

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on  
FFY 2020**

**Puerto Rico**



**PART C DUE  
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The Puerto Rico Early Intervention Program – Avanzando Juntos resides within the Maternal, Child and Adolescent Health Division of the Department of Health. The State Office Team is comprised of the Part C Coordinator, a Program Evaluator, Data Manager, Child Development Consultant, and a Family Liaison. There are seven regional programs led by regional supervisors in which early intervention services are provided island-wide. The Program's technical assistance system is led by the Child Development Consultant who also works closely with the Supervision and Monitoring Unit (SMU). TA activities are coordinated based on collected data and needs identified through monitoring activities. Direct consultations from the service providers and discussions in monthly meetings with the regional supervisors are also methods to identify areas for technical assistance. Information from the TA Centers is also used, distributed, and discussed to ensure the timely delivery of high-quality, support to our regional programs. As required, the PREIP has a professional development system, also led by the Child Development Consultant. For this component, the UPR UCEDD is our academic/scientific partner and collaborates as requested by the Program. Regular meetings are scheduled with the SICC, in which the PREIP State Office Team discusses important information to design strategies for improvement of the system's capacity for the implementation of the evidence-based practice and of child outcomes. Targets for FFY 2020-FFY 2025 were discussed and selected with this group that brings together the most important EIP stakeholders after a thorough data analysis carried out by the SMU. Currently, the Program shares important information to stakeholders and the general community by the means of the webpage of the Department of Health.

The COVID-19 pandemic has impacted the jurisdiction in various ways. For example, the provider shortage that the Program has noted as a need before has worsened. During the pandemic, the Program has seen a reduction in the number of providers, although it has also seen a decrease in the child count when compared to the year 2019. This was due to a decrease in referrals as a consequence of the lockdown. The constant provider turnover impacts the quality of data, as the personnel of the regional program has to collect COS data with often incomplete information on the children's records. Also, new service providers had to be quickly trained and COS training may not be as accurate as intended. In PR, the private corporations have the duty of training new personnel to comply with our policies and procedures, whenever the State Office is not offering new training sessions. Nevertheless, the SMU has always had systems in place to ensure data quality such as reviewing the data and asking regional programs for additional information to justify COS ratings that were identified as having quality issues or to correct the data.

Despite the challenges, the PREIP had its achievements. First, 100% of COSF data was collected. Also, the program met the targets on indicators 1, 2, 3B and 3C, 5, 6, 7, and 8A and 8C. Regional personnel and service providers actively continued to support families through these difficult times and proved genuine adaptation capacities when the Program had to shift to virtual services only. As stated in FFY 2019, this was done in a short amount of time while in lockdown in order to guarantee the provision of services. Currently, EI services are provided both virtually and in-person, depending on the modality the family prefers. Puerto Rico met indicators 5 and 6 targets due to the program's census data analysis that led to asking OSEP for approval to set targets below the baselines. The island's population has a continuous decreasing trend that started a decade ago. Nevertheless, child find strategies have started to be implemented in order to strengthen this component.

Puerto Rico also met the target for its SiMR. Targets for the SiMR were discussed with the SICC after the SMU presented relevant data to help make an appropriate decision. Also, the system's capacity for implementing infrastructure activities and evidence-based practices, and progress towards the SiMR, was fundamental in these discussions. The SICC and the PREIP decided that the jurisdiction needed to maintain its focus area in order to continue implementing activities that lead to an improvement in child outcomes, specifically our SiMR.

#### Additional information related to data collection and reporting

#### General Supervision System

##### The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Puerto Rico Early Intervention Program – Avanzando Juntos has a single line of authority for general administration and supervision, the identification and coordination of resources, the development of procedures to ensure that services are provided on time, for monitoring activities, and the overall implementation of the minimum components required under IDEA Part C. The lead agency for PREIP is the Department of Health (PRDoH). The Program is located under the Maternal, Child and Adolescent Health Division and has seven regional offices island-wide within the seven health regions that comprise the Department. The State Office includes the Part C Coordinator, the Program Evaluator, the Data Manager, a Child Development Consultant, and a Family Liaison. The Coordinator is responsible for overseeing all the program's activities to ensure that early intervention services are being provided—as required by the regulations—to infants and toddlers with developmental delays that are determined eligible. The accountability of the Program and the identification of resources are also the Coordinator's responsibilities. The Program Evaluator designs and implements data collection methods and leads the monitoring and evaluation activities conducted in all regional programs. The Data Manager works alongside the Evaluator, collecting data from those regional programs and ensuring that these are precise and reliable to complete all mandatory reports and also, to help guide the Program's data-driven decision-making processes. The Child Development Advisor who is a developmental pediatrician ensures continuous support to service providers and shares his expertise in the implementation of routine-based strategies, and other evidence-based practices and models as appropriate. The Family Liaison, the newest member of the State Office Team, has the responsibility of leading the family engagement activities and strategies as designed, as this is one of the action strands of the State Systemic Improvement Plan (SSIP).

Within the State Office is the Supervision and Monitoring Unit (SMU) comprised of the Evaluator and Data Manager. The SMU schedules regular visits to the regional programs where technical assistance and monitoring activities are carried out. It also provides continuous support to regional programs around data collection and evaluation activities, program procedures, and other programmatic areas as needed. The monitoring activities include record review and analysis, guidance to the personnel based on monitoring results, and data analysis from other reports submitted to the SMU regularly. A data submission calendar is developed and shared with regional programs to ensure timely data submission, a component that is evaluated to issue local regional determinations. Monitoring activities to gather APR data occur once a year between August and September, after the fiscal year that is being evaluated ends. These are SMU on-site visits in which a random sample of records is selected for review. If events of non-compliance are detected, the Program Evaluator and Data Manager explain the reasons the SMU will issue a finding of non-compliance for and provide a set of recommendations to improve performance. This allows Supervisors to design and implement strategies to ensure compliance. Regular submission of COS and family

outcomes data are also evaluated, and the SMU regularly engages in data quality activities to ensure that the data are valid and reliable. Collection of dispute resolutions data is also included in the monitoring activities led by the SMU to ensure compliance with Part C due processes.

Each of the seven (7) regional programs is led by a Regional Supervisor who is responsible for the intake and Service Coordinators' supervision. The Regional Supervisor also facilitates the implementation of strategies to support children with disabilities and their families to improve their outcomes by overseeing all the regional program's activities, including data collection as designed by the Evaluator and reporting back to the state office.

#### **Technical Assistance System:**

##### **The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

The mechanisms implemented by the Puerto Rico Early Intervention Program to ensure the timely delivery of high-quality, evidence-based technical assistance and support to our regional programs are led by the SMU and the Child Development Consultant, who is a Pediatrician who specializes in developmental pediatrics. The Consultant works closely with the SMU to address identified needs related to early intervention service provision strategies, development of functional outcomes in the IFSP, eligibility determination and assessment, as well as child outcomes data. He has an extensive background in child development, has knowledge of the IDEA norms, procedures and regulations, the Early Childhood Technical Assistance (ECTA) guidelines, DEC best practices, and child outcomes measurement. Concurrently, the SMU—with the wide knowledge in IDEA regulations, data collection methods and analysis, monitoring and evaluation activities, and DoH system procedures—identifies and addresses needs continuously to provide support to the regional programs. By providing the needed support, the State Office helps the programs have the tools needed to support families to support their children. The Consultant and SMU are continuously available to address personnel concerns via telephone, email, or the development of educational material for their convenience. Training sessions are also designed and implemented to address more specific personnel questions and needs, and for strengthening the Comprehensive System of Personnel Development (CSPD). Personnel needs are identified either through monthly meetings with the Regional Supervisors, on-site monitoring activities, data collection, and analysis or other consultations that are made to the State Office.

