 31 days of parents consent) of IFSP early intervention services in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was 65.1%. The highest percentage for any HR was 86.5% (Bayamón) and the lowest was 42.4% (Arecibo) (Figure 1.1).

Figure 1.2 shows the percentages of compliance with the 31-day timeline for Period B (July 04-Dec 04) and Period C (Jan 05-June 05) by health region. There was **no statistically significant change** between both periods in any region except for Metro where the slippage from 92.3% (Period A) to 61.3% (Period B) was **statistically marginally significant**.

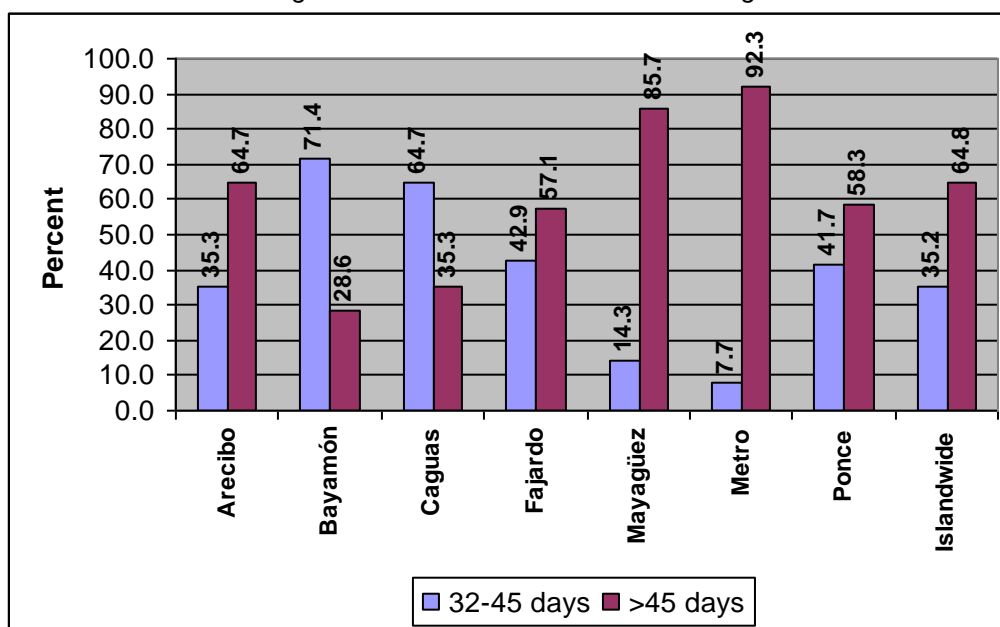
Figure 1.3 shows the percentage of early intervention services that were started in a timely manner, i.e. services initiated prior to the dates, on the dates or up to 7 calendar days after the initiation dates specified in the IFSP. Puerto Rico percentage of compliance in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was 62.3%. The highest percentage for any HR was 96.9% (Caguas) and the lowest was 40.4% (Mayagüez).

*Untimely services*

Figure 1.4 shows the percentage of untimely services that were initiated 32 to 45 days and more than 45 days after parents consent. Of the untimely initiation of services, 35.2% were initiated 32-45 days after parent consent and 64.8% were initiated 45 days or more after parent consent. Bayamón health region, the region with the highest compliance with timely initiation of services is also the region with the highest initiation of services 32 to 45 days after parent consent. Note: Because the records review were conducted prior to establishing Puerto Rico’s definition of “timely”, collection of reasons when services were untimely was not included.

**PERCENT OF UNTIMELY SERVICES THAT WERE INITIATED 32-45 DAYS AND MORE THAN 45 DAYS AFTER PARENT CONSENT (July 2004-June 2005)**

Figure 1.4 Source: 2004-2005 Monitoring



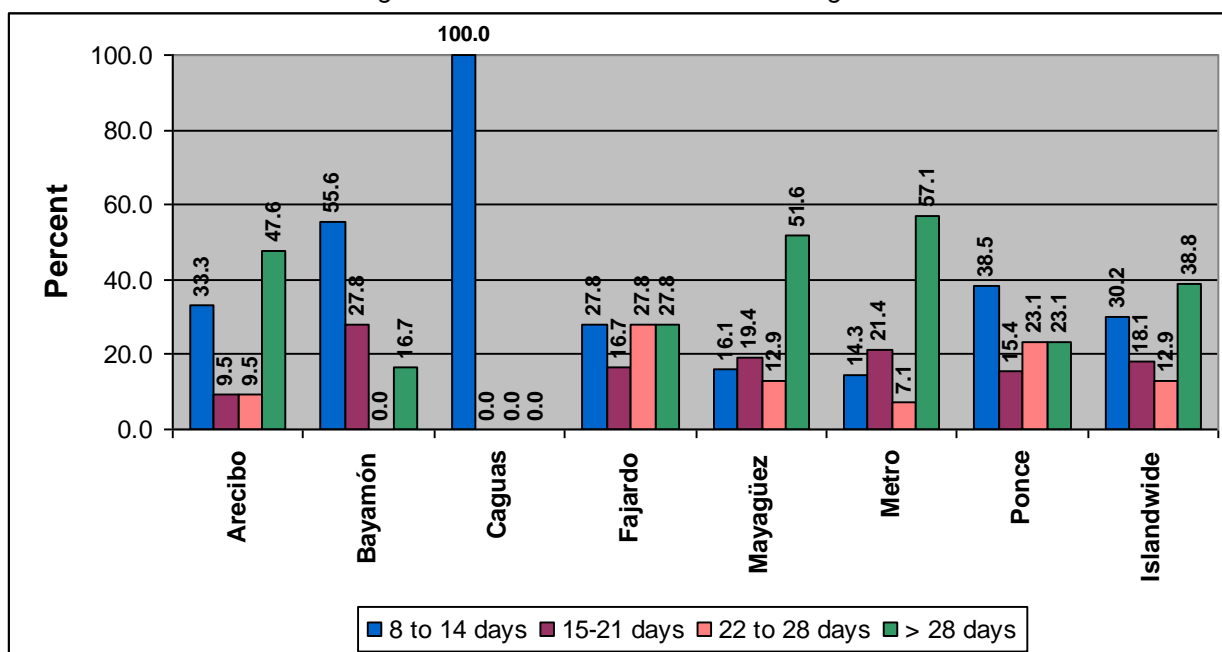
2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
32-45 days	35.3% (n=12)	71.4% (n=5)	64.7% (n=11)	42.9% (n=6)	14.3% (n=4)	7.7% (n=1)	41.7% (n=5)	35.2% (n=44)
> 45 days	64.7% (n=22)	28.6% (n=2)	35.3% (n=6)	57.1% (n=8)	85.7% (n=24)	92.3% (n=12)	58.3% (n=7)	64.8% (n=81)
Total	34	7	17	14	28	13	12	125

Figure 1.5 shows the percentage of early intervention services that started untimely by intervals of number of days from the dates specified on the IFSPs. 30.2% of the untimely services were provided 8-14 days after the dates specified on the IFSPs, 18.1% were provided 15-21 days after the dates specified on the IFSPs, 12.9% were provided 22-28 days after the dates specified on the IFSPs and 38.8% were provided more than 28 days after the dates specified on the IFSPs.



**PERCENT OF SERVICES THAT WERE UNTIMELY BY INTERVALS OF NUMBER OF DAYS FROM THE DATES SPECIFIED ON THE IFSPs (July 2004-June 2005)**

Figure 1.5 Source: 2004-2005 Monitoring



2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
8-14 Days	33.3% (n=7)	55.4% (n=10)	100% (n=1)	27.8% (n=5)	16.1% (n=5)	14.3% (n=2)	38.5% (n=5)	31.8% (n=36)
15-21 Days	9.5% (n=2)	27.8% (n=5)	0.0% (n=0)	16.7% (n=3)	19.4% (n=6)	21.4% (n=3)	15.4% (n=2)	18.1% (n=21)
22-28 Days	9.5% (n=2)	0.0% (n=0)	0.0% (n=0)	27.8% (n=5)	12.9% (n=4)	7.1% (n=1)	23.1% (n=3)	12.9% (n=15)
>28 Days	47.6% (n=10)	16.7% (n=3)	0.0% (n=0)	27.8% (n=5)	51.6% (n=16)	57.1% (n=8)	23.1% (n=3)	37.9% (n=44)
Total EIS	21	18	1	18	31	14	13	116

Caguas is the region with less untimely services (only one service). This service started 8 days after the date specified on the IFSP. Mayagüez is the health region with more untimely services with 31 services. 16 (51.6%) of these services started more than 28 days after the dates specified on the IFSPs.

Note: Because the records review were conducted prior to establishing Puerto Rico’s definition of “timely”, collection of reasons when services were untimely was not included.

# SPP Template – Part C

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## Measurable and Rigorous Target:

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2006</b> (2006-2007)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2007</b> (2007-2008)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2008</b> (2008-2009)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2009</b> (2009-2010)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2010</b> (2010-2011)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2011</b> (2011-2012)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.
<b>2012</b> (2012-2013)	<b>100%</b> of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

# SPP Template – Part C

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## Improvement Activities/Timelines/Resources: Through FFY 2012

Activity	Timelines	Resources	Justification
Revise the contract language to incorporate sanctions when providers do not comply with the timely provision of services or do not submit monthly reports. If timeliness of services is not fulfilled, a reduction or elimination of the service fee for the service will occur.	June 2013 to September 2013	SMU staff; Pediatric Centers Administrators; Part C Coordinator; SERRC	Need to enforce the timely services and the submission of service monthly reports by all providers. To ensure the ongoing implementation of corrective measure to prevent untimely services.
Supervision Monitoring Unit (SMU) will revise and modify the service coordinator's quarterly report on digital format. If untimely services are identified by SMU, Part C Coordinator will refer the finding to the contractor for corrective measures.	May 2013	SMU staff	For the prompt identification of untimely services by providers on a monthly basis.
Provide orientation to Medical Director and Administrator on the importance of monthly submission of providers' report on child services and progress.	February-June 2013	Technical Assistance Unit staff, Part C Coordinator and CSHCN Administrator	Continued strategy to address noncompliance with this Indicator.
Assessment and sharing of strategies implemented by programs that achieved the 100% compliance during monthly meetings with Director, Administrator and SPOEE Supervisors.	Ongoing	Part C Coordinator, Regional Pediatric Centers Directors and Administrators, SPOEE SMU staff.	To ensure that the child receives services in a timely manner.
Develop and implemented a providers' bill checklist signed by Administrator of Pediatric Centers.	Ongoing	PRDOH, Finance Office, Regional Pediatric Centers Directors and Administrators, SMU staff.	To minimize errors and incomplete information in providers monthly bills. This strategy is expected to reduce the delayed payments and provider's renounce.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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 community-based settings.

**Measurement:**

Percent = [# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Overview of Issue/Description of System or Process:**

*Natural environments*

In FFY 2003 APR, PRDH addressed services in natural environments and justifications on the IFSP when services were not provided in the natural environment as required by 34 CFR §303.344(d)(1)(ii). PRDH presented island-wide data for 1999 through 2004 that showed a change in the location of services from the majority of services provided in Regional Pediatric Centers (service provider location) to the majority of services provided in the home. PRDH reported a decrease in the instances of early intervention services provided in service provider locations from 86.1% in 1999 to 0.5% in 2004 and a corresponding increase in the instances of early intervention services provided primarily in settings such as the home and programs with typically developing peers from 13.9% in 1999 to 99.5% in 2004.

**Baseline Data for FFY 2004 (2004-2005):**

*Data Source*

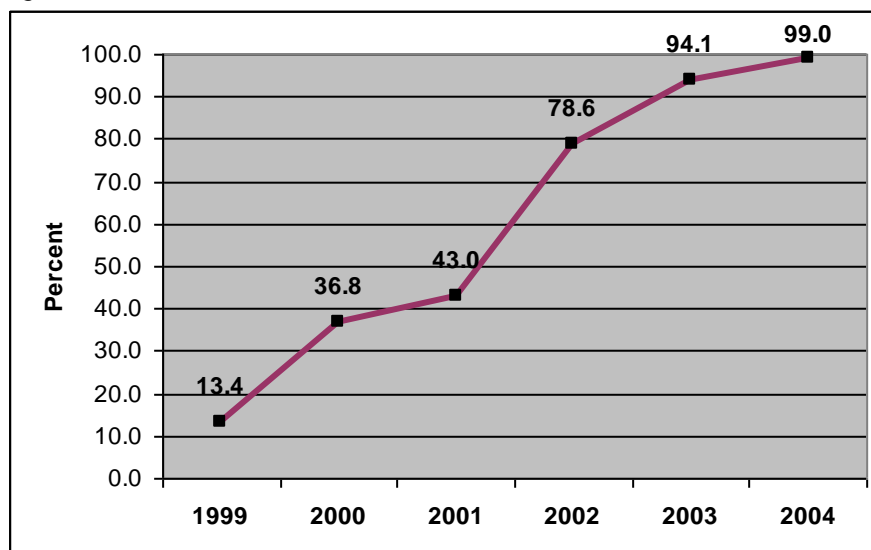
Report of Program Settings where Early Intervention Services are Provided to Infants and Toddlers with Disabilities and their Families in Accordance with Part C (Table 2) FFY 2004.

*Measurement*

**Percent = 3,108 infants and toddlers who primarily received early intervention services in the home or programs for typically developing children divided by 3,139 infants and toddlers with IFSPs times 100 (3,108/3,139 X 100) = 99.0%**

**PERCENT OF INFANTS AND TODDLERS WITH IFSPS WHO PRIMARILY RECEIVE EARLY INTERVENTION SERVICES IN THE HOME OR PROGRAMS FOR TYPICALLY DEVELOPING CHILDREN**

Figure 2.1 Source: Child Counts FFY 1999, 2000,2001,2002,2003 and 2004



Setting	1999	2000	2001	2002	2003	2004
Home	13.0% (n=387)	34.6% (n=1116)	40.9% (n=1221)	72.6% (n=2018)	89.3% (n=2219)	91.0% (n=2857)
Typically Development Children	0.4% (n=11)	2.2% (n=71)	2.1% (n=62)	6.0% (n=166)	4.8% (n=120)	8.0% (n=251)
Other	86.6% (n=2578)	63.2% (n=2043)	57.0% (n=1700)	21.4% (n=594)	5.9% (n=147)	1.0% (n=31)

**Discussion of Baseline Data:**

Puerto Rico baseline is **99.0%** for the Federal Fiscal Year (FFY) 2004.

Figure 2.1 shows the trend for the percent of infants and toddlers with IFSPs who primarily received early intervention services in the home or programs for typically developing children from 1999 to 2004. (There is a slight variation in the percentages reported in FFY 2003 APR as settings in the new (draft) 618 annual data report were used to calculate the percentages.)

Of the total children receiving Part C services primarily in natural environments, 91.5% (2,857) were receiving the services at home, 8.0% (251) in Programs Designed for Typically Developing Children, 0.2% (6) in Programs Designed for Children with Developmental Delays or Disabilities, and 0.3% (8) were receiving services in a Residential Facility or Hospital.

Data shows a continued **increasing trend** in providing early intervention services system in natural environments for the child and the child’s family, primarily at home, as well as, in programs designed for typically developing children.

**Measurable and Rigorous Targets**

Because an increased was observed in the percentage of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings from FFY 2009 to FFY 2010, the Commonwealth of Puerto Rico with the stakeholders input chose to increase 0.1% for the FFY 2011 and FFY 2012.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>99.1%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2006</b> (2006-2007)	<b>99.2%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2007</b> (2007-2008)	<b>99.3%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2008</b> (2008-2009)	<b>99.4%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2009</b> (2009-2010)	<b>99.5%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2010</b> (2010-2011)	<b>99.5%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2011</b> (2011-2012)	<b>99.6%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
<b>2012</b> (2012-2013)	<b>99.7%</b> of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

**Improvement Activities/Timelines/Resources: Through FFY 2012**

<b>Activity</b>	<b>Timelines</b>	<b>Resources</b>	<b>Justification</b>
Re-training SPOEE supervisor and data entry in the settings categories (Table 2 <i>Child Count</i> ) Part C.	Ongoing	SPOEE Supervisors, Part C Coordinator, SMU and APNI Project Coordinator	Assure services in the natural environments are correctly categorized.

**Part C State Performance Plan (SPP) for 2005-2012****Overview of the State Performance Plan Development: (Please refer to page 1)****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); and
- C. Use of appropriate behaviors to meet their needs.

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

**Measurement:****Outcomes:**

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

**Progress categories for A, B and C:**

- 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 (# 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.

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

**Summary Statement 1:** Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

**FFY 2008 EIS program selection**

For FFY 2008, Puerto Rico revised child outcomes from seven (7) EIS programs island wide. Outcome data were collected from records of children who entered the program 2005-2006, 2006-2007, 2007-2008 or 2008-2009 and exited during 2008-2009 and that have entry and exit data. Entry data was obtained from the Hawaiian Early Learning Profile (HELP) Strands curriculum-based tool at assessment, while exit data was obtained from annual HELP Strands. Every child included for reporting was in early intervention services for at least six (6) months in *Avanzando Juntos*. Puerto Rico moved from surveyed programs during last years to census since every local program was included for FFY 2008 Indicator 3 data reporting.

During December 2009, trained service providers completed the Child Outcomes Summary Form (COSF) with the Hawaiian Early Learning Profile (HELP) Strands curriculum-based tool from children who met criteria to be included in the FFY 2008 (July 1, 2008- June 30, 2009) data collection and submitted to the central level on paper for data entry and child outcomes progress calculations.

For FFY 2008 data collection, every EIS local program was included: five (5) of the seven (7) EIS programs used the Hawaiian Early Learning Profile (HELP) Strands curriculum-based tool, while the remaining two (2) programs used the Assessment Evaluation and Programming System (AEPS) to complete their assessments.