Tools developed by the Early Childhood Technical Assistance Center (ECTA), the Center for Early Childhood Data Systems (DaSy), and information made available by OSEP are also included in the TA system, as the State Office distributes, shares, and discusses important topics as needed. Periodic conference calls with technical assistance personnel from some of the TA centers are scheduled to discuss the implementation of strategies to improve results, and ensure continued support and high-quality early intervention services. New strategies to strengthen this system have been thought out by the State Office as needs continue to be identified. As the pandemic hit in 2020, the support to regional personnel had to be more robust, so weekly meetings with the Supervisors were conducted. These had the purpose of designing the system to provide virtual early intervention services. The Teleinterventions Protocol for Early Intervention Services was developed as information was made available by OSEP and the TA Centers. The Regional Supervisors were the backbone of the implementation of the protocol as they had the duty of training Service Coordinators and other regional personnel on the new modality. Feedback from the regions was collected to modify and improve the TA system, as well as all services within the Program. In 2021, the personnel became more familiarized with the modality and new information on the pandemic was becoming increasingly available, thus weekly meetings began to be conducted on a monthly basis. With the personnel's feedback, a new protocol for in-person services while in the COVID-19 pandemic was also developed. This protocol guaranteed security measures were implemented while providing in-person services following DoH recommendations and complying with Executive Orders that are regularly issued. The State Office has always been available to provide continuous support to the personnel, whether it be directly from the SMU, Consultant or through TA resources such as the academia.

Another resource that is often included in the PREIP TA System is The Institute for Developmental Delays in the University of Puerto Rico, Medical Sciences Campus (PRUCEDD). The PRUCEDD frequently collaborates with the PREIP and provides training as solicited.

#### **Professional Development System:**

##### **The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The Child Development Consultant is the person within the State Office who is in charge of training service providers on topics regarding the delivery of services in natural environments to improve results for infants and toddlers with developmental delay and their families. Training is usually provided on-site in each EI regional Program or at the State Office. During FFY 2020, training sessions or colloquiums were conducted virtually. Regional Supervisors meet monthly with the Part C Coordinator to discuss providers' performance in natural environments, COS ratings, and other relevant topics. These meetings inform the design and implementation of new strategies and technical assistance meetings in order to improve those areas. The Consultant is in charge of gathering their input and coordinating meetings to provide technical assistance and continuous training to ensure that providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families. As part of the State Systemic Improvement Plan, PR EIP established and has maintained an agreement with the University of Puerto Rico UCEDD/LEND Program to serve as the early intervention system scientific partner. With this collaboration, the system personnel will receive the latest information and in-service training in evidence-based practices that can be translated into strategies to ensure high-quality services. The PRUCEDD is responsible for providing the training regarding the new eligibility and assessment tool that is intended to be implemented during the year 2022. The training was designed to introduce the personnel to the new tool, explain the eligibility determinations, assessment process, and how to incorporate it in the routines-based model. These sessions also include training on coaching, which is the selected evidence-based practice. In FFY 2019, the PREIP began discussions to change the tool used in eligibility determination evaluations. The PRUCEDD submitted a proposal to the Program and was on its way to being accepted when a lockdown was announced on March 15th, 2020 due to the COVID-19 pandemic. As everything in the territory shut down and the staff was teleworking, these efforts were delayed. Soon after people began to return to the offices, the process of reviewing and accepting the proposal resumed, and was accepted. Training sessions started in September 2021.

Some of the activities led by the Consultant include continuous availability to address personnel concerns via telephone, email and the development of educational material for their convenience. Training sessions are also designed and implemented to address more specific personnel questions and needs, and for strengthening the Comprehensive System of Personnel Development (CSPD). Personnel needs are identified either through monthly meetings with the Regional Supervisors, on-site monitoring activities, data collection and analysis, or other consultations that are made to the State Office.

Tools developed by ECTA, the Center for Early Childhood Data Systems (DaSy), and information made available by OSEP are also included in the Professional Development System, as the State Office distributes, shares, and discusses important topics as needed.

#### **Broad Stakeholder Input:**

##### **The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).**

The Puerto Rico State Interagency Coordination Council (PRSIICC) is the group that brings together the main PREIP stakeholders. The group is composed of representatives of the Developmental Delays Institute (UPR UCEDD/LEND), the Families and Children's Affairs Administration, the Association of Parents of Children with Disabilities (APNI), the Health Services Administration, the Mental Health Services Administration, the Health Insurance Commissioner, Centro Margarita (Service Community-Based Organization), NY Foundling, the Office of the Ombudsman for Persons with Disabilities, SER de Puerto Rico (Service Community-Based Organization), Medicaid, the Department of Education, and the Army Educational & Developmental Intervention Services (EDIS). It is important to note that in FFY 2019 some positions became vacant. The PREIP will recruit new members to ensure a broad representation of the stakeholders. During FFY 2020-2021, the SICCC worked together in 4 meetings to provide input on issues regarding personnel development, SSIP, compliance with IDEA requirements, and to discuss data to select targets for compliance and results indicators for FFY 2020-2025. The SICCC held its first FFY 2020 meeting on September 11th, 2020. Discussions held during the meeting aimed at knowing how the program transitioned from in-person visits in natural environments to virtual teleinterventions, how families were coping and how the personnel was adjusting to the new modality. The objective was to identify areas for improvement and provide input on new and existing strategies. The next ICC meeting was held on November 30th. During this work session, the group started conversations on the program's historic data and performance, the state-identified measurable result (SiMR), and activities held around the evidence-based practice selected by the state. The State Office presented preliminary indicator data to start conversations regarding target selection. A third meeting was held on January 26th, 2021, with the objective of presenting and gathering input on the SPP/APR. We also took the time of discussing more data around the SiMR and decide if the state would change its focus and work around the result. It will be further discussed that PR chose to continue working on improving child outcomes by focusing on the same SiMR. The fourth meeting was held on June 22nd, 2021. This meeting had the purpose of discussing the status of the program regarding in-person and virtual visits, presenting updated indicator 3 data that would help the group continue discussions around target setting, and discussing identified needs in the system that would be addressed with the American Rescue Plan Act (ARP Funds). The ICC had two (2) additional meetings in 2021 (FFY 2021) that centered around choosing the targets for all indicators that need target selection. All conversations held with the ICC are centered on data collected by the SMU, scientific literature, and the group's experience, so the decision-making process of the Program is widely informed. Another meeting was held on April 2022 to discuss new data and context around indicators 5 and 6 targets and baselines. New data, information, and scenarios were presented by the State Office to reach new agreements.

The SICCC also provides feedback about the State Determination issued by OSEP and discusses recommendations for new strategies to improve all Programs' areas as needed.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

NO

**Number of Parent Members:**

4

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Puerto Rico has had challenges over the past years to have active parent members in the SICCC. In FFY 2015 4 parent members were designated and appointed but there were challenges for them to actively participate. With the change in leadership, and fewer personnel in the State Office, ICC meetings got delayed. When they resumed, multiple attempts of contact were done with no success. As it has been mentioned, Puerto Rico has had several events that have been barriers to implementing various activities such as having parent active participation in the ICC. This need has been identified by the jurisdiction and continues to be included in the PREIP's logic model and evaluation plan as part of the family engagement action strand. Puerto Rico intends to recruit new parent members with the assistance of APNI (PTIC), Family Liaison, and regional teams. Nevertheless, in order to collect data about families regarding early intervention services, the SMU developed a survey to collect data about virtual services. This was distributed by the services coordinators in a Google Form format. These data allowed the Program to draw conclusions regarding family satisfaction and concerns to work towards meeting, to the best of our capacity, the families' needs.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

Although parent members are appointed to the SICCC, the PREIP has encountered difficulties to enhance their participation. As the Program has identified this need, it has been established as a priority to recruit other parent members that can support the implementation of activities to improve child outcomes. The Family Liaison in collaboration with regional supervisors will be asked to identify diverse groups of parents to become an ICC member. It is expected that the PTIC can collaborate with this activity as well, as communication and collaboration with the entity have strengthened. Additionally, the training for the implementation of the new eligibility and assessment tool has sessions designed to present the new process to families so they can provide their input. Their participation will allow the Program to implement this new process taking into consideration the families' views and concerns. This is fundamental to maintaining a family-centered system of services.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The ICC met regularly during FFY 2020 for analyzing data, selection of targets, and supporting the program through the decision-making process. At each meeting, the ICC agrees on the date and time of the next meeting. At least two weeks prior to the meeting the ICC membership is sent a friendly reminder of the meeting. Minutes, agendas, and presentations are distributed prior to the meeting as well to help stakeholders engage in the conversations.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