**Reporting categories using COSF**

a. children who did not improved functioning.	Children who are scored lower at exit than entry (or are scored a 1 both at entry and exit and received a “no” on question b at annual IFSP
b. children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	Children who are scored a 5 or lower at entry, scored the same or lower at annual IFSP, and received a “yes” on question b at annual IFSP.
c. children who improved functioning to a level nearer to same-aged peers but did not reach it.	Children who are scored higher at annual IFSP than entry but did not reach 6 or 7.
d. children who improved functioning to reach a level comparable to same-aged peers.	Children who are scored a 5 or lower at entry and a 6 or 7 at annual IFSP.
e. children who maintained functioning at a level comparable to same-aged peers.	Children who are scored a 6 or 7 at both entry and annual IFSP.

**Baseline Data for FFY 2008 (2008-2009):**

EIS Program	FFY 2008 (children with entry and exit data)
Arecibo	25
Bayamón	20
Caguas	16
Fajardo	19
Mayaguez	30
Metro	32



EIS Program	FFY 2008 (children with entry and exit data)
Ponce	19
<b>Total</b>	<b>161</b>

**Progress Data for Infants and Toddlers Exiting 2008-2009**

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning	2	1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	39	24%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	10	6%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	39	24%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	71	44%
Total	N = 161	100%

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of infants and toddlers who did not improve functioning.	1	1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.	73	45%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach.	33	20%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.	35	22%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers.	19	12%
Total	N = 161	100%

<b>C. Use of appropriate behaviors to meet their needs:</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants and toddlers who did not improve functioning	2	1%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	62	39%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	15	9%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	28	17%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	54	34%
Total	N = 161	100%

This is the first time that the PR EIS program reports data from all the regional programs on the child outcomes Indicator 3. Some of observations include:

1. The rather elevated percentages observed in the b category point to the need of increasing the capacity of the system (service coordinators and providers) to identify and serve infants, toddlers and families needs. Activities to meet these system needs are included in the improvement activities table.
2. Differences observed in the e category across the three (3) outcome areas may be explained by the fact that the main concern of a large proportion of families accessing early intervention services in PR is the communication area and probably less are related to the socio-emotional or adaptation development areas. However, these are only initial findings and require further analysis prior to its use as a guide for next steps to improve child outcomes.

**Baseline Data for Infants and Toddlers Exiting 2008-2009**

<b>Summary Statements</b>	<b>Percent of children</b>
<b>A. Positive social-emotional skills (including social relationships)</b>	
1. Of those children who entered the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	54.4%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	68.3%

Summary Statements	Percent of children
<b>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>	
1. Of those children who entered the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	47.9%
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program.	33.5%

Summary Statements	Percent of children
<b>C. Use of appropriate behaviors to meet their needs</b>	
1. Of those children who entered the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	40.2%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program.	50.9%

**Discussion of Baseline Data FFY 2008 (2008-2009):**

Baseline data reflects that for **positive social-emotional skills (including social relationships) outcome** 54.4% of the children who entered the program below age expectations made substantial increases in their rates of growth and 68.3% of the children were functioning at age expectations in this outcome area when they exited the program (24.2% started out behind and caught up and 44.1% entered and exited at age expectations).

For **acquisition and use of knowledge and skills (including early language/communication and early literacy outcome** 47.9%% of the children who entered the program below age expectations made substantial increases in their rates of growth and 33.5% of the children were functioning at age expectations in this outcome area when they exited the program (21.7% started out behind and caught up and 11.8% entered and exited at age expectations).

In addition, for the **use of appropriate behaviors to meet their needs** 40.2%% of the children who entered the program below age expectations made substantial increases in their rates of growth and 50.9% of the children were functioning at age expectations in this outcome area when they exited the program (17.4% started out behind and caught up and 33.5% entered and exited at age expectations).

The following constraints related to data collection were identified during FFY 2008 data collection process:

1. Puerto Rico data collection was performed using entry and exit data from initial and annual HELP Strands curriculum-based tool, respectively. Children that exited EIS program due to functioning improvement at a level compared to same-aged peers before one (1) year since their initial assessment could not be included for reporting progress since exit data for these served children is not collected. Progress data from children that improved their functioning level before the completion of one (1) year from their entry is missed, which negatively impacts Puerto Rico EIS program child outcomes percentages.
2. Several records of children with inadequate or incomplete HELP Strands were eliminated from the data collection since entry and exit data were non-comparable. This issue makes difficult to assess progress in a portion of the population of children served.

We expect quality of data to improve from year to year as we continue training and guidance about outcomes data collection across all EI programs in Puerto Rico. As noted in items number 1 and 2 above, Puerto Rico- Part C has identified areas to increase the quality of data collected. These activities will actually increase the amount of data collected. Because of these improvement activities, Puerto Rico Part C in conjunction with the input of the ICC has set relatively conservative targets. After the data collection and analysis of FFY 2008, targets will be reviewed for FFY 2010.

**Measurable and Rigorous Targets**

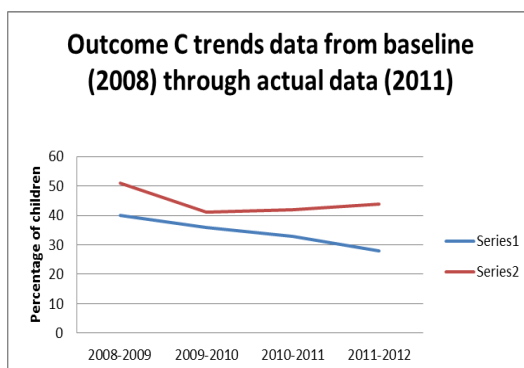
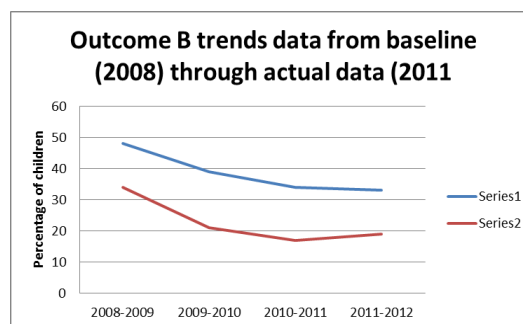
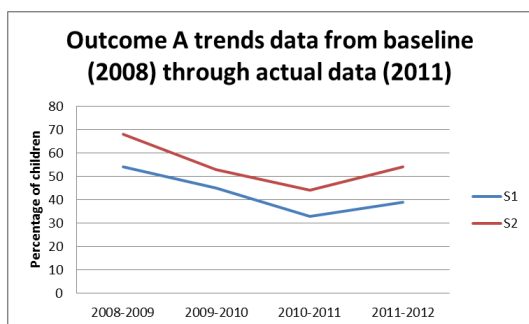
Puerto Rico was very conservative in setting targets for FFY 2011 and FFY 2012. The Commonwealth will be working over the next years to continue improving data quality in order to re-establish a more realistic baseline.

<b>Summary Statements</b>	<b>Targets for FFY 2009</b>	<b>Targets for FFY 2010</b>	<b>Targets for FFY 2011</b>	<b>Targets for FFY 2012</b>
<b>A. Positive social-emotional skills (including social relationships)</b>				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	54.4%	54.5%	54.4%	54.5%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	68.3%	68.4%	68.3%	68.4%

<b>Summary Statements</b>	<b>Targets for FFY 2009</b>	<b>Targets for FFY 2010</b>	<b>Targets for FFY 2011</b>	<b>Targets for FFY 2012</b>
<b>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	47.9%	48.0%	47.9%	48.0%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	33.5%	33.6%	33.5%	33.6%

Summary Statements	Targets for FFY 2009	Targets for FFY 2010	Targets for FFY 2011	Targets for FFY 2012
<b>C. Use of appropriate behaviors to meet their needs</b>				
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.	40.2%	40.3%	40.2%	40.3%
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program.	50.9%	60.0%	50.9%	60.0%

**Revision of targets for FFY 2012:**



The State has been revising and implementing processes and procedures from eligibility through IFSP to obtain better children outcome data and providing better ongoing training to staff. Our measurement system is improving data quality and accuracy. The Commonwealth is establishing policies and procedures in order to collect additional information on child progress to be used in COSFs. These efforts will result in functional and measurable IFSP outcomes and reflecting quality practices and services.

Actual data better reflects the state’s child progress than the baseline data reported in FFY 2008. For this reason, Puerto Rico is proposing to change the baseline and set new, more appropriate, targets for FFY 2012.

For new baseline were used FFY 2011 data because this showed high quality data compared to past baseline. The next following table shows the changes proposed.

# SPP Template – Part C

Puerto Rico  
State

Outcome	Summary Statements	Baseline	FFY 2009	FFY 2010	FFY 2011	Proposed New Baseline	Proposed Targets for FFY 2012
A	1	54	45	33	39	39	42
	2	68	53	44	54	54	55
B	1	48	39	34	33	33	36
	2	34	21	17	19	19	22
C	1	40	36	33	28	28	34
	2	51	41	42	44	44	45

## Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Revise the IFSP form and process.	February-May 2013	SMU staff, PR COS expert and Part C Coordinator	To address the integration of COS form into IFSP and support the island wide implementation of the integration of COS into the IFSP process.
Train providers focused on the integration of the child outcomes indicators into the IFSP process.	June 2013	SERRC ECO Center	
Pilot a revised COSF form with an embedded decision tree to support consistency in ratings.	April 2013	PR COS expert	To increase the data quality in COS ratings for progress reporting.
Determine a mechanism to ensure providers complete ongoing training related to child outcome.	February-May 2013	PR COS expert	To capacity providers island wide and increase data quality.
Examine online training modules on determining child indicator rating.	April 2013	SMU staff, PR COS expert and Part C Coordinator	
Implement year-long focus on coaching with additional training, technical assistance and development of resources and materials.	Ongoing	PR COS expert	To ensure providers and COS consultants have the competencies for implementing their outcomes measurements system.
Develop a manual of policies and procedures for child outcomes measurement system.	July-September 2013	SMU staff, PR COS expert and Part C Coordinator	To assurance valid, reliable and quality data.
Add language to provider's contract to assurance that an exit COS form is completed for every child exiting Part C before age 3 and served at least six months.	June-August 2013	SMU staff, PR COS expert and Part C Coordinator	To reduce missing data and increasing data quality.
Develop a Community of Practice with COS consultant	Ongoing	SMU staff, PR COS expert and Part C	Meet regularly to analyze quality data

# SPP Template – Part C

Puerto Rico  
State

Activity	Timelines	Resources	Justification
group.		Coordinator	reporting.
Revise data collection procedures to require at least three data sources be used when determining outcomes ratings (e.g. Family Assessment, Monthly Report of providers and Intake Interview).	February- May 2013	SMU staff, PR COS expert and Part C Coordinator	To improve data quality.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

FFY 2006 family outcomes measurement system for this indicator was presented to the SPP/APR Steering Committee comprised of members of the Interagency Coordinating Council, including parents, Regional Pediatric Center’s Medical Directors and Avanzando Juntos System Points of Entry and Exit Supervisors, and Parent Information and Training Center representatives on January 30, 2007. The SPP/APR Steering Committee assisted the PRDH in examining data and provided suggestions/input. *(Note: The following information is subject to modification based on stakeholders continued participation in the family outcomes system implementation. OSEP will be informed of any changes with the subsequent APR submission.)*

**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 Issue/Description of System or Process:**

*Description of the family outcomes measurement system:*

The family outcomes measurement system for Puerto Rico includes:

- Identifying key stakeholders agencies and representatives
- Formal planning meetings with key stakeholders agencies and representatives
- Training of survey facilitators
- Survey Collection

Each of these is described below. *(Note: The following information is subject to modification based on stakeholders continued participation in the family outcomes system implementation. OSEP will be informed of any changes with the subsequent APR submission).*



### *Identifying key stakeholders' agencies and representatives*

Key stakeholders will be contacted to discuss collaboration and interest in collaborating in the family outcomes survey. Different strategies will be used to obtain diverse parent participation.

### *Formal planning meetings with key stakeholders agencies and representatives*

Formal planning will include discussions of survey tool, mode(s) of administration, timelines, location for administering surveys and incentives for participation.

### *Training of survey facilitators*

Training will be provided for survey facilitators. Instructions and written guides will be available for each survey facilitator.

### *Survey Collection*

The survey collection design is under development. The parameters/strategies for data collection and analysis are described below.

### **Baseline Data for FFY 2004 (2004-2005):**

While no baseline data are available at this time, the parameters/strategies for measurement are described below.

### *Selecting and adapting a measurement tool*

Puerto Rico will examine survey tools under development by ECO (Early Childhood Outcomes) Center, NCSEAM (National Center for Special Education Accountability Monitoring) and others. Key stakeholders, including Parent Training and Information Centers, special interest parent groups and support groups for parents of children with disabilities and the Office of the Ombudsman for Persons with Disabilities (Puerto Rico Protection and Advocacy agency, will be consulted to determine which tool may work best for Puerto Rico. The selected instrument will be translated to Spanish (Puerto Rican linguistics), adapted and pilot tested.

### *Establish a sampling plan*

The sampling frame for the Family Survey will be families of children whose initial ISFPs were developed at least 6 months before from the sample selection date. A stratified, randomized sample of families will be selected based on the number of families in the sampling frame in each health region to the date of the sampling selection process. To assure the validity and reliability of data, confidence level as well as other statistical techniques will be used with the Epi-Info statistics program. In order to reduce the risk for non-respondents, the sample size will be over estimated.

Existing guidelines will be consulted for determining sample size and selecting random samples. RRC's (Regional Resource Centers) and NECTAC have received training and guidance from OSEP so that they may provide technical assistance to develop the sampling plan. Sampling plan needs to pull a representative group of respondents that includes the full range and right proportion of diversity to generalize results.

OSEP determined that PRDH's sampling plan for Indicator 4 was not technically sound. The following sampling plan was submitted to OSEP on August 31, 2006 and approved by September 11, 2006.

### **Population description**

In Puerto Rico each of the seven Department of Health regions (Arecibo, Bayamón, Caguas, Fajardo, Mayagüez, Metropolitan and Ponce) is defined as an EIS program. In each health region there is an Avanzando Juntos (EIS program) System Point of Entry and Exit (SPOEE) located in the Regional Pediatric Center (RPC).

The population for the Family Survey will be families of children with an initial IFSP developed between July 1, 2005 and December 31, 2005 in the seven (7) EIS programs according the Early Intervention Data System. Families of children who exited the EIS system less than six months after the initial IFSP, as well as families who moved out of Puerto Rico were excluded from the population.

**Sample Size**

To assure that the sample of families participating in the Family Survey was representative of the EIS population under study, the population of families for the Family Survey (as defined above) was first determined using the Sample Size Calculator (<http://www.surveysystem.com/sscalc.htm>). For a population of 1,928 families, a Confidence Level of 95% and a Confidence Interval of 5, the representative sample size was n= 320.

The population of families for the Family Survey (as defined above) was determined for each EIS program. The proportion of each EIS program population to the total population was determined and applied to determine the sample size for each EIS program.

EIS Program	Population	Proportion	Sample Size
Arecibo	312	.162	52
Bayamón	417	.216	69
Caguas	360	.187	60
Fajardo	67	.035	11
Mayagüez	234	.121	39
Metro	342	.177	56
Ponce	196	.102	33
<i>Total</i>	<i>1928</i>	<i>1</i>	<i>320</i>

For each EIS program, the total number of children by age group (less than 1 year, 1-2 years and 2-3 years) and gender was obtained from the Early Intervention Data System. The proportions of children by age group and gender were determined. A total 30.4% of the population were girls and 69.6% were boys. The Early Intervention Data System showed that 5.8% of the population was less than 1 year at the moment of the IFSP, 27.7% was 1-2 years and 66.5% was 2-3 years. These proportions will be used to determine the number of families to be interviewed by category in each EIS program sample.

A stratum based on eligibility criteria could not be determined because of missing data in the Early Intervention Information System. No stratum for the racial component was determined due to the homogeneity of the population as 99.90% of the children participating in the EIS programs are identified as Hispanics.

**Sampling Frame/Selection methodology**

The sampling frame for the Family Survey for each EIS program will be the list of families that fulfilled the inclusion criteria. Six different sub-sampling frames (sub-lists) will be generated according to the age of the child and gender. A random simple selection of families will be performed using an interval given by the ratio of total number of families to the sample size for each age group and gender. The first family from each list will be chosen using a random number table, while the next families will be identified using the selection interval. Families to be surveyed will be selected without replacement.

*Select mode of administration*

Mode of administration will be determined after measurement tool adaptation and pilot testing. Multiple modes of survey administration may be necessary to accomplish the task (ie. Face to face administration, telephone, mailed survey). Populations to be surveyed, pros and cons associated with each, and capacity to implement the various modes will be considered. Key stakeholders, including Parent Training and Information Centers, special interest parent groups and support groups for parents of children with disabilities, will be consulted to determine which mode(s) may work best for Puerto Rico.

*Data collection and analysis process*

Data collection will begin once a target sample group is identified; the modes(s) of administration defined and the final measurement tool are selected. Data will be analyzed in a systematic manner. First, the completed forms must be reviewed for errors and missing values. Second, the data must be encoded so that they can be converted into a computerized format. Third, the encoded data must be processed for analysis. Statistical, database, and spreadsheet software packages will be used to perform this function.

**Actual Data for FFY 2005:**

*Data source: Sampling (all seven EIS Programs). Sampling plan approved by OSEP on September 11, 2006*

a. Data Collection

**Population description**

The population for the Family Survey was families of children with an initial IFSP developed between July 1, 2005 and December 31, 2005 in the seven (7) EIS programs according the Early Intervention Data System. Families of children who exited the EIS system less than six months after the initial IFSP, as well as families who moved out of Puerto Rico were excluded from the population.

**Sample Size**

To assure that the sample of families participating in the Family Survey was representative of the EIS population under study, the population of families for the Family Survey (as defined above) was first determined using the Sample Size Calculator (<http://www.surveysystem.com/sscalc.htm>). For a population of 1,928 families, a Confidence Level of 95% and a Confidence Interval of 5, the representative sample size was n= 320.

The population of families for the Family Survey (as defined above) was determined for each EIS program. The proportion of each EIS program population to the total population was determined and applied to determine the sample size for each EIS program.