All results from the discussions addressing data analysis, target setting, implementation of strategies, and evaluation are made available through the sharing of presentations, data sets if necessary, meeting agendas, and minutes to the SICCC members. Other reports, such as the APR, public reporting, and the grant application are published as required, on the Department of Health website. This site is available to the general community and allows for other agencies and entities to have data available. This also allows for collaborations with these programs. All information is published as soon as possible within the required timelines.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

As required, the PREIP makes publicly available all data and information regarding all regional Early Intervention Program's performance in all compliance and results indicators. The FFY 2019 APR and the Public Reporting can be found using the link below:

<https://www.salud.gov.pr/CMS/DOWNLOAD/5634>

### **Intro - Prior FFY Required Actions**

OSEP notes that one or more of the Indicator 11 attachments included in Puerto Rico's FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, Puerto Rico must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

### **Response to actions required in FFY 2019 SPP/APR**

### **Intro - OSEP Response**

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

### Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

### 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, including the reasons for delays.

### Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	80.50%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.46%	100.00%	97.81%	93.94%	98.48%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
199	220	98.48%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

21

**Provide reasons for delay, if applicable.**

All instances of delay identified are attributable to exceptional family circumstances, such as the child was ill or the family forgot the appointment with the provider.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

Puerto Rico's criterion to consider that early intervention services were delivered on time is that the period from parent consent at the IFSP meeting to the date of service provision is 30 days or less. During monitoring and data collection activities, the Supervision and Monitoring Unit (SMU) randomly selects records to be reviewed, and specifically, the IFSP date and the date of service provision in the service provider's progress notes are taken into account. This includes the initial IFSP and subsequent revisions. If there is a case where services were provided after the 30-day timeline, the program evaluator will then look for the reasons of delay provided by the service coordinator and service provider(s), to further classify the events of non-compliance as exceptional family circumstances or of program-related causes.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The PREIP does not sample the regional programs for monitoring activities; all programs are included in data collection and monitoring activities all year round. The SMU selects a random sample of records from all regional programs as the source of data for this indicator. The SMU selected the records for the evaluation of Indicator 1 according to the date of the IFSP meeting. The inclusion criterion was that the IFSP had to be developed between July 1st, 2020, and June 30th, 2021. SPP/APR data collection activities are conducted every year from August to September after the fiscal year ends. The SMU uses the child count data regional programs submit to the state office to produce a list of records that fall within the inclusion criterion for this indicator. Based on the population, the random sample size is calculated using the web-based tool, OpenEpi and, a list of random numbers is created using the random numbers module of the same tool. Records are chosen matching the number from the list of the random numbers to the record number from the child count report. For all regional programs, data were collected through on-site monitoring activities conducted by the SMU, explaining all the processes and their importance to the regional supervisors as a significant process of education and corrective actions that take place. Non-compliance events are also shared and explained to the supervisor. After the on-site data collection is completed, the SMU performs the analysis and, if necessary, phone calls with the regional supervisors are scheduled with the purpose of asking for additional information. Documented exceptional family circumstances that prevented the timely provision of services are included in the numerator and denominator to calculate the data.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Regional supervisors are responsible for implementing strategies to avoid delays in service delivery. For the current reporting period, after Puerto Rico received its determination letter, the SMU developed local determination letters that informed the regional programs of the findings of non-compliance identified in monitoring activities. When findings of non-compliance were identified, the SMU requested the regional programs to develop a Corrective Action Plan (CAP) in which the details of the findings, strategies to be implemented, the expectations from the regional program regarding implementation of the regulatory requirements, the resources, and the timeline to completion are included. These are also topics of discussions held in the supervisor's monthly meetings and other direct technical assistance activities.

We reviewed updated data by convenience sampling during subsequent on-site monitoring activities in order to ensure that the regional programs are correctly implementing the regulatory requirements related to timely service delivery. These activities were conducted only on the centers that had findings of non-compliance during the previous year. When the SMU found no further findings of non-compliance, the SMU concluded that the program is correctly implementing the regulatory requirements. When findings of non-compliance persisted, the SMU scheduled follow-up visits to review more records and provided technical assistance to the regional supervisor and other personnel.

During FFY 2019, the SMU identified four (4) findings of non-compliance in four regional programs, Arecibo, Fajardo, Mayaguez, and Ponce. The state office reviewed updated data on all regional programs that had non-compliance, and that review reflected no additional findings of non-compliance. Therefore, based on that review, the state concluded that it achieved 100% compliance with the regulatory requirements.

As observed, Puerto Rico is reporting 100% compliance on this indicator.

**Describe how the State verified that each individual case of noncompliance was corrected.**

These individual cases were thoroughly discussed with the supervisors of the regional programs that were the source of non-compliance and were included in the regional determinations. The regional supervisors implemented or strengthened strategies in order to ensure timely service provision. The SMU verified through record review in on-site monitoring activities, that all 4 findings of non-compliance reported in FFY 2019 were corrected within one year. Although services began later than 30 days after the IFSP was developed, all children previously identified received the services stipulated in the IFSP, and thus these cases are classified as corrected.

In the Arecibo Program, the date of service provision was mistakenly selected to be 31 days after the parents' consent the day the IFSP was developed. Therefore, the service was provided after the 30-day deadline with no documented exceptional family circumstances. On the other hand, the Fajardo regional program was affected by a delay in the process of contracting the private corporations of service providers with the Department of Health. As a result, a case of non-compliance was identified where the service was provided 51 days after the IFSP was developed. Another case of non-compliance was identified in the Mayagüez regional program where the service was provided 48 days after the IFSP meeting. The service provider who had the case assigned resigned, which caused the delay in service provision. The 4th case of non-compliance was identified in the Ponce regional program, where the service provider canceled the visit due to personal circumstances. The visit was later rescheduled but the service was provided 34 days after the parents' consent.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

**1 - Prior FFY Required Actions**

Because Puerto Rico reported less than 100% compliance for FFY 2019, Puerto Rico must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, Puerto Rico must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, Puerto Rico must describe the specific actions that were taken to verify the correction.

If Puerto Rico did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why Puerto Rico did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**1 - OSEP Response**

**1 - Required Actions**



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

#### 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.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.70%

FFY	2015	2016	2017	2018	2019
Target>=	99.82%	99.82%	99.83%	99.83%	99.85%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	99.85%	99.86%	99.86%	99.87%	99.87%	99.88%

### Targets: Description of Stakeholder Input

The PREIP presented historical child count data to the ICC to select the targets of this indicator. Puerto Rico has met its targets for over 7 years. Furthermore, it has reported 100% during that time. Although this has been historically the case, the ICC and the EIP leadership decided to select targets close to the targets established in the previous set of fiscal years.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,577
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	1,577

### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,577	1,577	100.00%	99.85%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** 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 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source.

#### 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:

**Summary Statement 1:** Of those infants and toddlers who entered 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.

#### Instructions

*Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

### 3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

#### Targets: Description of Stakeholder Input

The SICC and the EIP State Office Team had various discussions around indicator 3, historic data and performance, data quality, data collection and analysis procedures to select the targets. Given that discussions regarding data may be difficult for people, the SMU decided to present the Program's data using different graphs, such as pie and bar charts, as well as tables to summarize data and lead the discussions. The SMU presented historic data and other data from various reports, such as national average data on the indicators. These data were presented in scenarios so that ICC members could contrast, compare, analyze and conclude the best scenarios for Puerto Rico. All scenarios represented different targets to choose from. Members expressed their opinion and knowledge around the scenarios, taking into account the current reality. They also considered past events that PR has gone through, such as hurricanes and earthquakes, besides the current pandemic. They also discussed different elements that have an impact on child development, results improvement, data collection and analysis procedures, implementation of the evidence-based practice and service coordination and provision. Some of these elements are the level of poverty, and the external events as those already mentioned.

#### Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2011	Target>=	43.81%	43.82%	43.83%	43.84%	58.60%
A1	39.40%	Data	63.83%	67.11%	58.49%	58.59%	51.88%
A2	2011	Target>=	57.01%	57.02%	57.03%	57.04%	84.21%
A2	53.90%	Data	82.64%	85.14%	81.70%	84.31%	83.06%
B1	2011	Target>=	46.65%	46.66%	46.67%	46.68%	71.56%
B1	32.50%	Data	73.53%	76.03%	72.74%	71.55%	67.71%
B2	2011	Target>=	34.70%	34.71%	34.72%	34.73%	53.46%
B2	18.70%	Data	56.01%	56.04%	52.38%	53.45%	49.85%
C1	2011	Target>=	38.04%	38.05%	38.06%	38.07%	56.98%
C1	28.30%	Data	61.18%	63.54%	56.12%	56.98%	52.44%
C2	2011	Target>=	51.37%	51.38%	51.39%	51.40%	77.82%
C2	43.90%	Data	77.94%	80.75%	76.62%	77.81%	76.69%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	43.85%	43.86%	43.87%	43.88%	43.89%	43.90%
Target A2>=	57.05%	57.06%	57.07%	57.08%	57.09%	57.10%
Target B1>=	46.69%	46.70%	46.71%	46.72%	46.73%	46.74%
Target B2>=	34.74%	34.75%	34.76%	34.77%	34.78%	34.79%
Target C1>=	38.08%	38.09%	38.10%	38.11%	38.12%	38.13%
Target C2>=	51.41%	51.42%	51.43%	51.44%	51.45%	51.46%

#### FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

2,133

#### Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	43	2.02%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	385	18.05%

Outcome A Progress Category	Number of children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	88	4.13%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	236	11.06%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,381	64.74%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. 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	324	752	51.88%	43.85%	43.09%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,617	2,133	83.06%	57.05%	75.81%	Met target	No Slippage

**Provide reasons for A1 slippage, if applicable**

Puerto Rico selected the target for this indicator reviewing historical data, previous targets, and other relevant information regarding the context of Puerto Rico and social determinants that affect child development. The SMU also projected FFY 2020 data for more accurate selection. Nevertheless, the jurisdiction did not meet the target proposed for this indicator. Since 2014, Puerto Rico has had a 66% decrease in the number of professionals that directly work with the social-emotional development of infants and toddlers such as psychologists. This poses a challenge, not only in providing services regarding this developmental area but for accurate identification if a child is missing milestones. Only 2% of children in PR are determined eligible because of developmental delay in positive social-emotional skills. Some of the strategies to work towards reaching our target for this indicator are the implementation of coaching as evidenced-based practices in which the Program will identify coach/coaches for this area. Also, training sessions focused on child development will continue to be provided to all service coordinators and providers, including training in collaboration with the Children with Special Healthcare Needs Division in identification and best practices for serving children with autism in natural environments, expected to be provided in FFY 2021.

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	32	1.50%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	782	36.66%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	429	20.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	721	33.80%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	169	7.92%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited 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	1,150	1,964	67.71%	46.69%	58.55%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they	890	2,133	49.85%	34.74%	41.73%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
turned 3 years of age or exited the program							

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	45	2.11%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	504	23.63%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	100	4.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	327	15.33%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,157	54.24%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited 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	427	976	52.44%	38.08%	43.75%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,484	2,133	76.69%	51.41%	69.57%	Met target	No Slippage

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.**

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	2,133
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	409

Sampling Question	Yes / No
Was sampling used?	NO

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

All seven (7) local programs in Puerto Rico gather the data through the Child Outcomes Summary Form (COSF). It is filled out the day the initial eligibility for Part C services is determined, at the annual determination and at the time of exit. The data collected are also transferred to an Excel sheet designed by the Supervision and Monitoring Unit (SMU). This sheet is sent monthly to the SMU, in which infants and toddlers that exited the Program the month prior the sheet submission, are included. If needed, local programs may review records and/or ask service providers for more information to ensure the data reported are accurate. The SMU makes sure the data are gathered and contacts the local programs if further clarifications are needed. At the time of analysis, the ECTA Center COSF Calculator is used as a guidance for data quality and for correcting data issues that were not assessed during the year. The SMU also consolidates the annual regional information into Puerto Rico's report to use it as the indicator 3 data.

The Puerto Rico EIP calculates the number of children exiting Part C also using the COS Calculator. The 6-month period is measured using the date of initial COSF and the exit date. Since the SMU collected 100% of the COS data, 409 is the number of children who did not receive services for at least 6 months, of those who were reported in COS data.

**Provide additional information about this indicator (optional).**

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** 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 U.S.C. 1416(a)(3)(A) and 1442)

#### Data Source

State selected data source. State must describe the data source in the SPP/APR.

#### 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.

#### Instructions

*Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2006	Target>=	90.48%	90.49%	90.50%	94.51%	97.45%
A	60.00%	Data	96.96%	96.37%	96.54%	97.44%	89.75%
B	2006	Target>=	89.08%	89.09%	89.10%	89.11%	97.19%
B	57.00%	Data	96.59%	96.12%	95.91%	97.18%	89.04%
C	2006	Target>=	94.41%	94.42%	94.43%	94.44%	98.60%



C	79.00 %	Data	98.42%	98.00%	98.90%	98.59%	93.96%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A>=	88.00%	88.01%	88.02%	88.03%	88.04%	88.05%
Target B>=	89.00%	89.01%	89.02%	89.03%	89.04%	89.05%
Target C>=	91.00%	91.01%	91.02%	91.03%	91.04%	91.05%

**Targets: Description of Stakeholder Input**

To establish targets for indicators 4a, 4b, and 4c, the PREIP reviewed and analyzed data trends in family outcomes over the years. FFY 2019 data showed historically low percentages. In FFY 2019, Puerto Rico suffered a series of earthquakes prior to the lockdown imposed due to the COVID-19 pandemic. These events meant that the program had to accommodate to the emerging necessities. The SMU used Google Forms as a method to collect the family outcomes data while services were provided virtually. In order to select appropriate targets for these indicators, the SMU reviewed historical data, targets and used the ECTA Indicator Analysis for various fiscal years to compare the historical national average to Puerto Rico. The PREIP presented three (3) possible scenarios to the stakeholders to start discussions and agree on a target. The first scenario compares 2013 national average data with PR's 2019 data. The second one presents the 2018 national average data as PR's targets and the third one considers PR's 2019 data as the FFY 2020 target. After reviewing the jurisdiction context and challenges posed by the COVID-19 pandemic, such as the sudden change in modality of service provision, the ICC recommended the PREIP to select 2013's national average as FFY 2020 target. We discussed the importance of choosing an appropriate target that would also show improvement over baseline.

**FFY 2020 SPP/APR Data**

The number of families to whom surveys were distributed	1,047
Number of respondent families participating in Part C	505
Survey Response Rate	48.23%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	366
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	505
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	352
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	505
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	408
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	505

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	89.75%	88.00%	72.48%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	89.04%	89.00%	69.70%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	93.96%	91.00%	80.79%	Did not meet target	Slippage

**Provide reasons for part A slippage, if applicable**

The COVID-19 pandemic measures imposed by the Government meant that the program had to change not only the modality of service provision but the data collection method for this indicator as well. The SMU created a Google Form with the NCSEAM survey so that families could complete it while services were provided virtually. Data for this indicator was completely collected using this form. These sudden changes could be the reasons for slippage in this indicator. Some families were facing challenges to receive services due to the lack of equipment or network issues that would affect services using video platforms. The program concludes that these challenges could have hindered the families' experiences while receiving services, lowering satisfaction and the perception of how the program helped them know their rights.