<b>EIS Program</b>	<b>Population</b>	<b>Proportion</b>	<b>Sample Size</b>
Arecibo	312	.162	52
Bayamón	417	.216	69
Caguas	360	.187	60
Fajardo	67	.035	11
Mayagüez	234	.121	39
Metro	342	.177	56
Ponce	196	.102	33
<i>Total</i>	<i>1928</i>	<i>1</i>	<i>320</i>

For each EIS program, the total number of children by age group (less than 1 year, 1-2 years and 2-3 years) and gender was obtained from the Early Intervention Data System. The proportions of children by age group and gender were determined. 30.4% of the population was girls and 69.6% was boys. The Early Intervention Data System showed that 5.8% of the population was less than 1 year at the initial IFSP meeting, 27.7% was 1-2 years and 66.5% was 2-3 years. These proportions were used to determine the number of families to be interviewed by category in each EIS program sample.

A stratum based on eligibility criteria could not be determined because of missing data in the Early Intervention Information System. No stratum for the racial component was determined due to the homogeneity of the population as 99.9% of the children participating in the EIS programs are identified as Hispanics.

### **Sampling Frame/Selection methodology**

The sampling frame for the Family Survey for each EIS program was the list of families that fulfilled the inclusion criteria. Six different sub-sampling frames (sub-lists) will be generated according to the age of the child and gender. A random simple selection of families was performed using an interval given by the ratio of total number of families to the sample size for each age group and gender. The first family from each list was chosen using a random number table, while the next families were identified using the selection interval. Families to be surveyed were selected without replacement.

### **Data Collection Tool**

Puerto Rico evaluated and adapted the Spanish version of the NCSEAM (National Center for Special Education Accountability Monitoring Part C Family Survey). The survey was pilot tested to assure its validity.

### **Pilot Testing**

The pilot testing process was performed with a sample of eight (8) families. Trained interviewers conducted the interviews with the established standard data collection procedures. All eight (8) families participated in telephone interviews. The interviewers identified those difficulties to respond to the questionnaire items. Needed changes to the questionnaires were made using the pilot testing results.

### **Data Collection Process**

Training was provided for survey facilitators. Instructions and written guidelines were available for each survey facilitator. Families were interviewed by telephone. Additional families were identified to replace those families on the sample that can not be contacted or able to participate. After attempting to reach a family three times at different hours in a day without success, the next family on the list (according the selection interval) replaced that family.

#### **b. Data analysis**

The completed forms were reviewed for errors and missing values. The 323 family's survey data were submitted to William P. Fisher at Avatar International, Inc. for measurement scaling and statistical analysis.

Puerto Rico adopted two of the NCSEAM Part C Family Survey's three demographics items and the 22 recommended Impact of Early Intervention Services on Your Family rating scale items. The demographics concern the child's age at the time the survey was completed and at the time she or he was referred for services. All 323 of the cases included data on the survey's Impact on Family scale needed for reporting the APR indicators 4a, 4b, and 4c.

The data from the Impact of EI Services on Families scale meet or exceed the NCSEAM 2005 National Item Validation Study's standards for the internal consistency, completeness, and overall quality expected from this survey. Puerto Rico families responded on average to all 22 of the 22 questions on this scale. Measurement reliability is about .92-.96, depending on how error is estimated, meaning that the measures fall in four to five statistically distinct ranges. Overall data consistency is acceptable, as indicated by several different model fit statistics.

The data from the Part C family surveys was analyzed to produce a measure for each family. The percents for indicators 4a, 4b, and 4c were calculated as the percent of families whose measures were at or above a standard set by stakeholders in focus sessions held in 2005 by NCSEAM. For indicators 4a, 4b, and 4c, the recommended standards were operationalized as measures of 539, 556, and 516, respectively, since these are the calibrations of the items most closely related to the indicators.

## *Measurement*

### **Puerto Rico:**

**A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 76% (SE of the mean = 2.4%)**

**B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 71% (SE of the mean = 2.5%)**

**C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 87% (SE of the mean = 2.5%)**

### **EIS Program:**

#### **Arecibo:**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 96% (SE of the mean = 2.7%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 96% (SE of the mean = 2.7%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 96% (SE of the mean = 2.7%)

#### **Bayamón**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 64% (SE of the mean = 5.8%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 60% (SE of the mean = 2.7%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 81% (SE of the mean = 4.7%)

#### **Caguas**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 83% (SE of the mean = 4.9%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 83% (SE of the mean = 4.9%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 85% (SE of the mean = 4.6%)

## **Fajardo**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 73% (SE of the mean = 14.1%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 73% (SE of the mean = 14.1%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 91% (SE of the mean = 9.1%)

## **Mayaguez**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 41% (SE of the mean = 8.0%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 31% (SE of the mean = 7.5%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 85% (SE of the mean = 5.9%)

## **Metro**

A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 88% (SE of the mean = 4.2%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 85% (SE of the mean = 4.7%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 92% (SE of the mean = 3.7%)

## **Ponce**

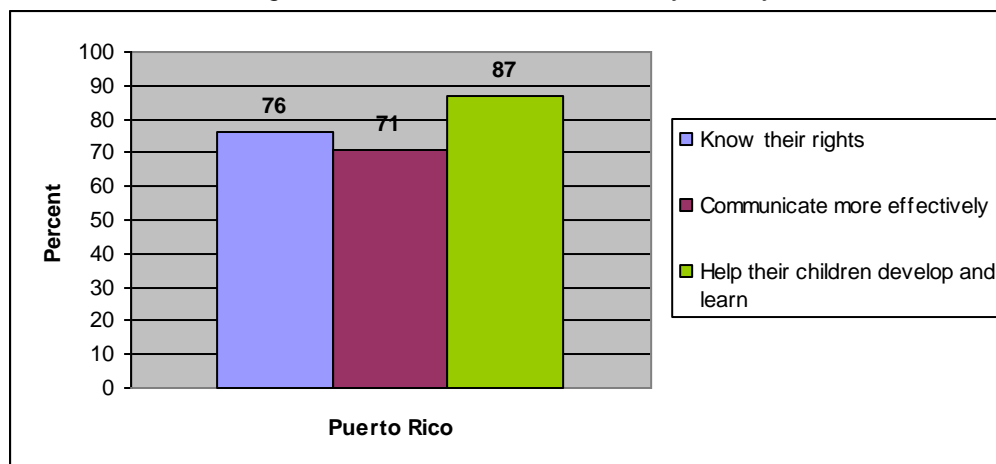
A. Percent of families participating in Part C, at or above indicator 4A NCSEAM standard (539), who report that early intervention services have helped the family know their rights: 76% (SE of the mean = 7.6%)

B. Percent of families participating in Part C, at or above indicator 4B NCSEAM standard (556), who report that early intervention services have helped the family effectively communicate their children's needs: 67% (SE of the mean = 8.3%)

C. Percent of families participating in Part C, at or above indicator 4C NCSEAM standard (516), who report that early intervention services have helped the family help their children develop and learn: 85% (SE of the mean = 6.3%)

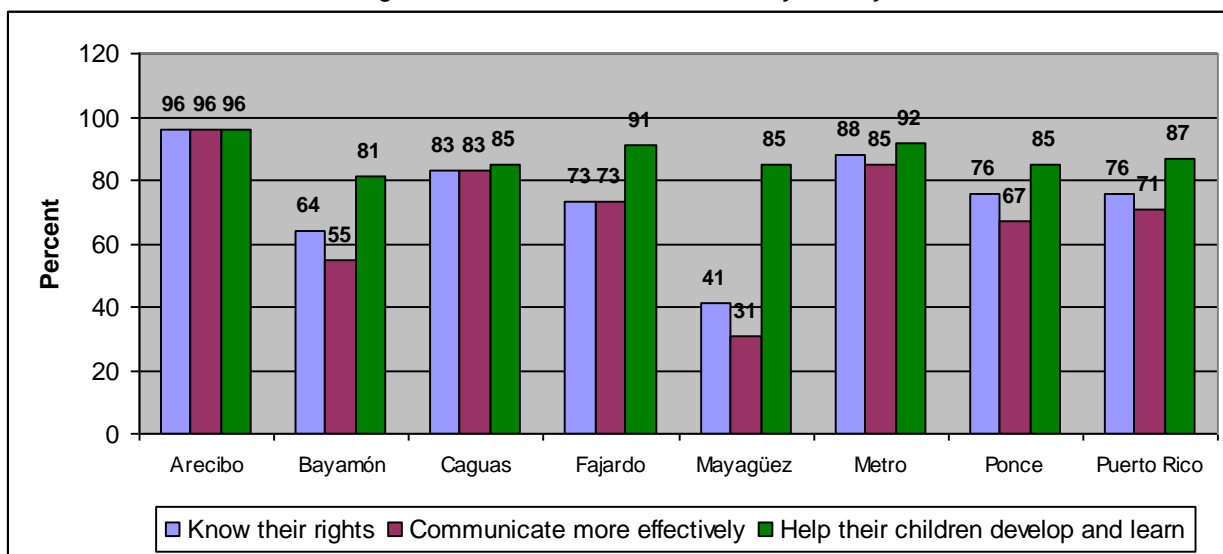
**PERCENT OF FAMILIES PARTICIPATING IN PART C AT OR ABOVE NCSEAM STANDARDS FOR INDICATORS 4A, 4B AND 4C (Puerto Rico)**

Figure 4.1 Source: 2005-2006 Family Survey



**PERCENT OF FAMILIES PARTICIPATING IN PART C AT OR ABOVE NCSEAM STANDARDS FOR INDICATORS 4A, 4B AND 4C (EIS Programs)**

Figure 4.2 Source: 2005-2006 Family Survey



**Discussion of Baseline Data:**

The percentages reported for indicators 4a (know their rights), 4b (communicate more effectively their children’s needs), and 4c (help their children develop and learn) are the proportions of parents surveyed who indicate that the quality of the EI services received meets or exceeds the standards set by a nationally representative group of early intervention stakeholders. The percents are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In these analyses, the standards applied were the standards recommended by a nationally representative stakeholder group convened by NCSEAM. This group identified items that most closely represented the content of each of the indicators and recommended the level of agreement that should be required on these items. For indicators 4a, 4b, and 4c, the recommended standards were operationalized as measures of 539, 556, and 516, respectively, since these are the calibrations of the items most closely related to the indicators.

## SPP Template – Part C

Puerto Rico  
State

- A. Puerto Rico baseline for families who report that early intervention services have helped the family know their rights is **76%** for the Federal Fiscal Year (FFY) 2005. The highest percentage for any EIS program was 96% (Arecibo) and the lowest was 41% (Mayagüez) (Figure 4.2). Bayamón and Mayagüez EIS programs percentages are below Puerto Rico baseline.
- B. Puerto Rico baseline for families who report that early intervention services have helped the family effectively communicate their children’s needs is **71%** for the Federal Fiscal Year (FFY) 2005. The highest percentage for any EIS program was 96% (Arecibo) and the lowest was 31% (Mayagüez) (Figure 4.2). Bayamón, Mayagüez and Ponce percentages are below Puerto Rico baseline.

Puerto Rico baseline for families who report that early intervention services have helped the family help their children develop and learn is **87%** for the Federal Fiscal Year (FFY) 2005. The highest percentage for any EIS program was 96% (Arecibo) and the lowest was 81% (Mayagüez) (Figure 4.2).

### Measurable and Rigorous Target

Through years, Puerto Rico has showed high percentages of families that report that early intervention services have helped their families to know their rights, effectively communicate their children’s needs and help their children develop and learn. After discussing FFY 2010 family survey results, the stakeholders and the Commonwealth agreed to continue increasing the tendency of targets for FFY 2011 and FFY 2012.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	N/A
<b>2006</b> (2006-2007)	A. <b>83.9%</b> of families report that early intervention services have helped the family know their rights B. <b>81.2%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs C. <b>87.2%</b> of families report early intervention services have helped the family help their children develop and learn
<b>2007</b> (2007-2008)	A. <b>84.9%</b> of families report that early intervention services have helped the family know their rights B. <b>82.2%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs C. <b>88.2%</b> of families report early intervention services have helped the family help their children develop and learn
<b>2008</b> (2008-2009)	A. <b>85.9%</b> of families report that early intervention services have helped the family know their rights B. <b>83.2%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs C. <b>89.2%</b> of families report early intervention services have helped the family help their children develop and learn
<b>2009</b>	A. <b>86.9%</b> of families report that early intervention services have helped the family know their rights



# SPP Template – Part C

Puerto Rico  
State

(2009-2010)	<p>B. <b>84.2%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs</p> <p>C. <b>90.2%</b> of families report early intervention services have helped the family help their children develop and learn</p>
<b>2010</b> (2010-2011)	<p>A. <b>87.9%</b> of families report that early intervention services have helped the family know their rights</p> <p>B. <b>85.2%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs</p> <p>C. <b>91.2%</b> of families report early intervention services have helped the family help their children develop and learn</p>
<b>2011</b> (2011-2012)	<p>A. <b>90.0%</b> of families report that early intervention services have helped the family know their rights</p> <p>B. <b>91.0%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs</p> <p>C. <b>92.2%</b> of families report early intervention services have helped the family help their children develop and learn</p>
<b>2012</b> (2012-2013)	<p>A. <b>90.1%</b> of families report that early intervention services have helped the family know their rights</p> <p>B. <b>91.1%</b> of families report that early intervention services have helped the family effectively communicate their children’s needs</p> <p>C. <b>93.2%</b> of families report early intervention services have helped the family help their children develop and learn</p>

## Improvement Activities/Timelines/Resources: Through FFY 2012

Activity	Timelines	Resources	Justification
Continue training to intake/service coordinators on providing information from eligibility to transition or exit from the program to families regarding the outcomes in Indicator 4.	Ongoing	Intake and service coordinators, SPOEE Supervisors, Part C Coordinator and APNI Project Coordinator	Need to focus on building knowledge of service providers, intake coordinators and service coordinators to assist families.
NCSEAM questionnaire will continue to be completed by families during the annual IFSP or IFSPs revisions or near transition conference.	Ongoing	Service Coordinators and SPOEE Supervisors	Service coordinators should become familiar with family outcomes measurement procedures as a strategy to assess needs of programs.
Monitoring the number and proportion of surveys completed quarterly and follow up.	Ongoing	SMU staff	To increase the number of completed family surveys.
Review the IFSP and Family	Ongoing	SMU staff, SPOEE	Assure that service

# SPP Template – Part C

Puerto Rico  
State

Activity	Timelines	Resources	Justification
Assessment form.		supervisors	coordinators identify and prioritize family needs when developing ISFP goals.

## Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development: (Please refer to page 1)

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

**Measurement:** Percent = [(# of infants and toddler 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:

In FFY 2003 APR, PRDH reported the following percentages of infants and toddlers under age one year receiving Part C services across all seven Health Regions (HR): (1) 2001, 0.47%; (2) 2002, 0.53%, (3) 2003, 0.34% and (4) 2004, 0.41%. The highest percentage for any HR for any of the years was 1.47% (Fajardo, 2001) and the lowest was 0.06% (Ponce, 2003).

PRDH reported that the slippage in the number of infants under one year of age in 2004 was the result of the **statistically significant slippage** in the Fajardo, Metro and Ponce health regions, and the lack of progress in the remaining health regions, excluding Bayamón.

Puerto Rico has a moderate eligibility definition. States with moderate definitions are: New York, Rhode Island, Connecticut, Illinois, Idaho, Kentucky, New Jersey, Texas, Utah, Nebraska, Tennessee, California, Oregon, South Carolina and Georgia.

### Baseline Data for FFY 2004 (2004-2005):

*Data Source*

States' 618 data. OSEP Data Analysis System (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C," 2004. Data updated as of July 30, 2005. Puerto Rico FFY 2003 APR.

*Measurement:*

**Percent = 213 infants and toddlers birth to 1 with IFSPs divided 52,297 infants and toddlers birth to 1 times 100 (213/52,297 X 100) = 0.41%**

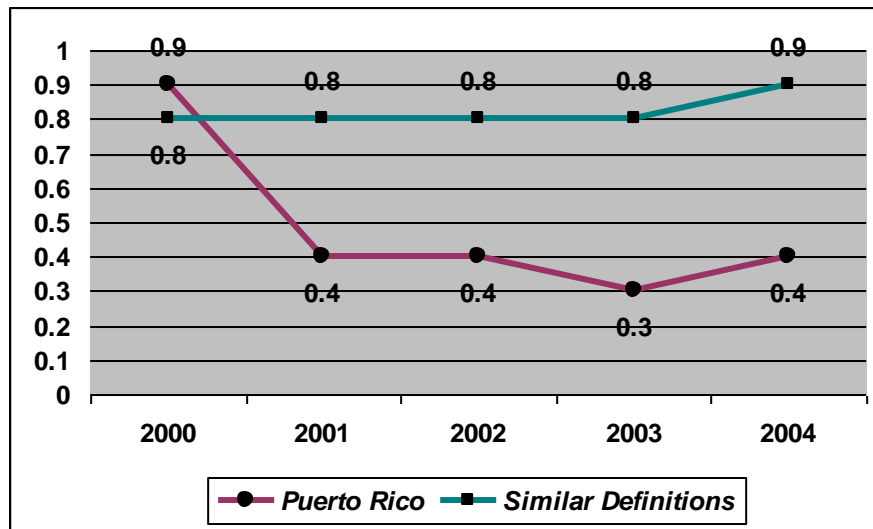
**PERCENT OF INFANTS UNDER AGE 1 YEAR WITH IFSP COMPARED TO THE TOTAL POPULATION OF INFANTS UNDER AGE 1**

Table 5.1 Sources: FFY 2001, FFY2002, FFY 2003 & FFY2004 Child Counts

Population	2000	2001	2002	2003	2004
Infants under 1 year with IFSPs	0.9% (n=516)	0.4% (n=222)	0.4% (n=231)	0.3% (n=187)	0.4% (n=213)
Infants under 1 year	58,043	56,504	54,595	52,296	52,297

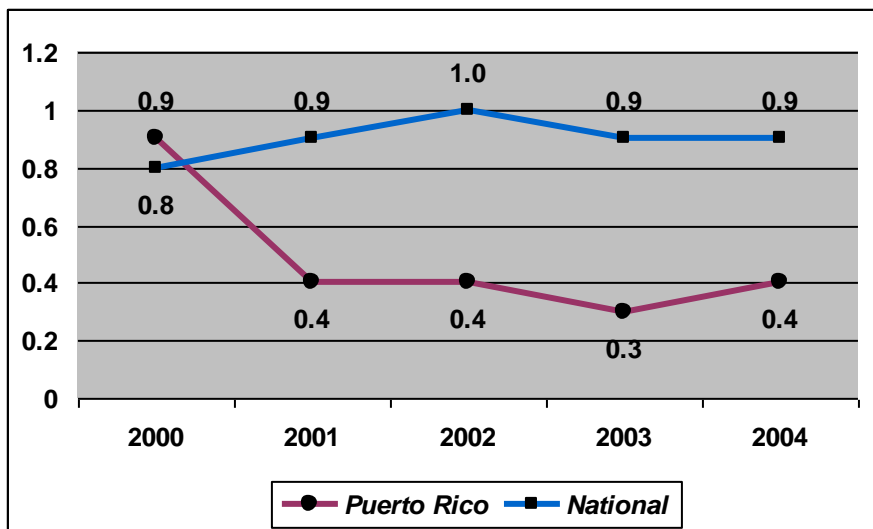
**PERCENT OF INFANTS AND TODDLERS BIRTH TO AGE ONE WITH IFSPs COMPARED TO OTHER STATES WITH SIMILAR DEFINITIONS**

Figure 5.1. Source: OSEP Data Analysis System Report



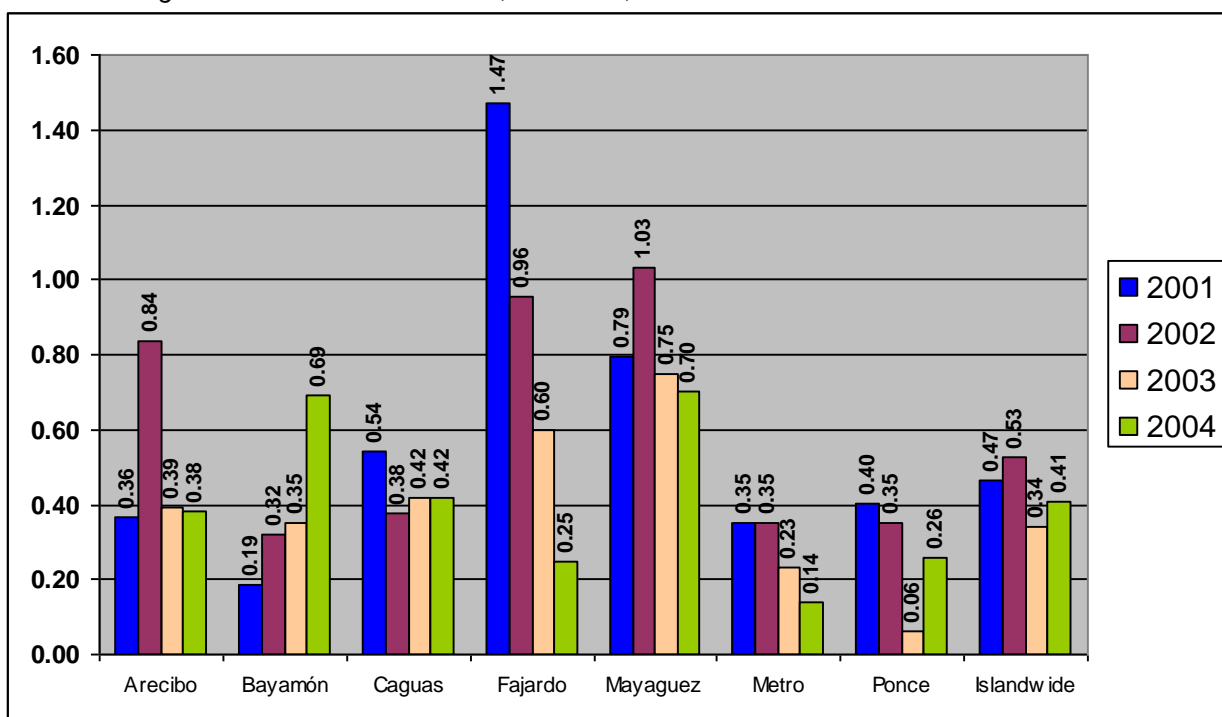
**PERCENT OF INFANTS AND TODDLERS BIRTH TO AGE ONE WITH IFSPs COMPARED TO NATIONAL DATA**

Figure 5.2 Source: OSEP Data Analysis System Report



**PERCENTAGE OF INFANTS AND TODDLERS UNDER THE AGE ONE  
RECEIVING PART C SERVICES  
BY HEALTH REGION AND ISLANDWIDE**

Figure 5.3. Sources: FFY 2001, FFY2002, FFY 2003 & FFY2004 Child Counts



**Discussion of Baseline Data:**

Puerto Rico baseline is **0.41%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico ranks 16 out of 16 States and jurisdictions with similar moderate definitions and 54 out of 56 States and jurisdictions regarding the percentage of infants under age 1 with IFSPs.

From 2000 to 2003, Puerto Rico shows a continued **decreasing trend** in the percentage of infants under age 1 year, from 0.9% to 0.3% (Table 5.1). There is a change in this trend from 2003 to 2004 where a 0.1% increase is observed.

This decreasing trend contrasts with the unchanged percent of infants under age 1 year (0.8%) for States with similar definitions for the 2000-2003 period (Figure 5.1), and with the increase in the national trend (0.8% to 0.9%) for the 2000-2003 period (Figure 5.2).

Puerto Rico slippage in the number of infants under one year of age is explained by the **statistically significant slippage** in the Fajardo, Metro and Ponce regions, and the lack of progress in the remaining health regions excluding Bayamón (Figure 5.3)

Since 2002 Arecibo has experienced a decrease in the number of referrals from all primary referral sources, especially from hospitals, visiting nurses and child care programs, which may explain the decrease in the number of infants 1 year or less receiving Part C services.

Bayamón is the only region with an **increasing trend** in the percentage of infants 1 year or less receiving services, 0.7% in 2004, but still below the 0.9% national and similar definition States percentages. The increase in the number of referrals by physicians in 2004 may explain the increase in the percentage of infants and toddlers in the ages 0-1year receiving Part C services.

## SPP Template – Part C

Puerto Rico  
State

Caguas health region shows no progress or slippage from 2001 to 2004. Even though Caguas had an **increase** in the number of children referred to Part C from a wider spectrum of primary referral sources in 2004, the number of referrals from hospitals was low compared to other sources.

Fajardo shows a significant slippage from 2001 to 2004. Even though the percentage of infants and toddlers referred and determined eligible has increased and a broader spectrum of primary referrals sources are referring, infants 1 year or less of age are apparently not being referred. We have no specific data to explain this slippage.

Mayagüez health region percent of 1% in 2002 compares to national and similar definition States percentages. However, in 2003 and 2004, is below the percentages. Mayaguez, as Caguas, had an **increase** in 2004 in the number of children referred to Part C from a wider spectrum of primary referral sources. However, the number of referrals from hospitals in 2003 and 2004 was low compared to other sources and half of the number received in 2001 which may explain this slippage.

Metro **statistically significant slippage** from 2001 to 2004 may be explained by the significant slippage in the number of referrals from hospitals in 2004 in spite of an increase in the percentages of infants and toddlers referred and determined eligible for Part C services.

Ponce shows a **statistically significant slippage** from 2001 to 2004. Even though the percentage of infants and toddlers referred has increased and a broader spectrum of primary referrals sources are referring, infants 1 year or less of age are apparently not being referred.

### Measurable and Rigorous Target

Puerto Rico chose to remain the target for FFY 2009 for FFY 2011, and to increase in .02% the FFY 2012 target. This conservative selection of target was made in accordance with stakeholders input and considering data trajectory since baseline. The Commonwealth of Puerto Rico will examine 2010 census data to determine the need to revise targets in a future.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	0.50% of Puerto Rico infants and toddlers under age one year receive Part C services
2006 (2006-2007)	0.60% of Puerto Rico infants and toddlers under age one year receive Part C services
2007 (2007-2008)	0.70% of Puerto Rico infants and toddlers under age one year receive Part C services
2008 (2008-2009)	0.50% of Puerto Rico infants and toddlers under age one year receive Part C services
2009 (2009-2010)	0.55% of Puerto Rico infants and toddlers under age one year receive Part C services
2010 (2010-2011)	0.60% of Puerto Rico infants and toddlers under age one year receive Part C services

# SPP Template – Part C

Puerto Rico  
State

<b>2011</b> (2011-2012)	<b>0.55%</b> of Puerto Rico infants and toddlers under age one year receive Part C services
<b>2012</b> (2012-2013)	<b>0.57%</b> of Puerto Rico infants and toddlers under age one year receive Part C services.

## Improvement Activities/Timelines/Resources: Through FFY 2012

Activity	Timelines	Resources	Justification
Develop and implement a public awareness plan by each EIS program to increase the number of infants under age one (1) referred to <i>Avanzando Juntos</i> .	Ongoing	Medical Directors and Administrators, APNI Project Coordinator and SPOEE Supervisors and Part C Coordinator	Increase the number of infants under age one (1) receiving early intervention services.
Review referral data by sources of referral with emphasis on infants' birth to one (1) including hospital nurseries, Home Visiting Nurses and Birth Defects Surveillance System.	February- June 2013	Part C Coordinator, SPOEE Supervisors	Need to assure that referral sources are aware of child find activities.
Establish collaboration with the referral sources to revise procedures for referral infants under age one (1) with suspected Developmental Delay to <i>Avanzando Juntos</i> .	February- March 2013	Part C Coordinator, PC Medical Directors, Healthy Start Home Visiting Program Nurses and SPOEE Supervisors	Increase the number of referrals of infants under age one (1).
Monthly assessment to identify the eligibility determination status of the infants under age one by referrals sources to all programs of <i>Avanzando Juntos</i> .	Ongoing	SPOEE supervisor, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff, Contact person by referral sources	Assure that each infant identified by referral source is evaluated for eligibility determination.
Revise the established criteria and procedures for eligibility determination of infants under age one at all EIS programs.	Ongoing	SPOEE supervisor, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	Assure that the criteria and procedures for eligibility determination are being used.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

**Measurement:** Percent = [(# of infants and toddler 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:**

As of December 1, 2004 count, 1.95% of Puerto Rico total population of infants and toddlers, birth through age two, was receiving services under Part C Islandwide, a statistically significant **increase** from 1.73% in 2001.

Puerto Rico has a moderate eligibility definition. States with moderate definitions are: New York, Rhode Island, Connecticut, Illinois, Idaho, Kentucky, New Jersey, Texas, Utah, Nebraska, Tennessee, California, Oregon, South Carolina and Georgia.

**Baseline Data for FFY 2004 (2004-2005):**

*Data source:*

States' 618 data. OSEP Data Analysis System, (DANS), "Report of infants and toddlers receiving early intervention services in accordance with Part C,"2004. Data updated as of July 30, 2005.

*Measurement:*

**Percent = 3139 infants and toddlers birth to 3 with IFSPs divided by 161,383 of infants and toddlers birth to 3 times 100 (3139/161,383 X 100) = 1.95%**

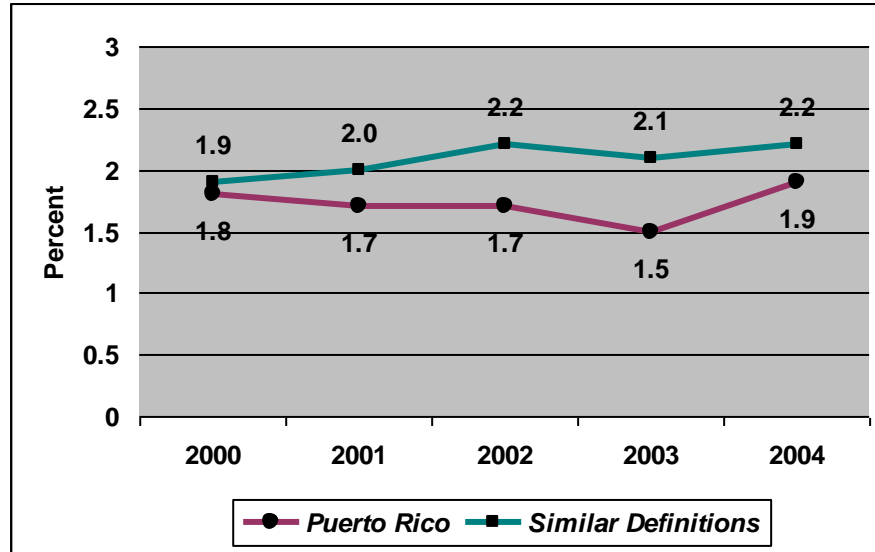
**PERCENT OF INFANTS AND TODDLERS UNDER 3 YEARS WITH IFSP COMPARED TO THE TOTAL POPULATION OF INFANTS AND TODDLERS UNDER 3 YEARS**

*Table 6.1 Sources: FFY 2001, FFY2002, FFY 2003 & FFY2004 Child Counts*

Population	2000	2001	2002	2003	2004
Children under age 3 with IFSPs	1.8% (n=3230)	1.7% (n=2983)	1.7% (n=2778)	1.5% (n=2486)	1.9% (n=3139)
Children under age 3	174,849	172,814	167,653	161,383	161,383

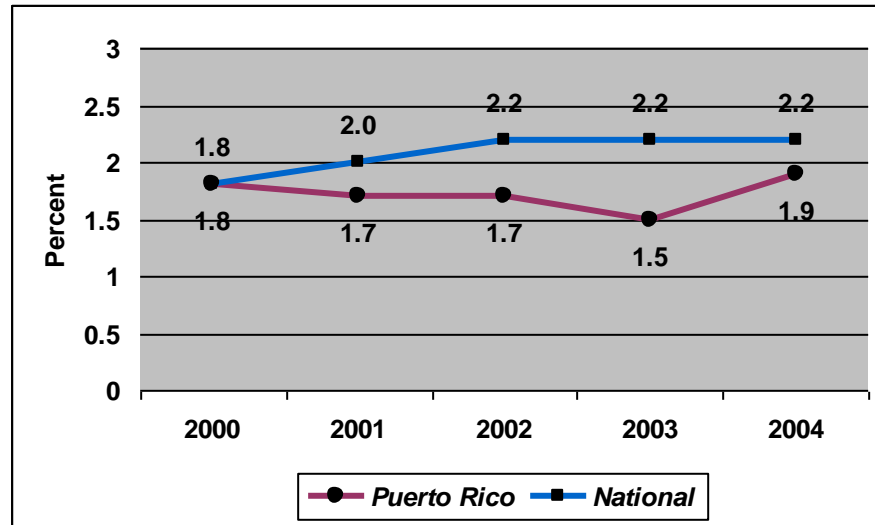
**PERCENT OF INFANTS AND TODDLERS BIRTH TO AGE TWO WITH IFSPs  
COMPARED TO OTHER STATES WITH SIMILAR DEFINITIONS**

Figure 6.1 Source: OSEP Data Analysis System Report



**PERCENT OF INFANTS AND TODDLERS BIRTH TO AGE TWO WITH IFSPs  
COMPARED TO NATIONAL DATA**

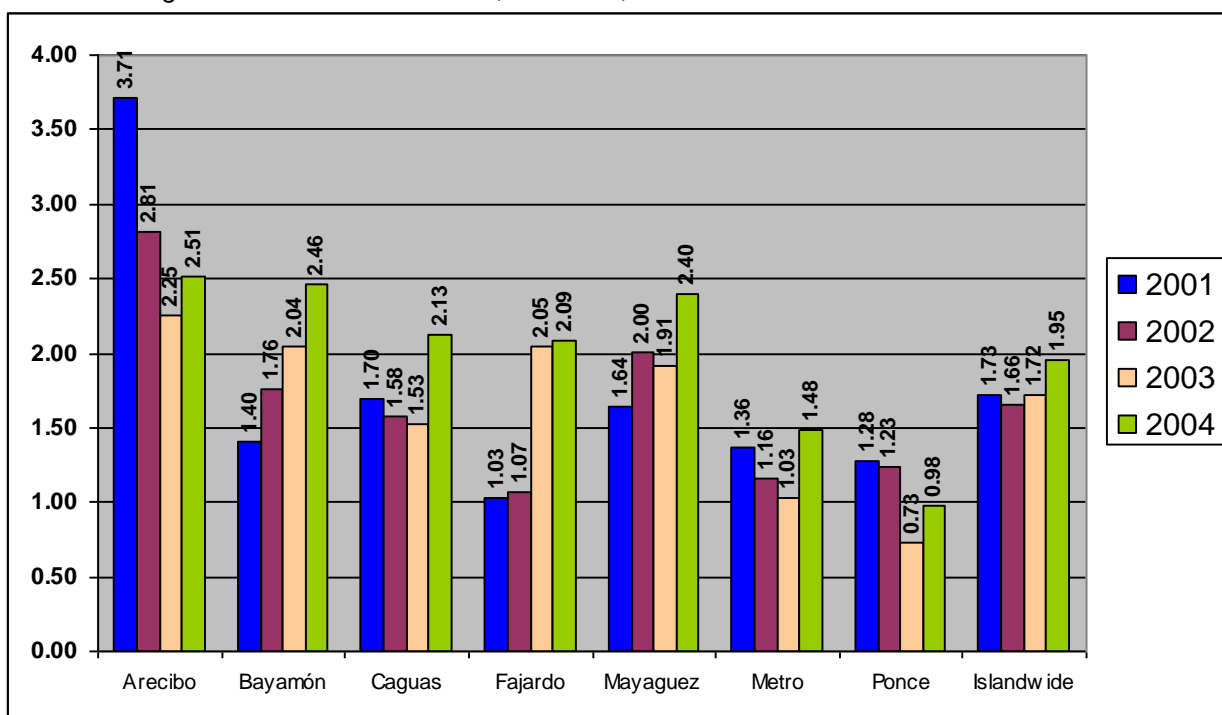
Figure 6.2 Source: OSEP Data Analysis System Report





**PERCENTAGE OF INFANTS AND TODDLERS BIRTH THROUGH AGE TWO RECEIVING PART C SERVICES AS OF DECEMBER 1ST BY HEALTH REGION AND ISLANDWIDE**

Figure 6.3 Sources: FFY 2001, FFY2001, FFY 2003 & FFY2004 Child Counts



**Discussion of Baseline Data:**

Puerto Rico baseline is **1.95%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico ranks 9 out of 16 States and jurisdictions with similar moderate definitions and 35 out of 56 States and jurisdictions regarding the percentage of infants under age 3 with IFSPs..