**Provide reasons for part B slippage, if applicable**

The COVID-19 pandemic measures imposed by the Government meant that the program had to change not only the modality of service provision but the data collection method for this indicator as well. The SMU created a Google Form with the NCSEAM survey so that families could complete it while services were provided virtually. Data for this indicator was completely collected using this form. These sudden changes could be the reasons for slippage in this indicator. Some families were facing challenges to receive services due to the lack of equipment or network issues that would affect services using video platforms. The program concludes that these challenges could have hindered the families' experiences while receiving services, lowering satisfaction and the perception of how the program helped them effectively communicate their child's needs.

**Provide reasons for part C slippage, if applicable**

The COVID-19 pandemic measures imposed by the Government meant that the program had to change not only the modality of service provision but the data collection method for this indicator as well. The SMU created a Google Form with the NCSEAM survey so that families could complete it while services were provided virtually. Data for this indicator was completely collected using this form. These sudden changes could be the reasons for slippage in this indicator. Some families were facing challenges to receive services due to the lack of equipment or network issues that would affect services using video platforms. The program concludes that these challenges could have hindered the families' experiences while receiving services, lowering satisfaction and the perception of how the program helped them help their children develop and learn.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	YES

**Survey Response Rate**

FFY	2019	2020
Survey Response Rate	100.00%	48.23%

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

The Program has established a system where regional programs must submit data on the survey's data collection efforts to the SMU on a monthly basis. These data are then analyzed, comparing data collection efforts completed by the regional centers and their rate of response, and presented in the monthly meetings with the supervisors. This allows the supervisors to see the performance of their respective regional programs, share challenges to collect the data, and discuss possible strategies to strengthen these efforts. These discussions also include the importance of representation when considering this indicator.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Puerto Rico has implemented a system to promote response from a broad cross-section of families. We collect sociodemographic data that allow the SMU to draw conclusions about the families that answer the survey. For example, 2020 child count data show that 65% of the infants and toddlers served are male and 35% female. Survey data show that 64% of families who answered it had an infant or toddler who is male, compared to 36% who are female.

During monthly meetings, this topic is addressed. The SMU always emphasizes the need of collecting data that represents families that receive early intervention services in Puerto Rico to allow the Program to draw accurate conclusions for an informed decision-making process. Service coordinators explain the purpose of the survey to families that meet the inclusion criteria and, they offer consent if they want to fill out the survey. During the pandemic, the SMU had to distribute the survey to service coordinators as a Google Form link, as services we provided virtually. After in-person services were resumed, services coordinators can distribute the survey to families, either digitally using the Google Form link or can provide the hard-copy version, depending on the families' preferences. This helps raise the response rate accounting for families that do not have the necessary equipment to access the link or do not have the knowledge to fill out digitally. Service coordinators also assist families in accessing the link if necessary.

**Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

Using a 22 item scale of NCSEAM Survey this State has collected the data through face-to-face and online interviews or through a self-administered questionnaire for families who opted to complete the survey anonymously.

Every family with a child receiving Part C services for at least six (6) months at the time of the exit had the opportunity to partake in the survey. The family survey response group represents the population of children that were active in the Early Intervention Program (EIP) from July 1, 2020 to June 30, 2021 in every local program, by age group, eligibility criteria, and geographic location. Surveys were returned from 7 EIPs throughout Puerto Rico. In total, 505 surveys were returned.

Puerto Rico has selected to apply the standards recommended by NCSEAM as a way of obtaining the percent to be reported for Indicators 4a, 4b, and 4c. To establish a recommended standard, NCSEAM convened a group of nationally representative stakeholders, including parents of children with disabilities, state directors of special education, state early intervention coordinators, district and program personnel, advocates, attorneys, and community representatives. Participants were invited to examine a set of items from the IFS, laid out in their calibration order. The items towards the bottom of the scale, having lower calibrations, are items that families tend to agree with most.

The items towards the top of the scale, having higher calibrations, are items that families tend to agree with least. Because of the robust structure of the

scale, a respondent who agrees with a given statement will have a very high likelihood of agreeing or agreeing even more strongly, with all the items below it on the scale.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

Every family that meets the selection criteria has a chance to complete the survey. The SMU collects sociodemographic data that allow the Program to analyze if the survey data are representative of the families receiving early intervention services in Puerto Rico and see if any group is underrepresented. Some variables collected are the age of infant or toddler, gender, regional program, geographic location (urban or rural), and reason of eligibility (developmental delay, medical diagnosis and informed clinical opinion). For example, 54% of the surveys returned were from families living in an urban area when compared to 46% living in a rural area. Additionally, 67% of the surveys were from families with toddlers from 2 to 3, compared to 13% from 1 to 2, 36% 3+ years, and 2% from birth to 1. This reflects the reality of the program in respect of the number of children served by age group. Last but not least, 90% of the surveys were returned by families with infants or toddlers determined eligible for Part C services because of developmental delays, 6% because of a medical diagnosis and 4% because of the teams' informed clinical opinion. This is comparable to the percentage of infants and toddlers who are determined eligible for Early Intervention because of developmental delays (90%), because of medical diagnoses (6%), and with eligibility because of the team's informed clinical opinion (13%).

**Provide additional information about this indicator (optional).**

**4 - Prior FFY Required Actions**

None

**4 - OSEP Response**

**4 - Required Actions**

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	0.43%

FFY	2015	2016	2017	2018	2019
Target >=	0.51%	0.53%	0.55%	0.57%	0.58%
Data	0.66%	0.44%	0.39%	0.51%	0.77%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.43%	0.44%	0.45%	0.46%	0.47%	0.48%

### Targets: Description of Stakeholder Input

The PREIP presented data regarding indicator 5 to the ICC in 2 of the 4 meetings that were held during the fiscal year. These two meetings had the purpose of analyzing and discussing census data, population trends, child find efforts, child count historical data, and challenges related to the COVID-19 pandemic, including the decrease in referrals while in lockdown. These discussions were aimed at selecting the target that was reasonable for the territory's context. The Puerto Rico population pyramid has a narrowing base, which reflects a lower percentage of younger people. The jurisdiction has experienced a 57% decrease in population from birth to 1 between 2010 and 2020. Events such as hurricanes, earthquakes, and other socioeconomic circumstances have had an impact on the island's population. The ICC expressed concerns over selecting a target that would not represent the reality of the jurisdiction despite strengthening child find efforts. An additional meeting was held in April 2022 to discuss a new baseline and targets based on these data. Although concerns around the decreasing population trend continued to be expressed by members of the Council, the ICC and the State Office agreed that it would be appropriate to establish a new baseline and targets taking into account Puerto Rico's reality. The ICC discussed new strategies for strengthening child find efforts in the years to come in order to meet these targets.

### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	84
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 1	19,616

### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
84	19,616	0.77%	0.43%	0.43%	Met target	No Slippage

Provide additional information about this indicator (optional)

The target proposed for the jurisdiction after a thorough analysis of population trends and other relevant information was met, although the percentage for FFY 2020 is lower than for FFY 2019. Reasons for this include a 14.5% decrease in the number of referrals because of lockdown, sudden change to a virtual modality, and barriers to receiving virtual services.

Strategies to strengthen the child find system have been starting to be implemented by the jurisdiction in FFY 2020. Due to the COVID-19 pandemic, a Community of Practice was constituted to reinforce the use of the Centers for Disease Control and Prevention (CDC) "Learn the Signs' Act Early" Campaign, especially during the pandemic when services were affected by the lockdown and other security measures imposed by the government. This workgroup was convened to represent community sectors that provide services to infants, toddlers, children, and youth the disabilities. Educational material was provided to the EIP regional programs to distribute among families and the community. Information about other digital educational material found on the CDC webpage and cellphone apps to monitor the child's development is also shared with families and other sources of referral. Data on these efforts is expected to be collected by regional supervisors in FFY 2021. These data will allow analyses of these efforts and the effectiveness to identify infants and toddlers who may be found eligible for Part C services. Since step 4 of early identification of children of this campaign is referral to early intervention services, it is expected to impact the number of referrals, especially after other programs continue to resume in-person services.