From 2000 to 2002, Puerto Rico shows a relatively unchanged percentage (1.7%) of infants under age 3 year with IFSPs (Table 6.3). For FFY 2003 child count, only infants and toddlers receiving the early intervention services specified in their IFSPs were included. In prior child counts, infants and toddlers with IFSPs, even if they were not receiving the services specified in their IFSP, were included in the child count. This change in criterion accounts for the change in the percentage from 1.7% to 1.5% in 2003. The same criterion was used for 2004 child count.

The percentage of infants and toddlers birth through age two receiving Part C services as of December 1<sup>st</sup>, 2004, 1.95%, is below the national and similar definition States percentages for the total birth through age two population. As of December 1, 2004 count, 1.95% of Puerto Rico total population of infants and toddlers, birth through age two, was receiving services under Part C Islandwide, a statistically significant **increase** from 1.73% in 2001.

Arecibo (2.51%), Bayamón (2.46%) and Mayagüez (2.40%) health regions percentages of infants and toddlers birth through age two receiving Part C services in 2004 are **above** the national and similar definitions States percentages. Caguas (2.13%) and Fajardo (2.095) health regions percentages are close but **below** the national and similar definitions States percentages.

Arecibo health region shows a **statistically significant slippage** from 3.71% (2001) to 2.51% (2004). Bayamón health region shows a **statistically significant increasing** trend in the percentage from 1.40% in 2001 to 2.46% in 2004. Caguas health region shows a **statistically significant increase**

## SPP Template – Part C

Puerto Rico  
State

from 1.70% (2001) to 2.13 (2004). Fajardo shows a **statistically significant increase** from 1.03% (2001) to 2.09% (2004). Mayagüez health region shows a **statistically significant increasing trend** in the percentage from 1.64% in 2001 to 2.40% in 2002. Metro health region **increase** from 1.36% (2001) to 1.48% (2004) was determined **statistically non-significant**.

Ponce shows a **statistically significant slippage** in the percentages from 1.28% (2001) to 0.98 (2004) and is well below the national and similar definitions States percentages.

### Measurable and Rigorous Target

An increase of .05% for both targets FFY 2011 and FFY 2012 was chosen for Indicator 6 in accordance with stakeholders input and considering data trajectory since baseline. The Commonwealth of Puerto Rico will examine 2010 census data to determine the need to revise targets in a future.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>2.00%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2006</b> (2006-2007)	<b>2.05%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2007</b> (2007-2008)	<b>2.10%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2008</b> (2008-2009)	<b>2.15%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2009</b> (2009-2010)	<b>2.20%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2010</b> (2010-2011)	<b>2.25%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2011</b> (2011-2012)	<b>2.30%</b> of Puerto Rico infants and toddlers under age three year receive Part C services
<b>2012</b> (2012-2013)	<b>2.35%</b> of Puerto Rico infants and toddlers under age three year receive Part C services

### Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Revise the established criteria and procedures for eligibility determination of infants and toddlers birth to three at all EIS programs.	Ongoing	SPOEE supervisor, Part C Coordinator, Supervision and Monitoring Unit staff, and Technical Assistance Unit staff	Assure that the established criteria and procedures for eligibility determination are being used.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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:**

*Individualized family service plans (IFSPs)*

In FFY 2003 APR, PRDH reported data indicating an area of noncompliance, not previously identified by OSEP, namely with the requirements of 34 CFR §§303.321(e)(2), 303.322(e)(1) and 303.342(a), that the evaluations and assessments are completed and an initial IFSP meeting is convened within 45 days of the receipt of a referral to Part C. PRDH reported the following percentages of compliance with the 45-day timeline in the files reviewed across all seven Regional Pediatric Centers (RPC): (1) prior to July 2003, 35.2%; (2) July 2003 through June 2004, 32%; and (3) July 2004 through December 2004, 47.4%. The highest percentage for any RPC for any of the periods was 68.8% and the lowest was 0%. PRDH reported that the supervisors at the RPCs would be responsible for establishing supervision and monitoring mechanisms to ensure the compliance with the 45-day timeline. PRDH also reported it would sample IFSPs from RPCs with the lowest percentages of compliance in this area, to determine at which steps in the process, from referral to the initial IFSP meeting, there were issues that contributed to the noncompliance and whether those issues related to service coordination, service provision or administration.

**Baseline Data for FFY 2004 (2004-2005):**

*Data source*

Two (2) on-site focused monitoring to all seven (7) Avanzando Juntos Early Intervention Services System Point of Entry and Exit (SPOEE) at each of the Puerto Rico Department of Health Regional Pediatric Centers were completed for assessing progress toward compliance with Part C policies and procedures regarding the timely provision of IFSP's early intervention services.

On-site monitoring was conducted through the review of early intervention records and service providers billing and services records. The IFSP section of the revised early intervention record's monitoring instrument was used to collect the data from the early intervention records. New probes were used to obtain additional data needed.

Sampling methodology:

For the first focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from July 1<sup>st</sup>, 2003 through December 31, 2004. The sample size (n) for each SPOEE was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. The proportion of the number of infants and toddlers referred from July 2003 to June 2004 to the number of infants and toddlers referred from July 2004 to December 2004 was determined and applied to determine the number of early intervention records to be included in the sample for each period. For the July 2003-June 2004 period (Period A) the sample size varied from 29 to 35 for the different SPOEE. For the July 2004-December 2004 period (Period B) the sample size varied from 14 to 19 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

For the second focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from January 1<sup>st</sup>, 2005 through June 30, 2005 (Period C). The sample size (n) for each SPOEE for Period C was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. For the January 2005-June 2005 period (Period C), the sample size varied from 33 to 48 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

First on-site visits were completed as follows:

Arecibo	March 10, 2005
Bayamón	February 23 - 24, 2005
Caguas	March 3, 2005
Fajardo	March 1, 2005
Mayaguez	February 25, 2005
Metro	March 8, 2005
Ponce	March 4, 2005

Second on-site visits were completed as follows:

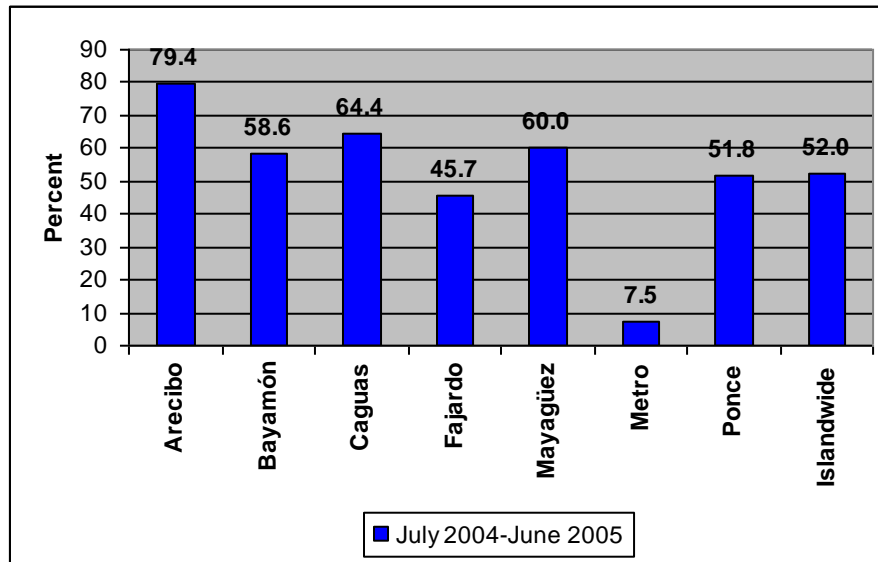
Arecibo	October 17, 2005
Bayamón	October 11, 2005
Caguas	October 7, 2005
Fajardo	October 13, 2005
Mayaguez	October 5, 2005
Metro	October 10, 2005
Ponce	October 14 & 19, 2005

*Measurement*

**Percent = 210 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 404 eligible infants and toddlers evaluated and assessed times 100 (210/404 X 100) = 52.0%**

**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 (July 2004-June 2005)**

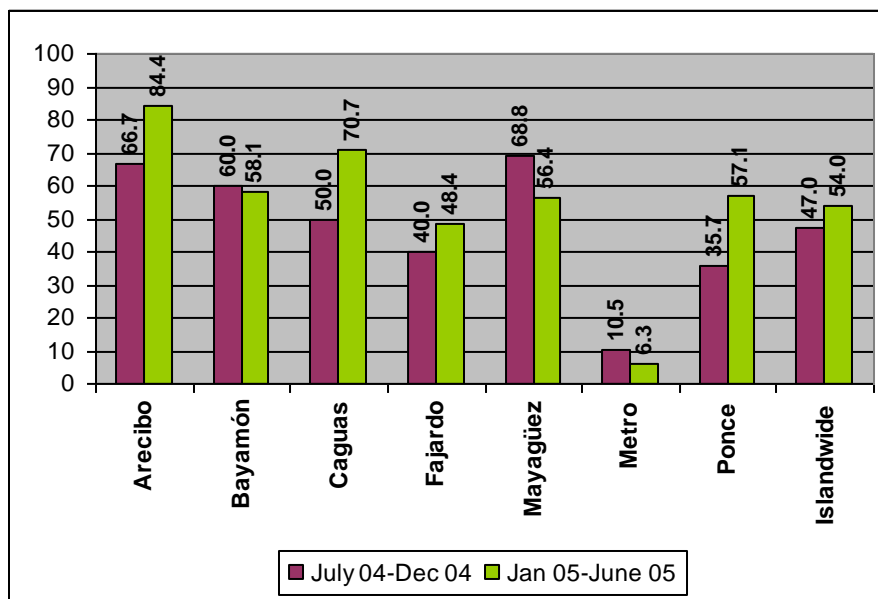
Figure 7.1 Source: 2004-2005 Monitoring Data



	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
45-day	79.4% (n=50)	58.6% (n=34)	64.4% (n=38)	45.7% (n=21)	60.0% (n=33)	7.5% (n=5)	51.8% (n=29)	52.0% (n=210)
Total	63	58	59	46	55	67	56	404

**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**

Figure 7.2 Source: 2004-2005 Monitoring Data



# SPP Template – Part C

Puerto Rico  
State

Period B	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
45-day	66.7% (n=12)	60.0% (n=9)	50.0% (n=9)	40.0% (n=6)	68.8% (n=11)	10.5% (n=2)	35.7% (n=5)	47.0% (n=54)
Total	18	15	18	15	16	19	14	115

Period C	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
45-day	84.4% (n=38)	58.1% (n=25)	70.7% (n=29)	48.4% (n=15)	56.4% (n=22)	6.3% (n=3)	57.1% (n=24)	54.0% (n=156)
Total	45	43	41	31	39	48	42	289

### Discussion of Baseline Data:

Puerto Rico baseline is **52.0%** for the Federal Fiscal Year (FFY) 2004.

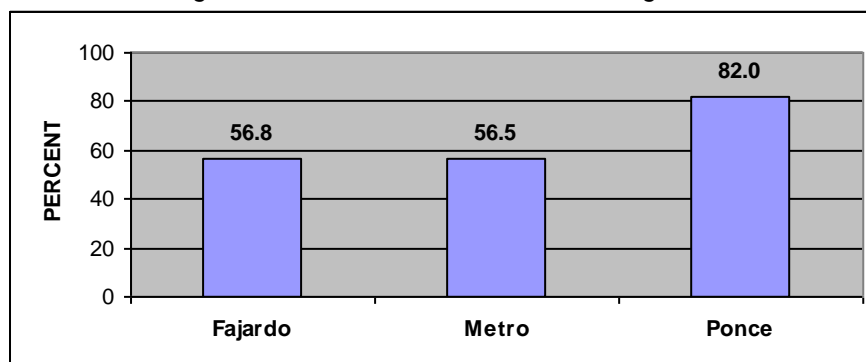
Puerto Rico percentage of compliance with the 45-day timeline in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was **52%**. The highest percentage for any HR was 79.4% (Arecibo) and the lowest was 7.5% (Metro) (Figure 7.1).

Figure 7.2 shows the percentage of compliance with the 45-day timeline for Period B (July 04-Dec 04) and Period C (Jan 05-June 05) by health region. There was **no statistically significant change** between both periods in any region.

Figure 7.3 shows the percentage of compliance with the 45-timeline for completion of an evaluation and assessment for the three health regions with the lowest compliance with the 45-day timeline for the initial IFSP meeting: Fajardo (56.8%compliance), Metro (56.5% compliance) and Ponce (82% compliance).

### PERCENT OF ELIGIBLE INFANTS AND TODDLERS WITH IFSPs FOR WHOM AN EVALUATION AND ASSESSMENT WAS CONDUCTED WITHIN PART C'S 45-DAY TIMELINE (July 2004-June 2005)

Figure 7.3 Source: 2004-2005 Monitoring Data



Eval & Assessment	Fajardo	Metro	Ponce
45-day timeline	56.8% (n=25)	56.5% (n=35)	82.2% (n=41)
Total	44	62	50

Table 7.1 shows the median, mean and standard deviation for the number of days from referral to completion of evaluation and assessment. Fajardo and Metro average number of days for completing the evaluation and assessment is very close to the 45-day timeline for the initial IFSP meeting.

**NUMBER OF DAYS FROM REFERRAL TO COMPLETION OF EVALUATION AND ASSESSMENT**

*Table 7.1 Source: 2004-2005 Monitoring Data*

	<b>Fajardo</b>	<b>Metro</b>	<b>Ponce</b>
Median	35	42	32
Mean	41	44	33
Std. Deviation	21	19	15

Table 7.2 shows the median, mean and standard deviation for the number of days from referral to the initial IFSP meeting. Fajardo and Ponce average number of days for the initial IFSP meeting is 4 to 10 days above the 45-day timeline for the initial IFSP meeting.

**NUMBER OF DAYS FROM REFERRAL TO INITIAL IFSP MEETING**

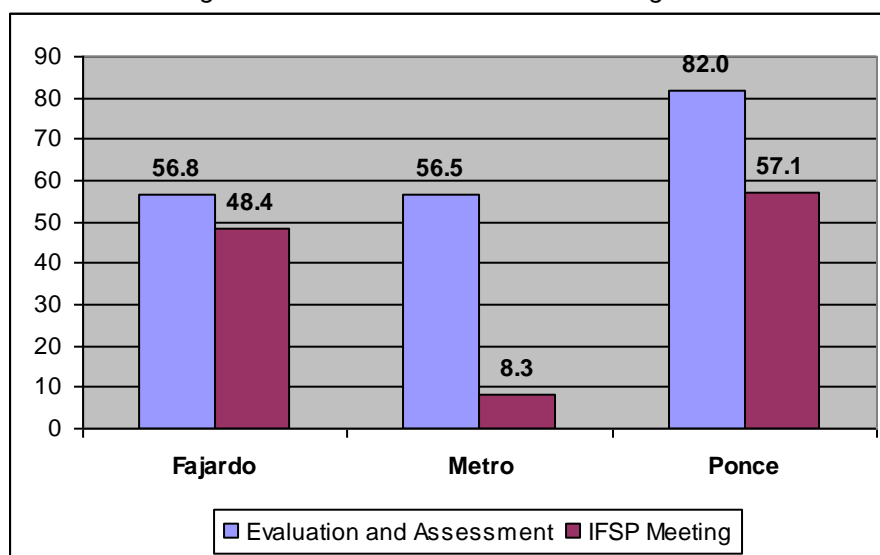
*Table 7.2 Source: 2004-2005 Monitoring Data*

	<b>Fajardo</b>	<b>Metro</b>	<b>Ponce</b>
Median	46	82	47
Mean	55	83	49
Std. Deviation	27	29	17

Figure 7.4 compares compliance with the 45-day timeline for completing the evaluation and assessment and for the initial IFSP meeting for Fajardo, Metro and Ponce health regions.

**PERCENT OF ELIGIBLE INFANTS AND TODDLERS WITH IFSPs FOR WHOM AN EVALUATION AND ASSESSMENT WAS CONDUCTED WITHIN PART C'S 45-DAY TIMELINE COMPARED TO THE PERCENT OF ELIGIBLE INFANTS AND TODDLERS WITH IFSP's FOR WHOM AN INITIAL IFSP MEETING WAS CONDUCTED WITHIN PART C'S 45-DAY TIMELINE (July 2004-June 2005)**

*Figure 7.4 Source: 2004-2005 Monitoring Data*



# SPP Template – Part C

Puerto Rico  
State

Eval & Assessment	Fajardo	Metro	Ponce
45-day timeline	56.8% (n=25)	56.5% (n=35)	82.2% (n=41)
Total	44	62	50

Initial IFSP meeting	Fajardo	Metro	Ponce
45-day timeline	43.8% (n=21)	7.8% (n=)	48.3% (n=)
Total	48		

Ponce with an average of 33 days for completion of the evaluation and assessment has an average of 49 days for the initial IFSP meeting. Ponce needs to shorten the number of days from completion of evaluation and assessment and initial IFSP meeting to improve its compliance with the 45-day timeline for the initial IFSP meeting.

Fajardo with an average of 41 days for completion of the evaluation and assessment has an average of 55 days for the initial IFSP meeting. Fajardo needs to shorten the number of days for completing the evaluation and assessment to improve its compliance with the 45-day timeline for the initial IFSP meeting.