## **5 - Prior FFY Required Actions**

None

## **5 - OSEP Response**

## **5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

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

#### Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the EDFacts Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	2.56%

FFY	2015	2016	2017	2018	2019
Target >=	3.10%	3.11%	3.12%	3.13%	3.35%
Data	3.18%	3.08%	2.65%	3.34%	2.83%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.59%	2.60%	2.61%	2.62%	2.63%	2.64%

#### Targets: Description of Stakeholder Input

The PREIP presented data regarding indicator 6 to the ICC in 2 of the 4 meetings that were held during the fiscal year. These two meetings had the purpose of analyzing and discussing census data, population trends, child find efforts, child count historical data, and challenges related to the COVID-19 pandemic, including the decrease in referrals while in lockdown. Puerto Rico received 26.27% fewer referrals in FFY 2020 when compared to FFY 2018, prior to the pandemic. These discussions were aimed at selecting the target that was reasonable for Puerto Rico. The Puerto Rico population pyramid has a narrowing base, which reflects a lower percentage of younger people. The jurisdiction has experienced a 54% decrease in population from birth to 3 between 2010 and 2020. Events such as hurricanes, earthquakes, and other socioeconomic circumstances have had an impact on the island population. The ICC expressed concerns over selecting a target that would not represent the reality of the jurisdiction despite strengthening child find efforts. An additional meeting was held in April 2022 to discuss a new baseline and targets based on these data. Although concerns around the decreasing population trend continued to be expressed by members of the Council, the ICC and the State Office agreed that it would be appropriate to establish new targets taking into account Puerto Rico's reality. The work group agreed that the current baseline reflects the jurisdiction's context. The ICC discussed new strategies for strengthening child find efforts in the years to come in order to meet these targets.

#### Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	1,577
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 3	60,897

#### FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,577	60,897	2.83%	2.59%	2.59%	Met target	No Slippage

Provide additional information about this indicator (optional).

The target proposed for the jurisdiction after a thorough analysis of population trends and other relevant information was met, although the percentage for FFY 2020 is lower than for FFY 2019. Reasons for this include the decrease in the number of referrals because of lockdown, sudden change to a virtual modality, and barriers to receiving virtual services.

Strategies to strengthen the child find system have been starting to be implemented by the jurisdiction in FFY 2020. Due to the COVID-19 pandemic, a Community of Practice was constituted to reinforce the use of the Centers for Disease Control and Prevention (CDC) "Learn the Signs' Act Early" Campaign, especially during the pandemic when services were affected by the lockdown and other security measures imposed by the government. This workgroup was convened to represent community sectors that provide services to infants, toddlers, children, and youth the disabilities. Educational material was provided to the EIP regional programs to distribute among families and the community. Information about other digital educational material found at the CDC webpage and cellphone apps to monitor the child's development is also shared with families and other sources of referral. Data on these efforts is expected to be collected by regional supervisors in FFY 2021. These data will allow analyses of these efforts and the effectiveness to identify infants and toddlers who may be found eligible for Part C services. Since step 4 of early identification of children of this campaign is referral to early intervention services, it is expected to impact the number of referrals, especially after other programs continue to resume in-person services.

## **6 - Prior FFY Required Actions**

None

## **6 - OSEP Response**

## **6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

#### Measurement

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

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

#### Instructions

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	86.80%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.73%	100.00%	100.00%	99.15%	100.00%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
109	117	100.00%	100%	100.00%	Met target	No Slippage

### Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.



Provide reasons for delay, if applicable.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The Puerto Rico Part C team selected the records for the evaluation of Indicator 7 taking into account the date of the referral and the date the IFSP was developed. The inclusion criterion for files to be selected for review is that the referral was received in any of our regional offices between July 1st, 2020, and June 30th, 2021. All (7) seven EI programs in Puerto Rico were included for data collection, as the SMU does not sample regional programs. The SPP/APR data collection and monitoring activities are conducted every year from August to September after the fiscal year ends. The SMU uses the child count data that regional programs submit to produce a list of records that fall within the inclusion criterion for this indicator. Based on the population, the random sample size is calculated using the web-based tool, OpenEpi and, a list of random numbers is created using the random numbers module of the same tool. Records are chosen matching the number from the list of random numbers to the record from the child count report. For all regional programs, data were collected through onsite monitoring activities conducted by the SMU, explaining all the processes and their importance to the regional supervisors. Non-compliance events are also shared and explained to the supervisor, as an important process of education and corrective actions that take place. After the on-site data collection is made, the SMU performs the analysis and, if necessary, phone calls with the regional supervisors are scheduled with the purpose of asking for additional information. Documented exceptional family circumstances that prevented initial evaluation, assessment, and an initial IFSP meeting to be conducted in 45 days or less after the referral is received, are included in the numerator and denominator to calculate the data.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.10%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	93.97%	96.03%	95.90%	100.00%	100.00%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
90	98	100.00%	100%	100.00%	Met target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

8

Provide reasons for delay, if applicable.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The Puerto Rico Part C team selected the files for the evaluation of Indicator 8A according to the date recorded in the EI Data System that transition steps and services should have developed. The inclusion criterion to select the files for review is toddlers whose third birthday was between September 29th, 2020 and September 28th, 2021, who were determined potentially eligible for Part B services and for whom transition steps were required to be developed at least 90 days prior the child's third birthday. The records selected were due to have the transition steps between July 1st, 2020, and June 30th, 2021. All (7) seven EI programs in Puerto Rico were included for data collection which takes place every year from August to September after the fiscal year ends. The SMU uses child count data that regional programs submit to the state office to produce a list of records that fall within the inclusion criterion for this indicator. Based on the population, the sample size is calculated using the web-based tool, OpenEpi and, a list of random numbers is created using the random numbers module of the same tool. Records are chosen matching the number from the list of the random numbers to the record from the child count report. For all regional programs, data were collected through onsite monitoring activities conducted by the SMU, explaining all the processes and their importance to the regional supervisors as an important process of education and corrective action takes place. Non-compliance events are also shared and explained to the supervisor. After the on-site data collection is made, the SMU performs the analysis and, if necessary, phone calls with the regional supervisors are scheduled with the purpose of asking for additional information. Documented exceptional family circumstances that prevented the timely planning of transitions steps and services are included in the numerator and denominator to calculate the data.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	91.40%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	98.28%	93.50%	85.25%	90.57%	91.67%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
91	98	91.67%	100%	92.86%	Did not meet target	No Slippage

**Number of parents who opted out**

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

**Provide reasons for delay, if applicable.**

On indicator 8B, 7 cases of non-compliance were identified in 4 of the 7 regional programs. There were 3 cases in Arecibo, 1 in Bayamón, 1 in Fajardo and 1 in Ponce. In all cases, the programs did not report that children receiving early intervention services were potentially eligible for part B services 90 days or less before the toddlers' third birthday. Each regional program has a system to report back to the Part C state office employing the service coordinators' caseloads and the data system. The state office then sends a monthly list to the SEA which constitutes the formal notification to the Department of Education. The SMU conducts monitoring activities for the APR data collection making a selection of a random sample of files to review them. The monthly lists are compared to the sample to ensure that the notification was made as required. The SMU has identified the need to strengthen these systems since notification to SEA/LEA is not always completed. This will continue to be included in technical assistance sessions and training sessions, as well as in the monthly supervisor meetings as one of the methods for non-compliance correction.