Metro with an average of 44 days for completion of the evaluation and assessment has an average of 83 days for the initial IFSP meeting. Metro needs to shorten both, the number of days for completing the evaluation and assessment and the number of days from completion of evaluation and assessment and initial IFSP meeting to improve its compliance with the 45-day timeline for the initial IFSP meeting.

The following were identified as the most common reasons for untimely completion of evaluation and assessments and initial IFSP meetings:

- Cancellation of scheduled evaluation and assessments and IFSP activities due to child and/or family members medical appointments and/or hospitalizations
- Problems for contacting the families to schedule appointments
- Limited number and/or availability of early intervention service providers in some regions.

### Measurable and Rigorous Targets

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100%</b> of eligible infants and toddlers with IFSPs have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2006</b> (2006-2007)	<b>100%</b> of eligible infants and toddlers with IFSPs have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2007</b> (2007-2008)	<b>100%</b> of eligible infants and toddlers with IFSPs have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2008</b> (2008-2009)	<b>100%</b> of eligible infants and toddlers with IFSPs have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline



# SPP Template – Part C

Puerto Rico  
State

FFY	Measurable and Rigorous Target
<b>2009</b> (2009-2010)	<b>100%</b> of eligible infants and toddlers with IFSPs have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2010</b> (2010-2011)	<b>100%</b> of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2011</b> (2011-2012)	<b>100%</b> of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline
<b>2012</b> (2012-2013)	<b>100%</b> of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline

## Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Continue the use of the form implemented last year for documenting delayed/untimely activities.	Ongoing	Intake and service coordinators and SPOEE Supervisors	Need to be more specific on the reasons for untimely initial IFSP meetings so that strategies can be developed to address noncompliance.
Train intake and service coordinators on the importance of documenting specific reasons for no shows and cancellations.	Ongoing	APNI Project Coordinator	Ensure that Part C agency or staff issues are not causing family circumstances.
SPOEE Supervisors will personally contact every family to continue investigating further circumstances for family reasons specifically if stated that family cancelled or did not show up for the process or to the initial IFSP meeting.	Ongoing	Intake and service coordinators and SPOEE Supervisors	Need to ensure that Part C agency or staff issues are not causing family circumstances.
Investigate if the explanations for absenteeism and family cancellations may be associated to actions by service provider.	Ongoing	PC Administrator and SPOEE Supervisors	Need to determine that Part C agency or staff issues are not causing family circumstances.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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:**

*Early childhood transition*

Data and information included in the FFY 2003 APR identified noncompliance not previously identified by OSEP in the areas of: (1) timely transition conferences under 34 CFR §303.148(b)(2)(i); and (2) transition planning under 34 CFR §§303.148(b)(4) and 303.344(h)(1).

PRDH reported that the meetings between PRDH and the Puerto Rico Department of Education (PRDE) for joint planning to implement the new interagency agreement did not occur, joint transition training workshops to be held between August and December of 2004 did not occur, and personnel from both Departments were struggling between old and new procedures.

PRDH reported that it was complying with 34 CFR §303.148 (b)(1). As of September 2004, it was providing demographic and services information monthly to the PRDE for all children aged two years and older receiving Part C services through electronic transmission during the first ten days of each month. The data allowed PRDE to identify a child by town and health region. PRDH reported revising its electronic data system to allow recording of the date of the transition planning meeting.

From July 2003 through June 2004 and again from July 2004 through December 2004, PRDH reviewed records in all seven RPCs and reported that the highest percentage of transition planning meetings held at least 90 days before the child’s third birthday was 33% (one RPC) and the lowest was 0% (four RPCs).

PRDH reported that it reviewed records in all seven RPCs for the percent of transition plans that included the steps to be taken to support the transition process. During the July 2004 through December 2004 monitoring cycle, the percentages ranged from 80% (one RPC) to 0% (three RPCs). PRDH reported that monitoring activities in 2005 showed that not all of the required transition steps

were being completed on IFSPs. In some cases, the service coordinators were using the Outcomes Review and Service Modifications section of the IFSP, Section 13, to document the steps of the transition plans.

PRDH included strategies, proposed evidence of change, targets and timelines designed to ensure compliance with the transition requirements listed above. OSEP accepted PRDH's plan to address these two transition areas.

## **Baseline Data for FFY 2004 (2004-2005):**

### *Data source*

Two (2) on-site focused monitoring to all seven (7) Avanzando Juntos Early Intervention Services System Point of Entry and Exit (SPOEE) at each of the Puerto Rico Department of Health Regional Pediatric Centers were completed for assessing progress toward compliance with Part C policies and procedures regarding timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.

On-site monitoring was conducted through the review of early intervention records. The IFSP section of the revised early intervention record's monitoring instrument was used to collect the data from the early intervention records. New probes were used to obtain additional data needed.

### Sampling methodology:

For the first focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from July 1<sup>st</sup>, 2003 through December 31, 2004. The sample size (n) for each SPOEE was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. The proportion of the number of infants and toddlers referred from July 2003 to June 2004 to the number of infants and toddlers referred from July 2004 to December 2004 was determined and applied to determine the number of early intervention records to be included in the sample for each period. For the July 2003-June 2004 period (Period A) the sample size varied from 29 to 35 for the different SPOEE. For the July 2004-December 2004 period (Period B) the sample size varied from 14 to 19 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

For the second focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from January 1<sup>st</sup>, 2005 through June 30, 2005 (Period C). The sample size (n) for each SPOEE for Period C was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. For the January 2005-June 2005 period (Period C), the sample size varied from 33 to 48 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

First on-site visits were completed as follows:

Arecibo	March 10, 2005
Bayamón	February 23 - 24, 2005
Caguas	March 3, 2005
Fajardo	March 1, 2005
Mayaguez	February 25, 2005
Metro	March 8, 2005
Ponce	March 4, 2005

# SPP Template – Part C

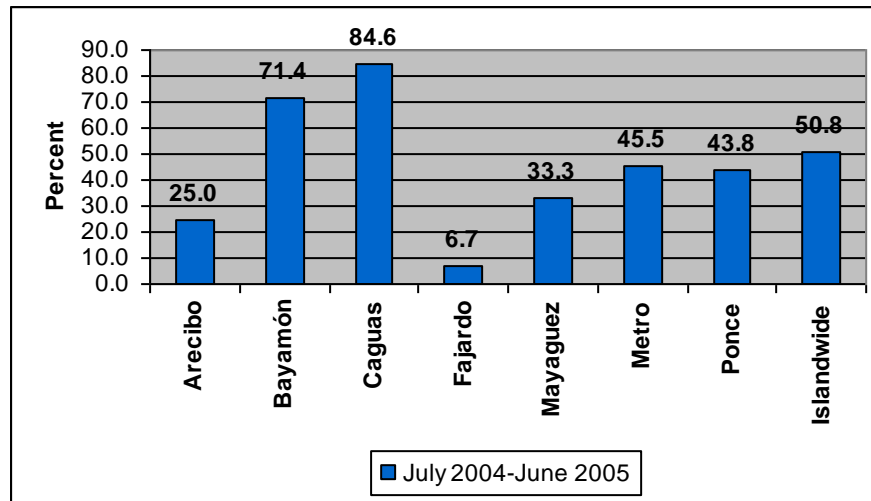
Second on-site visits were completed as follows:  
 Arcibo October 17, 2005  
 Bayamón October 11, 2005  
 Caguas October 7, 2005  
 Fajardo October 13, 2005  
 Mayaguez October 5, 2005  
 Metro October 10, 2005  
 Ponce October 14 & 19, 2005

## Measurement

- A. Percent = 63 children exiting Part C who have an IFSP with transition steps and services divided by 124 children exiting Part C times 100 ( $63/124 \times 100$ ) = 50.8%.

### PERCENT OF CHILDREN EXITING PART C WHO HAVE AN IFSP WITH TRANSITION STEPS AND SERVICES (July 2004-June 2005)

Figure 8.1 Source: 2004-2005 Monitoring Data

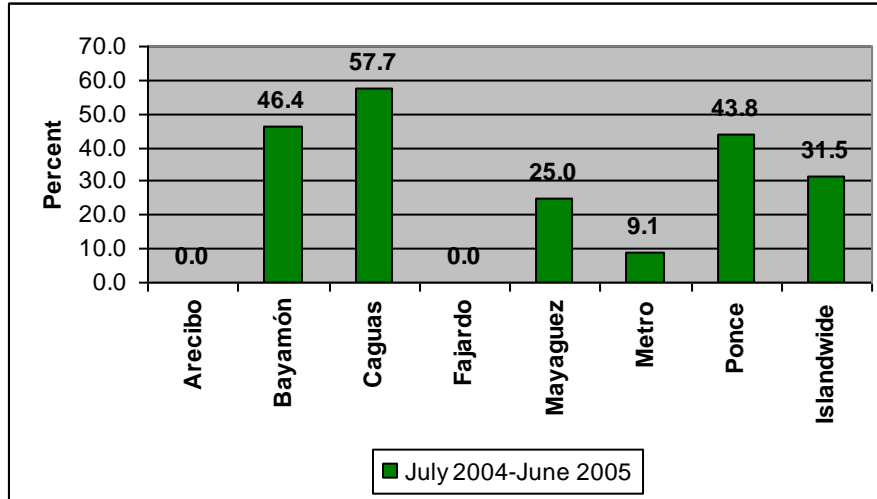


	Arcibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
Steps and Services	25.0% (n=4)	71.4% (n=20)	84.6% (n=22)	6.7% (n=1)	33.3% (n=4)	45.5% (n=5)	43.8% (n=7)	50.8% (n=63)
Total	16	28	26	15	12	11	16	124

- B. Percent = 39 children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by 124 children exiting Part C who were potentially eligible for Part B times 100 (39/124 X 100) = 31.5%.

**PERCENT OF CHILDREN EXITING PART C WHERE NOTIFICATION TO THE DEPARTMENT OF EDUCATION OCCURRED (July 2004-June 2005)**

Figure 8.2 Source: 2004-2005 Monitoring Data

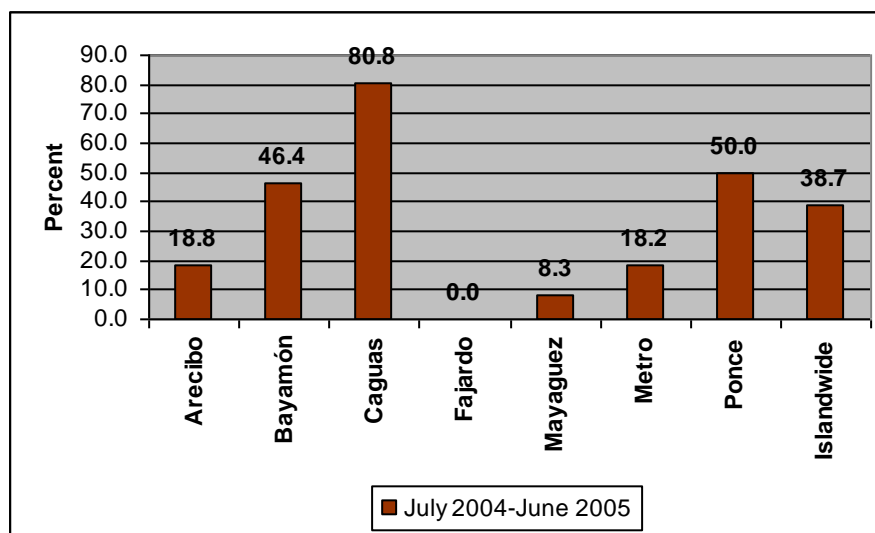


	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
Notification	0.0% (n=0)	46.4% (n=13)	57.7% (n=15)	0.0% (n=0)	25.0% (n=3)	9.1% (n=1)	43.8% (n=7)	31.5% (n=39)
Total	16	28	26	15	12	11	16	124

- C. Percent = 48 children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the 124 children exiting Part C who were potentially eligible for Part B times 100 (48/124 X 100) = 38.7%

**PERCENT OF COMPLIANCE WITH TRANSITION CONFERENCE HELD AT LEAST 90 DAYS BEFORE THE CHILD THIRD BIRTHDAY (July 2004-June 2005)**

Figure 8.3 Source: 2004-2005 Monitoring Data



	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce	Islandwide
At least 90 days	18.8% (n=3)	46.4% (n=13)	80.8% (n=21)	0.0% (n=0)	8.3% (n=1)	18.2% (n=2)	50.0% (n=8)	38.7% (n=48)
Total	16	28	26	15	12	11	16	124

**Discussion of Baseline Data:**

- D. Puerto Rico baseline for children exiting Part C who have an IFSP with transition steps and services is **50.8%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico percentage of compliance with IFSP with transition steps and services in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was 50.8%. The highest percentage for any HR was 84.6% (Caguas) and the lowest was 6.7% (Fajardo) (Figure 8.1).

- E. Puerto Rico baseline for children exiting Part C and potentially eligible for Part B where notification to the Department of Education occurred is **31.5%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico percentage of compliance with notification to Department of Education in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was 31.5%. The highest percentage for any HR was 57.7% (Caguas) and the lowest was 0.0% (Arecibo and Fajardo) (Figure 8.2).

To establish this baseline, the required written notification to Department of Education for convening the transition plan meeting was used to measure compliance with this indicator. An appropriate written referral form, with prior written and informed parent consent, was implemented in July 2005 after joint training regarding early childhood transition of Department of Education

# SPP Template – Part C

Puerto Rico  
State

and Department of Health early intervention personnel was completed for each of the seven early intervention services region as follows: Arecibo (June 22, 2005), Bayamón (June 17, 2005), Caguas and Fajardo (June 15, 2005), Mayagüez and Ponce (June 21, 2005), and Metro (June 23, 2005).

The newly implemented written referral form will be used to measure compliance with this indicator during 2005-2006.

- F. Puerto Rico baseline for children exiting Part C and potentially eligible for Part B where the transition conference occurred at least 90 days before the child third birthday is **38.7%** for the Federal Fiscal Year (FFY) 2004.

Puerto Rico percentage of compliance with transition conference held at least 90 days before the child's third birthday in the files reviewed across all seven Health Regions (HR) for the July 2004-June 2005 period was 38.7%. The highest percentage for any HR was 80.8% (Caguas) and the lowest was 0.0% (Fajardo) (Figure 8.3).

## Measurable and Rigorous Targets

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
2006 (2006-2007)	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
2007 (2007-2008)	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
2008 (2008-2009)	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
2009 (2009-2010)	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
2010	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part

# SPP Template – Part C

Puerto Rico  
State

<b>(2010-2011)</b>	C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
<b>2011 (2011-2012)</b>	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services
<b>2012 (2012-2013)</b>	A: <b>100%</b> of children exiting Part C have an IFSP with transition steps and services B: Notification to the Department of Education occurs in <b>100%</b> of children exiting Part C and potentially eligible for Part B services C: A transition conference is convened for <b>100%</b> children exiting Part C and potentially eligible for Part B services

### Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Monthly submission of the list of families who opted-out by the SPOEE supervisors to the SMU.	Quarterly	Service Coordinators, SPOEE Supervisors and APNI Project Coordinator, SMU	To maintain tracking the number of families who opted-out.
Monthly revisions to verify that evidence of notification to PRDE (CNC-19 Form) is included in files of children two years age or more.	Ongoing	SPOEE Supervisors, Part C Coordinator, APNI Project Coordinator, SMU	Assure that the programs are correctly implementing the specific regulatory requirements for Indicator 8.
Aggregate contact information of EIS program children potentially eligible to Part B to be sent to the PR Department of Education.	Ongoing	Service Coordinators, SPOEE Supervisors and PRDH Database and Information System Administrator	Comply with the Part C notification to LEA requirements.
Train Services Coordinators and providers from the 7 EIS programs about Indicator 8 Related Requirements, according to IDEA Part C Final Regulations 2011.	Ongoing	Part C Coordinator and Evaluator of SMU	To ensure that programs are correctly implementing the specific regulatory requirements for Indicator 8 and continue to measure compliance.



**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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:**

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- 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.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- 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.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b 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:**

*Supervision and monitoring*

The purpose of the **Supervision and Monitoring** system is to review, evaluate and assist programs and activities used by Puerto Rico to carry out Part C. The Department of Health, as lead agency, is responsible for:

- The general administration, supervision, and monitoring of early intervention programs and activities receiving assistance under Part C; and
- The monitoring of programs and activities used by Puerto Rico to carry out Part C, whether or not the programs and activities are receiving Part C funds, to ensure compliance with Part C regulations.
  - a. Avanzando Juntos funded service providers and activities are regularly monitored throughout the year by evaluation of administrative, fiscal, and programmatic compliance and performance.
  - b. Monitoring is conducted using a variety of methodologies that include:
    - 1) Review of regular programmatic and financial reports.
    - 2) Analysis of surveys and other evaluation data.
    - 3) Self-assessment, as required.
    - 4) On-site monitoring visits, as required.
    - 5) Review of information or documentation submitted to the Avanzando Juntos Central Office.
    - 6) Investigation of complaints and mismanagement.
  - c. Monitoring of performance is completed for all health regions throughout the year. The Avanzando Juntos Central Office tracks progress and identifies areas of concern through the processes listed above.
  - d. A plan for on-site visits is established annually and reviewed quarterly at a minimum.
  - e. On site compliance visits are scheduled immediately if the Avanzando Juntos Central Office receives information or allegations about possible serious issues in regard to service delivery and/or program and fiscal management.
  - f. Upon completion of an on-site monitoring visit:
    - 1) A draft monitoring report will be completed and mailed to the authorized officials within 30 days of the on-site monitoring visit or completion of extended fieldwork.
    - 2) The service provider must submit a written response to the report within 14 days of receipt indicating disagreement with any findings and providing any necessary supporting documentation.
    - 3) The Department of Health will issue a final report that will include all findings, the service provider's responses to the findings in the draft report and the required corrective actions within 60 days of the completion of the monitoring activities.
  - g. Avanzando Juntos Central Office staff will monitor the service provider's progress towards the completion of required corrective action(s). Sanctions may be applied when a service provider fails to achieve acceptable performance within required timelines.

In FFY 2003 APR, PRDH reported eight monitoring data collection areas that related to eight Part C regulations during the July 2003 through December 2004 time period. Data on these areas, including information from family interviews, were reported for all seven RPCs showing the trend of compliance/noncompliance over three data collection periods: (1) baseline data (July 2003); (2) July 2003-June 2004; and (3) July 2004- December 2004. PRDH used this data to determine which issues were specific to individual regions and which were systemic.

PRDH reported that final written monitoring reports for the October 2003- March 2004 monitoring activities for each RPC were issued 5 months to 8 months and 18 days (July and August 2004) after completion of the monitoring activities due to the excessive amount of data collected and a turnover of monitoring staff during the months of May and June of 2004. RPCs have up to July 2005 and August 2005 to correct identified noncompliance.

The monitoring reports for the on-site visit period of February 24, 2005 through March 10, 2005 demonstrated improvement by being issued between 56 and 73 days (May 2005) after the monitoring activities were completed. Improvement was also shown by an increased percentage of compliance with the eight data collection areas. RPCs have up to May 2006 to correct noncompliance not identified in the October 2003-March 2004 monitoring.

As timeline for correction of noncompliance (July and August 2005) was not due at the time of submission of the FFY 2003 APR (June 15, 2005), PRDH presented no evidence that identified noncompliance was corrected within one year of the date when the program was officially notified of the noncompliance.

*Procedures for resolving complaints*

The Department of Health has a formal agreement with the Office of the Ombudsman for Persons with Disabilities, the designated agency for protection and advocacy services for Puerto Rico, for the timely administrative resolution of formal written complaints.

In FFY 2003 APR, PRDH provided data and information on its dispute resolution mechanisms. In 2004, seven formal complaints were received but one was withdrawn. For the remaining six complaints, two were resolved and had letters issued within the required 60-day timeline; one was resolved and the letter was issued between 61-90 days; and two were resolved and the letters issued more than 90 days after receipt of the complaint. None of the three complaints exceeding 60 days indicated that an appropriate extension had been granted.

PRDH reported that the Office of the Ombudsman for Persons with Disabilities (OOPD) did not issue decision/closure letters until the decisions were implemented and the families were satisfied with the results. This is the reason why, even if complaint decisions were rendered within the 60-day timeline, the letters were not issued within the required 60-day timeline. As a result, PRDH recommended, with respect to the resolution of formal written complaints, that OOPD issue a letter when a decision was reached and that it follow up with a closure letter once implementation of the decision was completed, pending the transition of the responsibility for complaint resolution from OOPD to PRDH.

PRDH reported that the transition of complaint investigation and resolution from the OOPD to the PRDH did not occur within the proposed timeline due to a ban on personnel recruitment for two months prior and two months after the November 2, 2004 general elections, as required by Puerto Rico electoral law. As of the submission of the FFY 2003 APR (June 15, 2005), the transition has not been made.

In October 14, 2005 APR 2003 letter, OSEP expressed its concern that the responsibility to resolve formal written complaints has not been transferred from OOPD to PRDH and that, pending this transition, no progress was reported in ensuring that the complaints are resolved within required timelines.

PRDH will continue quarterly monitoring of complaint resolution procedures conducted by OOPD to ensure compliance with Part C requirements and to identify systemic and regional non-compliance issues pending the transition of the responsibility to resolve formal complaints to the PRDH.

*Mediation and due process procedures for parents and children*

The Office of the Ombudsman for Persons with Disabilities have established and implemented procedures to allow parties to disputes involving a public agency or service provider proposal, or refusal, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family, to resolve disputes through a mediation process, which to a minimum, must be available whenever a hearing is requested under due process procedures.

PRDH monitors mediation and due process hearing procedures conducted by OOPD quarterly to ensure compliance with Part C requirements and to identify systemic and regional non-compliance issues.

In FFY 2003 APR, PRDH reported that for the period October 2003 – September 2004, two formal mediation request, not related to a due process hearing were received by the Office of the Ombudsman for Person with Disabilities. One mediation agreement was reached within the 30 days timeline. The other mediation agreement was reached in 57 days as the family requested an extension of the process. No due process hearing requests were received.

## **Baseline Data for FFY 2004 (2004-2005):**

### *Data source*

Two (2) on-site focused monitoring to all seven (7) Avanzando Juntos Early Intervention Services System Point of Entry and Exit (SPOEE) at each of the Puerto Rico Department of Health Regional Pediatric Centers were completed for assessing progress toward compliance with Part C policies and procedures regarding the timely provision of IFSP's early intervention services.

On-site monitoring was conducted through the review of early intervention records and service providers billing and services records. The IFSP section of the revised early intervention record's monitoring instrument was used to collect the data from the early intervention records. New probes were used to obtain additional data needed. These include the dates that the services were to begin as specified on the IFSP and the actual dates that services began using service providers billing and services records.

### Sampling methodology:

For the first focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from July 1<sup>st</sup>, 2003 through December 31, 2004. The sample size (n) for each SPOEE was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. The proportion of the number of infants and toddlers referred from July 2003 to June 2004 to the number of infants and toddlers referred from July 2004 to December 2004 was determined and applied to determine the number of early intervention records to be included in the sample for each period. For the July 2003-June 2004 period (Period A) the sample size varied from 29 to 35 for the different SPOEE. For the July 2004-December 2004 period (Period B) the sample size varied from 14 to 19 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

For the second focused monitoring, the population (N) for each SPOEE was defined as the total number of infants and toddlers referred to Avanzando Juntos Early Intervention Services from January 1<sup>st</sup>, 2005 through June 30, 2005 (Period C). The sample size (n) for each SPOEE for Period C was determined using the statistical program Epi-Info. The following parameters were used: Expected frequency of the factor of the study: 5%, Margin of error: 5%, Confidence level: 90%. For the January 2005-June 2005 period (Period C, the sample size varied from 33 to 48 for the different SPOEE. For each SPOEE the first early intervention record was selected using a random number table. The next records were selected using an interval given by the ratio of the total early intervention records to the sample size.

First on-site visits were completed as follows:

Arecibo	March 10, 2005
Bayamón	February 23 - 24, 2005
Caguas	March 3, 2005
Fajardo	March 1, 2005
Mayaguez	February 25, 2005
Metro	March 8, 2005
Ponce	March 4, 2005

Final written monitoring reports were issued as follows:

Arecibo	May 23, 2005
Bayamón	May 2, 2005
Caguas	May 13, 2005
Fajardo	May 4, 2005
Mayaguez	May 3, 2005
Metro	May 17, 2005
Ponce	May 13, 2005

Second on-site visits were completed as follows:

Arecibo	October 17, 2005
Bayamón	October 11, 2005
Caguas	October 7, 2005
Fajardo	October 13, 2005
Mayaguez	October 5, 2005
Metro	October 10, 2005
Ponce	October 14 & 19, 2005

Final written monitoring reports for the second on-site visits are in progress.

### *Measurement*

#### **A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:**

##### **All seven health regions (EIS programs):**

Indicator 1:	7 findings of noncompliance
Indicator 2:	no findings
Indicator 5:	7 findings of noncompliance
Indicator 6:	2 findings of noncompliance
Indicator 7:	7 findings of noncompliance
Indicator 8:	7 findings of noncompliance
Indicator 10:	3 findings of noncompliance
Indicator 11:	no findings
Indicator 13:	no findings
Indicator 14:	no findings

**Total findings = 33**

**Findings corrected = 0**

**Findings where the timeline is not up yet = 33**

**Percent = # of corrections completed as soon as possible but in no case later than one year from identification / # of findings of noncompliance made related to priority areas times 100**

**The percentage of the noncompliance corrected related to monitoring priority areas cannot be determined since the deadline for correction has not been reached yet (May 2006).**

**B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:**

All seven health regions (EIS programs):

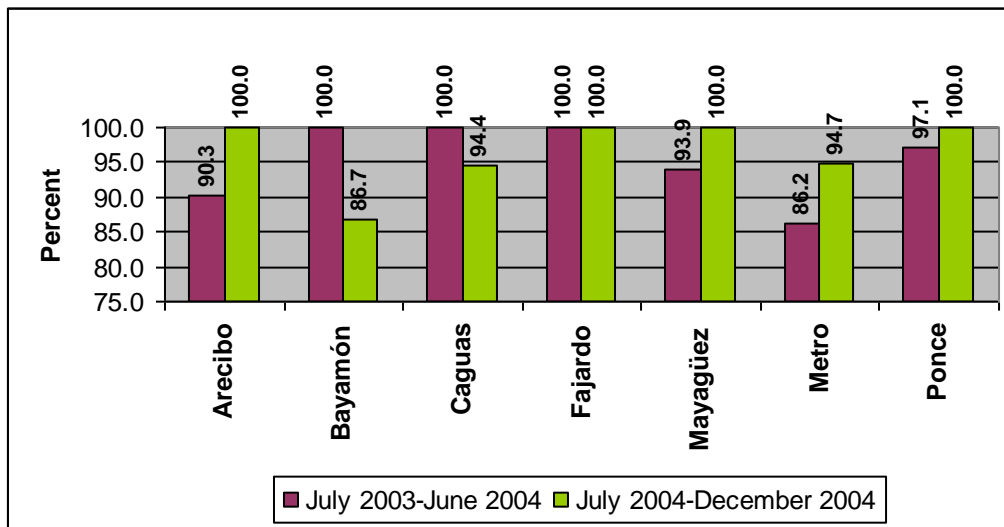
**Evaluation and Assessment**

1. Compliance with the PRDH requirement that initial assessment of the child must include the use of a curriculum based assessment tool to determine the child’s present level of development in all five developmental areas. Related to §303.322 (c)(3)(ii). (Figure 9.1)

Findings of noncompliance July 2003-June 2004 (Period A) = 4  
 Findings of noncompliance July 2004-December 2004 (Period B) = 3  
 Findings where the timeline is not up yet = 3

**PERCENTAGE OF INITIAL CHILD ASSESSMENTS THAT INCLUDE A CURRICULUM BASED TOOL TO DETERMINE THE CHILD’S FUNCTIONAL ABILITIES**

Figure 9.1 Source: May 2005 Monitoring Reports



Period A	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
CBA	90.3% (n=28)	100.0% (n=34)	100.0% (n=30)	100.0% (n=29)	93.9% (n=31)	86.2% (n=25)	97.1% (n=34)
Total	31	34	30	29	33	29	35

Period B	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
CBA	100.0% (n=18)	86.7% (n=13)	94.4% (n=17)	100.0% (n=15)	100.0% (n=16)	94.7% (n=18)	100.0% (n=14)
Total	18	15	18	15	16	19	14

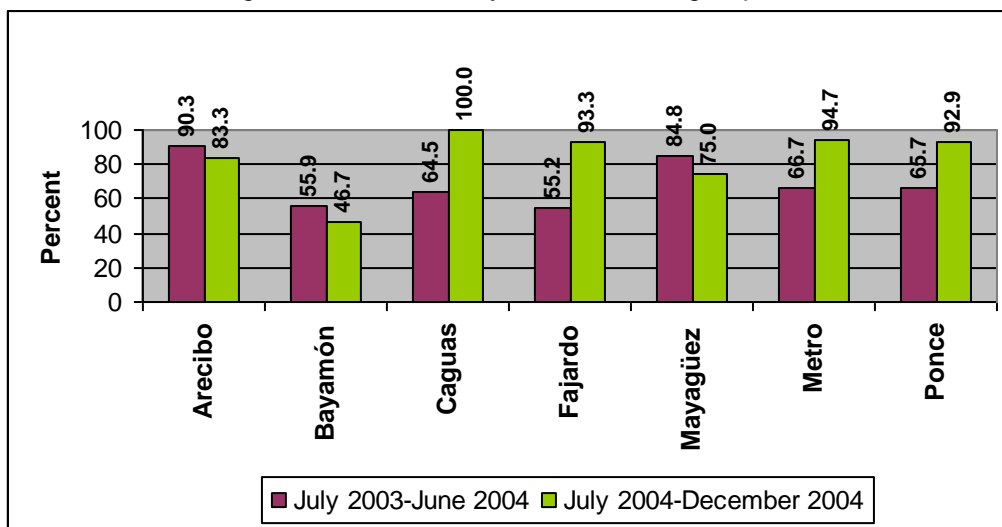
IFSP

1. Compliance with §303.403(a) Written prior notice must be given to the parents of a child under this part a reasonable time before a public agency or service provider proposes or refuses, to initiate or change the identification, evaluation, or placement of a child, or the provision of appropriate early intervention services to the child and the child’s family. (Figure 9.2)

Findings of noncompliance July 2003-June 2004 (Period A) = 7  
 Findings of noncompliance July 2004-December 2004 (Period B) = 6  
 Findings where the timeline is not up yet = 6

**PERCENT OF COMPLIANCE WITH WRITTEN PRIOR NOTICE  
FOR IFSP DEVELOPMENT**

Figure 9.2 Source: May 2005 Monitoring Reports



Period A	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
Prior Notice	90.3% (n=28)	55.9% (n=19)	64.5% (n=20)	55.2% (n=16)	84.8% (n=28)	66.7% (n=20)	65.7% (n=23)
Total	31	34	31	29	33	30	35

Period B	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
Prior Notice	83.3% (n=15)	46.7% (n=7)	100.0% (n=18)	93.3% (n=14)	75.0% (n=12)	94.7% (n=18)	92.9% (n=13)
Total	18	15	18	15	16	19	14

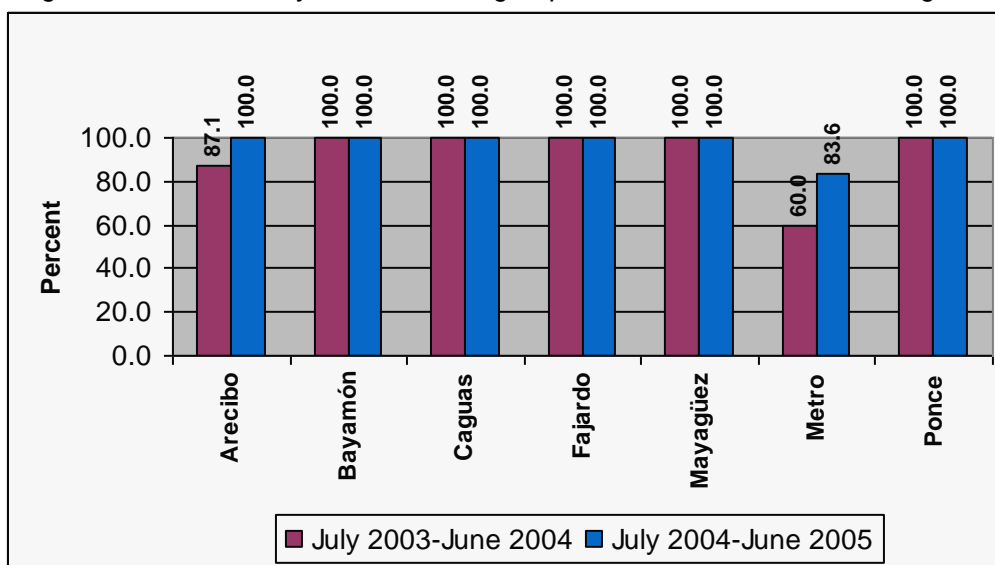
2. Compliance with §303.344(d) *Early Intervention Services*. (1)The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of the section. (Figure 9.3)

Findings of noncompliance July 2003-June 2004 = 2

Findings of noncompliance July 2004-June 2005 = 1

Findings where the timeline is not up yet = 1

**PERCENT OF IFSPs THAT INCLUDE THE SERVICES NECESSARY TO MEET THE IDENTIFIED NEEDS OF THE CHILD AND FAMILY**  
Figure 9.3 Sources: May 2005 Monitoring Reports & October 2005 Monitoring Data



2003-2004	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
EI Services	87.1% (n=27)	100.0% (n=34)	100.0% (n=31)	100.0% (n=28)	100.0% (n=33)	60.0% (n=18)	100.0% (n=35)
Total	31	34	31	28	33	30	35

2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
EI Services	100.0% (n=62)	100.0% (n=55)	100.0% (n=62)	100.0% (n=48)	100.0% (n=59)	83.6% (n=56)	100.0% (n=59)
Total	62	55	62	48	59	67	59



## SPP Template – Part C

Puerto Rico  
State

3. Compliance with §§ 303.12(b), 303.18, and 303.167 (c)(2). *Natural environments*. IFSP's contain, when necessary, a justification when an early intervention service is not provided in a natural environment. (Tables 9.1 and 9.2)

Findings of noncompliance July 2003-June 2004 = 5  
Findings of noncompliance July 2004-December 2004 = 5  
Findings where the timeline is not up yet = 5

### EARLY INTERVENTION SERVICES NOT PROVIDED IN A NATURAL ENVIRONMENT PERIOD: JULY 2003-JUNE 2004

Table 9.1. Source: May 2005 Monitoring Reports

Service Region	Early Intervention Service	Number of IFSPs	Justification
Arecibo	Audiology	1	No
Bayamón	Audiology	3	No
	Psychology	2	No
	Speech–Language	1	No
Caguas	Audiology	10	No
	Nutrition	2	No
	Psychology	1	No
Fajardo	N/A	N/A	N/A
Mayagüez	Psychology	3	No
Metro	Audiology	2	No
Ponce	N/A	N/A	N/A