**Describe the method used to collect these data.**

Puerto Rico Part C team selected the records for the evaluation of Indicator 8B according to the notification to SEA/LEA date recorded in the EI Data System and the monthly report regional supervisors submit to the state office. The inclusion criterion for record selection was toddlers whose third birthday was between September 29th, 2020 and September 28th, 2021, who were determined potentially eligible for Part B services, and for whom notification to the SEA/LEA was due at least 90 days prior to the child's third birthday. The notification for the records selected was due between July 1st, 2020 and June 30th, 2021. These notifications are included in a monthly list regional program sent to the SMU and the Part C Data Manager sends to the Part B Manager. All (7) seven EI programs in Puerto Rico were included for data collection which takes place every year from August to September. The SMU uses child count data that regional programs submit to produce a list of records that fall within the inclusion criterion for this indicator. Based on the population, the sample size is calculated using the web-based tool, OpenEpi and, a list of random numbers is created using the random numbers module of the same tool. Records are chosen matching the number from the list of the random numbers to the record from the list. For all regional programs, data were collected through monitoring activities conducted by the SMU at the regional and at the State Office. The Part C Data Manager reviews the list that is sent to the Part B Data Manager no later than the 15th day of every month and that constitutes the SEA/LEA notification for the territory to confirm timely notification to SEA/LEA. If the toddler's information was included in the list at least 90 days prior to their birthday, the SMU concludes that notification to Part B was timely. After the on-site data collection is made, the SMU performs the analysis and, if necessary, phone calls with the regional supervisors are scheduled with the purpose of asking for additional information. These activities, the findings, and the importance of the process are explained to the regional supervisors, as the SMU does with other compliance indicators.

**Do you have a written opt-out policy? (yes/no)**

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Puerto Rico Part C does not select EIS programs for monitoring. All (7) seven EI programs in Puerto Rico were included for the monitoring and data collection activities which take place every year from August to September.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

In the case of indicator 8B, regional supervisors are responsible for implementing strategies to avoid delays in notifying the SEA/LEA of the possible eligibility of the child for Part B services. For the current reporting period, after Puerto Rico received its determination letter, the SMU developed local determination letters that informed the regional programs of the findings of non-compliance identified in monitoring activities. When findings of non-compliance were identified, the SMU requested the regional programs to develop a Corrective Action Plan (CAP) in which the details of the findings, strategies to be implemented, the expectations from the regional program regarding implementation of the regulatory requirements, the resources, and the timeline to completion are included. These are also topics of discussions held in the supervisor's monthly meetings and other direct technical assistance activities.

We reviewed updated data by convenience sampling during subsequent monitoring activities held from the state office in order to ensure that the regional programs are correctly implementing the regulatory requirements related to timely notification of the child's potential eligibility for Part B services. The monitoring activities were conducted only for the centers that had findings of non-compliance during the previous year. When the SMU finds no further findings of non-compliance, the SMU concluded that the program is correctly implementing the regulatory requirements. When findings of non-compliance persisted, the SMU scheduled follow-up visits to review more records and provided technical assistance to the regional supervisor and other personnel.

During FFY 2019, the SMU identified eleven (11) findings of non-compliance in five (5) regional programs. The state office reviewed updated data using the monthly list that is sent to the SEA/LEA, and that review reflected no additional findings of non-compliance. Therefore, based on that review, the state concluded that it achieved 100% compliance with the regulatory requirements.

Although the jurisdiction did not meet the target for this indicator, the findings of non-compliance decreased when compared to FFY 2019.

**Describe how the State verified that each individual case of noncompliance was corrected.**

The SMU verified that each individual case of the eleven (11) cases of noncompliance identified were corrected as all eleven children are no longer part of the jurisdiction. These individual cases were thoroughly discussed with the supervisors of the regional programs that were the sources of non-compliance and were included in the regional determinations. The regional supervisors implemented or strengthened strategies in order to ensure timely notification. The SMU verified through record review in monitoring activities, that all 11 findings of non-compliance reported in FFY 2019 were corrected within one year. In these cases, the children are no longer in the jurisdiction of the regional program, thus these cases were classified as corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8B - Prior FFY Required Actions**

Because Puerto Rico reported less than 100% compliance for FFY 2019, Puerto Rico must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, Puerto Rico must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, Puerto Rico must describe the specific actions that were taken to verify the correction.

If Puerto Rico did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why Puerto Rico did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

B. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

C. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$ .

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	64.20%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%



Data	93.97%	96.03%	95.90%	100.00%	100.00%
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**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
90	98	100.00%	100%	100.00%	Met target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

8

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

0

Provide reasons for delay, if applicable.

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Puerto Rico Part C team selected the records for the evaluation of Indicator 8C according to the transition conference's date that is recorded in the EI Data System. The criterion for the file selection for this indicator is toddlers whose third birthday was between September 29th, 2020 and September 28th, 2021, that were determined potentially eligible for Part B services and for whom a transition conference was required to be held at least 90 days prior to the child's third birthday. The records selected were due to have the transition conference between July 1st, 2020 and June 30th, 2021. All (7) seven EI programs in Puerto Rico were included for data collection as the SMU does not sample regional programs. The SMU used the regional child counts to produce a list of records that fall within the inclusion criterion for the selection of a random sample. A random numbers list is generated based on a sample size calculated using a web tool, OpenEpi. Records are then chosen matching the number from the random numbers list to the record from the child count report. For all regional programs, data were collected through on-site monitoring activities conducted by the SMU, explaining all the process and its importance to the regional supervisors as an education and corrective action processes take place. After the on-site data collection is made, the SMU performs the analysis and, if necessary, calls the regional supervisors for further information and clarifications. Documented exceptional family circumstances that prevented a timely transition conference are included in the numerator and denominator to calculate the data.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - Prior FFY Required Actions**

None

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (EMAPS)).

#### Measurement

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

#### Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 9 - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

**Measurement**

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

**Instructions**

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

### 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

**Targets: Description of Stakeholder Input**

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

**FFY 2020 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

##### Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

##### Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

##### Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

###### A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

###### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

**C. Stakeholder Engagement**

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

**Additional Implementation Activities**

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

**11 - Indicator Data**

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

After thorough infrastructure analysis presented in the SSIP phase I, a SiMR was selected for Puerto Rico: (Outcome B1) Children will show a higher rate of improvement in the acquisition of knowledge and skills and exhibit a level of functioning closer to same-aged peers upon exiting the program. The data that were reviewed supported this selection, which represents the territory’s main focus for implementing strategies to yield better child outcomes. Three strands of action have been selected to achieve this goal: Personnel/Workforce, Family Engagement, and Monitoring and Accountability. Activities aligned with these strands should allow the Program to achieve the short and long-term outcomes included in the theory of action and meet the target for the SiMR through the years. Puerto Rico has not changed the SiMR in the past year and has continued to work towards the intended goals.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

The theory of action was revised in 2016 to prioritize activities in 3 strands of action that will improve child outcomes. The resources included in this logic model are the Puerto Rico Department of Health and the State Office team, which is comprised of the Part C Coordinator, the Program Evaluator, the Data Manager, the Consultant in Developmental Pediatrics, and the Family Liaison. The program also has the staff of the seven (7) Regional Centers, such as the Supervisors, Service Coordinators and Service Providers, Nurses, and Data Entry personnel. Other important resources are the State Interagency Coordinating Council (SICC), OSEP, and TA providers. Last but certainly not least, the PREIP has its sources of funding, which include federal and state funds, and most recently ARP funds. The strands of action that the program is focusing on are personnel development/assessment practices, monitoring and accountability, and family engagement. The state believes that if the Program hires highly qualified professionals, conducts a needs assessment of professional competencies, and develops a program of ongoing professional development for services providers (that offers comprehensive knowledge of child development and skills to perform functional-authentic assessments and the use of recommended and evidence-based early intervention practices), then, service providers will have the knowledge and skills to effectively promote child development and functional, participation-based outcomes through family centered interventions in natural environments. Also, if the state establishes standard procedures and the use of appropriate instruments for initial and continuous assessment of children, the developmental level and needs of children will be better assessed and incorporated into the IFSP. Under the monitoring and accountability strand, the state believes that if the program implements a monitoring system of provider performance, fidelity of implementation of services, use of recommended practices, and monitoring of individual and family outcomes, the state will be able to identify individual quality of services and correct deficiencies through further training of dismissal. Finally, under the family engagement strand, if the state develops strategies and procedures to increase family involvement in the implementation of the IFSP and the provision of a general stimulating environment for their children, children will be raised in a richer environment that promotes early learning and healthy development in all developmental aspects/outcomes. The mentioned activities will yield said short and intermediate outcomes, which will help the Program reach its overarching goal, which is that children in EIP will show a higher rate of improvement in the acquisition of knowledge and skills and exhibit a level of functioning closer to same aged peers upon exiting the Program.