### EARLY INTERVENTION SERVICES NOT PROVIDED IN A NATURAL ENVIRONMENT PERIOD: JULY 2004-DECEMBER 2004

Table 9.2 Source: 2005 Monitoring Data

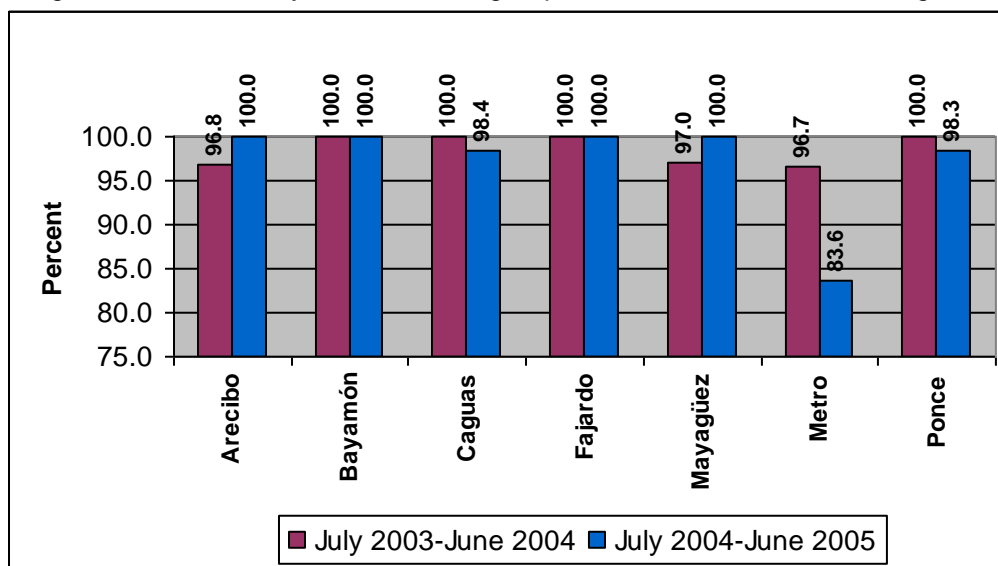
Service Region	Early Intervention Service	Number of IFSPs	Justification
Arecibo	Audiology	1	No
	Psychology	2	No
Bayamón	Audiology	4	No
Caguas	Audiology	8	No
	Nutrition	2	No
	Psychology	1	No
Fajardo	N/A	N/A	N/A
Mayagüez	Psychology	1	No
Metro	Audiology	3	No
	Occupational Therapy	2	Yes
Ponce	N/A	N/A	N/A

4. Compliance with §303.342(e) *Parental consent*. Written parental consent must be obtained prior to the provision of early intervention services described in the IFSP. (Figure 9.4)

Findings of noncompliance July 2003-June 2004 = 3  
 Findings of noncompliance July 2004-June 2005 = 3  
 Findings where the timeline is not up yet = 3

**PERCENT OF IFSPs THAT INCLUDE PARENTAL CONSENT FOR IFSP SERVICES**

Figure 9.4 Source: May 2005 Monitoring Reports & October 2005 Monitoring Data



2003-2004	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
Parental Consent	96.8% (n=30)	100.0% (n=34)	100.0% (n=31)	100.0% (n=28)	97.0% (n=32)	96.7% (n=29)	100.0% (n=35)
Total	31	34	31	28	33	30	35

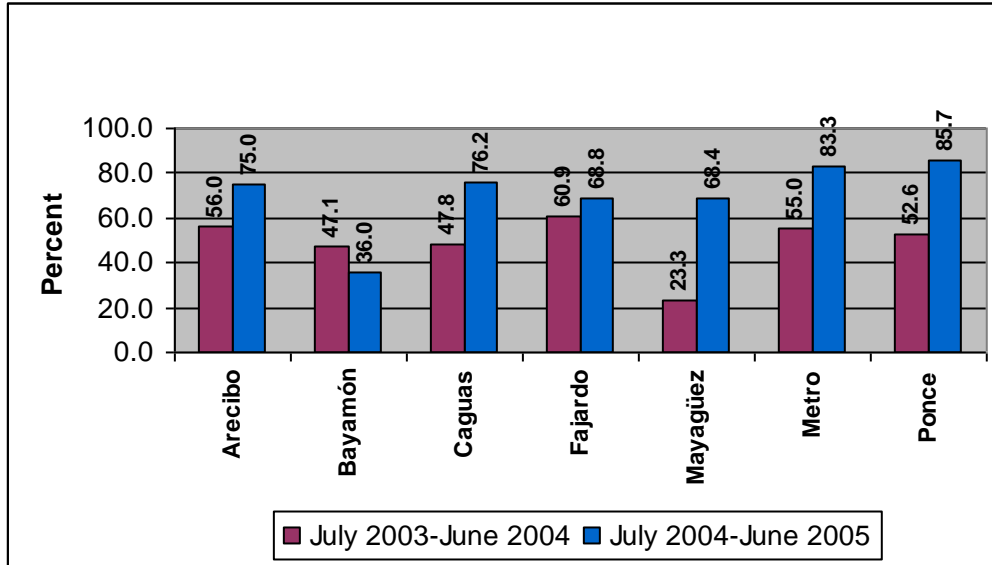
2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
Parental Consent	100.0% (n=62)	100.0% (n=55)	98.4% (n=61)	100.0% (n=48)	100.0% (n=59)	83.6% (n=56)	98.3% (n=58)
Total	62	55	62	48	59	67	59

5. Compliance with §303.342(b)(1) *Periodic Review*. A review of the IFSP for a child and the child’s family must be conducted every six months or more frequently, if conditions warrant or if the family requests such a review. (Figure 9.5)

Findings of noncompliance July 2003-June 2004 = 7  
 Findings of noncompliance July 2004-June 2007 = 7  
 Findings where the timeline is not up yet = 7

**PERCENT OF COMPLIANCE WITH PERIODIC REVIEW OF IFSPs**

Figure 9.5 Source: May 2005 Monitoring Reports & October 2005 Monitoring Data



2003-2004	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
IFSP Review	56.0% (n=14)	47.1% (n=8)	47.8% (n=11)	60.9% (n=14)	23.3% (n=7)	55.0% (n=11)	52.6% (n=10)
Total	25	17	23	23	30	20	19

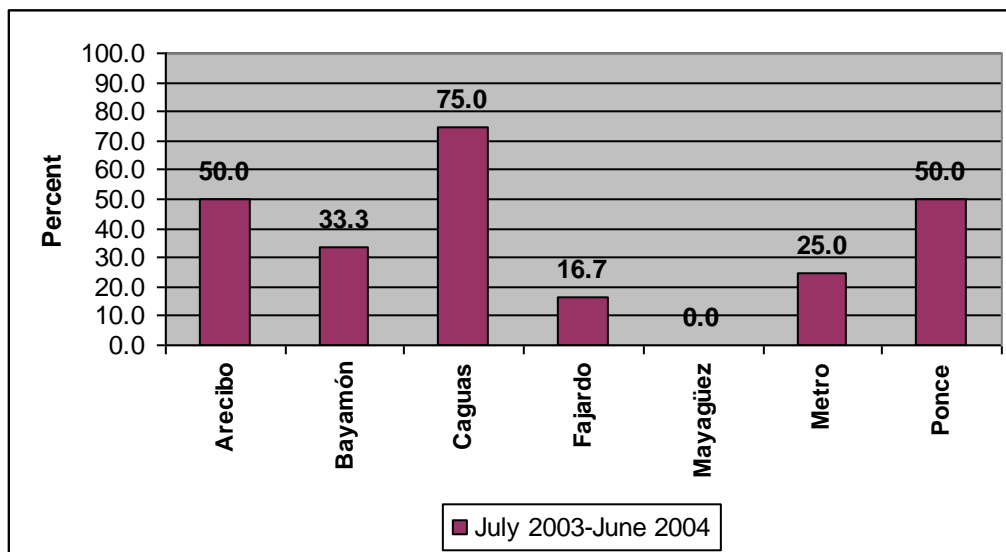
2004-2005	Arecibo	Bayamón	Caguas	Fajardo	Mayagüez	Metro	Ponce
IFSP Review	75.0% (n=21)	36.0% (n=9)	76.2% (n=16)	68.8% (n=11)	68.4% (n=13)	83.3% (n=5)	85.7% (n=18)
Total	28	25	21	16	19	6	21

6. Compliance with §303.342(c) *Annual meeting to evaluate the IFSP.* A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child’s family, and, as appropriate, to revise its provisions.

Findings of noncompliance = 7  
Findings where the timeline is not up yet = 7

**PERCENT OF COMPLIANCE WITH ANNUAL MEETING TO EVALUATE THE IFSP**

Figure 9.6 Source: May 2005 Monitoring Reports



Total findings July 2003-June 2004 = 35  
Total findings July 2004-December 2004 = 14  
Total findings July 2004-June 2005 = 11  
Findings where the timeline is not up yet = 32

Percent = # of corrections completed as soon as possible but in no case later than one year from identification / # of findings of noncompliance made related to such areas times 100

The percentage of the noncompliance corrected related to areas not included in the above monitoring priority areas cannot be determined since the deadline for correction has not been reached yet (May 2006).

**C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:**

**Written complaints with findings (Mayagüez Health Region)**

Noncompliance with Indicator 1: Timely early intervention services

**Mediation (Metro health region)**

Noncompliance with Indicator 8C: A transition conference occurs at least 90 days before the child’s third birthday.

**These findings of noncompliance areas are included in Section A.**

# SPP Template – Part C

Puerto Rico  
State

## Discussion of Baseline Data:

Puerto Rico baseline for the Federal Fiscal Year (FFY) 2004 can not be established as timeline for correction of findings of noncompliance is not due up yet.

Using the example provided in the 2005 OSEP Summer Institute presentation “Part C Compliance Indicators (100% Targets)”, including the number of findings where the timeline is not yet up in the numerator will yield 100% compliance for these indicators.

## Measurable and Rigorous Targets

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2006</b> (2006-2007)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2007</b> (2007-2008)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2008</b> (2008-2009)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2009</b> (2009-2010)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2010</b> (2010-2011)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2011</b> (2011-2012)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.
<b>2012</b> (2012-2013)	General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects <b>100%</b> of noncompliance as soon as possible but in no case later than one year from identification.

## Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Develop and implement procedures to impose effective sanctions for EIS providers and Pediatric Centers' Medical Directors and Administrators when noncompliance persist for	Ongoing	Part C Coordinator, Parts C stakeholders, Puerto Rico ICC, Technical Assistance Unit staff and APNI Project Coordinator,	To address noncompliance issues and prevent recurrences.

# SPP Template – Part C

Puerto Rico  
State

Activity	Timelines	Resources	Justification
more than one year after the EIS program was notified of the noncompliance.		SEERC	
Review general supervision procedures to identify and correct noncompliance in a timely manner.	Ongoing	Part C Coordinator Supervision and Monitoring Unit staff, SEERC	Assure compliance with compliance Indicators.
On-site visits and self-assessments quarterly for EIS programs identified in noncompliance and semiannual monitoring activities for EIS programs in compliance to verify the maintenance of 100% achieved.	Ongoing	SMU staff SPOEE supervisors Part C Coordinator	To assure identification and correction of noncompliance as soon as possible but in no case later than one year from identification.

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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:**

**This compliance indicator does not apply to Puerto Rico. Puerto Rico early intervention services system has not adopted Part B due process procedures.**

**Part C State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development: (Please refer to page 1)**

**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)(ii)) divided by (2.1) times 100.

**Overview of Issue/Description of System or Process:**

*Mediations*

In FFY 2003 APR, PRDH reported that, on September 30, 2003, a new agreement was signed with Office of the Ombudsman for Persons with Disabilities (OOPD), and OOPD was given the tasks of conducting mediations and due process hearings while PRDH was given the task of resolving formal complaints. PRDH reported that, from October 2003 through September 2004, two formal mediation requests, not related to a due process hearing request, were received by the OOPD. Both mediations resulted in agreements being executed.

**Baseline Data for FFY 2004 (2004-2005):**

*Data source*

Part C SPP 2005-2010 Attachment 1. For the July 2004-June 2005 reporting period (Attachment 1), one request for mediation was received by the OOPD. A mediation agreement was reached.

*Measurement*

**Percent = (0 mediation agreements related to due process + 1 mediation agreements not related to due process) divided 1 mediations X 100 = 100%**

**Discussion of Baseline Data:**

Puerto Rico baseline is **100.0%** for the Federal Fiscal Year (FFY) 2004.

**Measurable and Rigorous Target**

OSEP recommended targets for Indicator 13 shall not be established unless baseline data reflect a minimum threshold of 10 mediation requests. Targets will be set once threshold is reached. PRDH will continue monitoring OOPD quarterly regarding requests for mediations.

**Improvement Activities/Timelines/Resources (through FFY 2012):**

To be determined when data are available.



## Part C State Performance Plan (SPP) for 2005-2012

Overview of the State Performance Plan Development: (Please refer to page 1)

**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:**

*Collection and timely reporting of accurate data*

In FFY 2003 APR, PRDH reported on the combined sources of information that were used to ensure the accuracy of data required under §618 of IDEA. PRDH reported that supervisors took data from the electronic system, verified the data with the service coordinators to ensure the data were complete and accurate and, when necessary, checked the data against the IFSPs and service records. Administrators and/or medical directors of each RPC submitted personnel reports on the number and type of personnel employed and contracted. The data manager at the central office analyzed the data to identify any discrepancies or major changes from previous reports, and communicated any concerns to the reporting personnel to verify the requested information, and submit corrected data, when necessary.

**Baseline Data for FFY 2004 (2004-2005):**

*Measurement*

2004 -2005 Section 618 Part C data were submitted before due dates. Table 1 - "Report of infants and toddlers receiving early intervention services in accordance with Part C" was submitted on January 26, 2005 (Due date: February 1, 2005). Table 2- "Report of program settings where early intervention services are provided to infants and toddlers with disabilities and their families in accordance with Part C"; Table 3- "Report of infants and toddlers exiting Part C"; Table 4 – "Report of early intervention services on IFSPs provided to infants and toddlers with disabilities and their families in accordance with Part C"; and Table 5 - "Number and type of personnel employed and contracted to provide early intervention services infants and toddlers with disabilities and their families" were submitted on June 20, 2005 (Due date: November 1, 2005).

FFY 2003 Annual Performance Report was submitted on June 15, 2005. OSEP's response to Puerto Rico FFY 2002 APR dated February 8, 2005, established April 30, 2005 as the due date for the submission of Puerto Rico FFY 2003 APR. On April 21, 2005, an extension to the due date for submission of the FFY 2003 APR from April 30, 2005 to June 15, 2005 was requested and granted by OSEP.

# SPP Template – Part C

Puerto Rico  
State

## Discussion of Baseline Data:

Puerto Rico baseline is **100%** for FFY 2004-2005.

Puerto Rico submitted all Section 618 data timely. Although the FFY 2003 APR was submitted on June 15, 2005, because an extension was officially granted by OSEP, its submission was considered timely as informed by OSEP.

## Measurable and Rigorous Targets

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2006</b> (2006-2007)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2007</b> (2007-2008)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2008</b> (2008-2009)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2009</b> (2009-2010)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2010</b> (2010-2011)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2011</b> (2011-2012)	<b>100%</b> of Puerto Rico reported data are timely and accurate
<b>2012</b> (2012-2013)	<b>100%</b> of Puerto Rico reported data are timely and accurate

## Improvement Activities/Timelines/Resources (through FFY 2012):

Activity	Timelines	Resources	Justification
Continue monitoring of the data collection to assure consistency and data reliability.	Ongoing	Part C EIS providers, NECTAC, SERRC and the ECO Center	Increase capacity of programs and Part C program overall to collect quality data.

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Activity	Timelines	Resources	Justification
<p>On-site visits and self-assessments for each health region at least annually to revise records and ensure data needed for the APRs and other OSEP reporting requirements is accurate and timely to ensure compliance with submission due dates.</p>	<p>Ongoing</p>	<p>Supervision and Monitoring Unit staff Avanzando Juntos Data Manager SPOEE supervisors Part C staff</p>	<p>Continue data collection for accountability and reporting purposes.</p>



# SPP Template – Part C

Puerto Rico  
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## Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for **(2012)**

Indicators	Activity	Timelines	Resources	Justification
1,7,8,9	If timeliness or compliance for Indicators 1, 7,8 and 9 is not achieved, rigorous monitoring actions will be implemented including requiring improvement plans for providers or coordinators out of compliance.	Ongoing	Part C Evaluator; Part C Coordinator; SERRC	Need to enforce the 100% compliance of Indicators 1, 7, 8 and 9.
	Provide ongoing training, technical assistance, periodic consultation, regular meetings and phone calls.		Part C Evaluator; Part C Coordinator	For the prompt identification of noncompliance.
	On-site visits and self-assessments quarterly for EIS programs identified in noncompliance and semi-annual monitoring activities for EIS programs in compliance to verify the maintenance of 100% achieved.		Part C Evaluator	To assure identification and correction of noncompliance as soon as possible but in no case later than one year from identification.
2	Provide ongoing training in the settings categories (Table 2 Child Count) Part C; provide orientation to the service coordinators about documentation of any justifications for not providing a particular early intervention services in the natural environment must be made by the IFSP team and based on the child outcome identified by the IFSP team.	Ongoing	Part C Evaluator; Part C Coordinator	Assure services in the natural environments.
3	Develop manual of policies and procedures for Child Outcomes Measurement System.	May 2013- August 2013	Part C Evaluator; Part C Coordinator; PR COSF Expert	To assurance valid, reliable and quality data.
	Provide training to providers on COS form with an embedded decision tree to support consistency in ratings.		Part C Evaluator; Part C Coordinator; PR COSF Expert	To increase the data quality in COS ratings for progress reporting.
	Add language to provider's contract to assurance that an exit COS form is completed for every child exiting Part C before age 3 and served at least six months.		Part C Evaluator; Part C Coordinator; PR COSF Expert	To reduce missing data and increasing data quality.

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Indicators	Activity	Timelines	Resources	Justification
4	Train intake/service coordinators on: providing information from eligibility to transition or exit from the program to families regarding the outcomes in Indicator 4; the importance in obtain the family input regarding outcomes in Indicator 4.	Ongoing	Part C Evaluator; Part C Coordinator	Need to focus on building knowledge of service providers, intake coordinators and service coordinators to assist families.
	Monitoring the number and proportion of surveys completed quarterly and follow up.	Ongoing	Part C Evaluator	To increase the number of completed family surveys.
5	Revise the established criteria and procedures for eligibility determination of infants under age one at all EIS programs.	Ongoing	Part C Evaluator; Part C Coordinator; SERRC	Assure that the criteria and procedures for eligibility determination are being used.
14	Continue monitoring of the data collection to assure consistency and data reliability.	Ongoing	Part C Coordinator and Evaluator, NECTAC, SERRC and the ECO Center	Increase capacity of programs and Part C program overall to collect quality data.