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages).**

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

Baseline Year	Baseline Data
2011	32.50%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	46.69%	46.70%	46.71%	46.72%	46.73%	46.74%

**FFY 2020 SPP/APR Data**

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,150	1,964	67.71%	46.69%	58.55%	Met target	No Slippage

**Provide the data source for the FFY 2020 data.**

Puerto Rico used COS data as the source for FFY 2020 data, and to report progress on the SiMR. Regional Programs collect and submit the data to the Supervision and Monitoring Unit (SMU) on a monthly basis. The SMU then reviews and analyzes the data in order to evaluate implemented strategies for data collection, Regional Program performance, and evidence-based practices. The data is also presented to the ICC for discussion and for the support of the decision-making process of the Program.

**Please describe how data are collected and analyzed for the SiMR.**

Data for the SiMR is collected in every Regional Program and submitted on a monthly basis to the SMU. Service providers collect COS data at the time of entry and exit of the child by filling out the Child Outcomes Summary Form (COSF). Regional Nurses are in charge of reviewing the data comparing the forms to other relevant record information, such as progress notes. If Nurses encounter discrepancies, further conversations are held with the Service Providers to make corrections, if necessary. The data is then transferred to an Excel sheet that shows the progress of every child that was determined eligible, had an active IFSP and exited the Program at any given month. The SMU gathers all the data by Regional Program, checks for quality issues, and performs the analyses. Finally, the data is used to engage in discussions with stakeholders, draw conclusions and make decisions regarding the SiMR and other Program components.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

COVID-19 had an impact on the process of collecting the data that Puerto Rico has had in place for several years. A protocol to provide virtual services, ensure compliance with IDEA regulations, and support continuing data collection activities as required, was developed when a lockdown was imposed in March 2020. Nevertheless, while personnel was providing services remotely, the usual processes of collecting data were delayed. In June 2020, a protocol to provide in-person services and return to the regional offices was developed, taking into account the new security measures recommended by the government. Data collection activities were resumed and carried out as usual. However, when conducting data quality activities, Regional Programs had challenges collecting COS data to submit to the SMU given that a number of Service Providers resigned during the period the Program provided services in a virtual modality exclusively. Some did not submit the data associated with their caseload. Regional Nurses were in charge of reviewing all the records to complete the child outcomes summary form (COSF) in order for the Regional Program to be in compliance with the data completeness requirement. Oftentimes, the Nurses encountered incomplete information in the records, for example, missing progress notes, so it was difficult to complete the forms. These progress notes would be submitted at a later time. It is important to emphasize that Regional Nurses are not the children's primary service providers, therefore, they have no additional information on their progress. This means that while Puerto Rico collected 100% of COS data as required, data quality issues may be present in some instances. For example, in some cases, COS ratings may not reflect the reality of the child's progress (may not be accurate) and it gives space for having unstandardized procedures in the Regional Programs. Another way that COVID-19 had an impact on the data collection process was regarding training on COS data, the scale and the process. While corporations had to hire new personnel, on many occasions there was little time for them to be trained in the process of collecting COS data. Personnel turnover while in lockdown meant fewer opportunities for training new service providers that had no previous experience with the COS data collection and reporting process. Regional Nurses had the duty of conducting virtually training for the new service providers. They would schedule individualized training sessions to ensure data collection, validity, and reliability. This allowed the jurisdiction to continue collecting the data, collecting it at a much faster pace when compared to the start of the pandemic, and addressing data quality issues.

Nevertheless, Puerto Rico has always had systems to ensure validity and reliability to the best of our capacity. The Supervision and Monitoring Unit (SMU) reviews the data and asks the Regional Programs to revisit and review the data that is identified as having quality issues. The criteria for identifying quality data issues is having a difference of 3 or more COS ratings between entry and exit. Regional Programs were able to provide additional information that would justify the COS ratings; therefore, if there were no errors in the previous submission, no changes were made to the data. The state has always had in place a system for continuing COS data training sessions for the Regional Nurses led by the Pediatrics Consultant in a train-the-trainer modality so they can help train new Service Providers. During the pandemic, the state also conducted virtual round tables with the Service Providers to explore areas of opportunity for designing and implementing new strategies for personnel retention and training.

**Section B: Implementation, Analysis and Evaluation**

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**



NO

**Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.**

Puerto Rico has been conducting activities to implement the evidence-based practice for several years. However, as it is widely known, Puerto Rico has suffered events in the past four (4) years that have hindered the territory's ability to fully implement all activities as originally intended and evaluate its results. While coaching is the focus of the services, meaning that service providers use coaching when visiting homes, this has not been implemented uniformly. It has been included in past training and will be discussed in the new eligibility tool sessions, but the opportunity to fully implement the practice and collect evaluation data has been delayed. The territory has also been focusing on changing the eligibility and assessment tool in the past months. Therefore, Puerto Rico has intentions of maintaining the evaluation plan originally designed in phase II. The priorities selected to work as action strands in this phase, continue to be the focus of the Program. The only change in the plan is the dates the Program intends to achieve the goals. No other changes have been done to the evaluation plan.

The evaluation plan is divided into two main parts: the evaluation of the improvement strategy implementation and the evaluation of intended outcomes. The evaluation of the improvement strategy implementation is itself divided into 3 parts: the performance indicator (how will we know the activity happened according to the plan?), the data collection methods, and the timeline. The state identified 8 main activities as performance indicators, each with its process of collecting data for measurement and the associated date of initiation and completion. The 8 identified activities are: 1) a formal comprehensive system of personnel development is in place consistent with best practices recommendations, 2) screening and assessment tools for developmental delays were identified and adopted for use in the EIP, 3) more families are actively participating in EIP processes, 4) a more active collaboration between the PR PTIC and EIP is in place, 5) families communicated their opinions on how to participate more actively in EIP process, 6) COS periodic reports are available to improve service provision, 7) a formal protocol on the monitoring process and chart organization is available in the EIP, and 8) the EIP has a final version of a monitoring and evaluation procedures manual. To certify that we have achieved our goals, the program needs to develop and collect the following: a formal CSPD plan for EIP is implemented, and personnel development schedules, calendars, activities attendance lists, screening and assessment tools implemented/training records on developmental screening tools, number of children receiving developmental screening by assessment or screening tool, participant evaluations of their participation/ results of family surveys and focus groups, formal collaboration agreement/activities sponsored by the two agencies, participation logs in family activities, needs assessment report/family survey, focus groups by region, COS Reports/Improvement rates, COS calculation results, a protocol developed / results of the monitoring process performed, data from the local determination letters, monitoring and evaluation manual, implementation logs of monitoring procedures, results from the monitoring process.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

Last reporting period, Puerto Rico had to shift its priorities again to adjust to emerging needs, in this case, the COVID-19 pandemic. While still dealing with the pandemic and the barriers the program encountered, the State managed to take steps towards the implementation of activities aligned with broad improvement strategies under the SSIP strands of action. First, Puerto Rico has been focusing on improving its infrastructure by implementing activities regarding the training of the workforce, which is part of the strengthening of the CSPD. The main focus of the workforce training is the new eligibility and assessment tool, but the Program has also included genuine assessment and coaching as it's the territory's evidence-based practice. The identification of the new tool was included as an important activity of this strand since phase II. During this fiscal year, a proposal from the UCEDD was accepted, so design and planning activities were held to start conducting the sessions. Activities surrounding this improvement strategy are set to start early FFY 2021. Activities aligned to the change in the tool will continue to be conducted through the year 2022 until it is implemented and evaluated. CSPD strategies also include training sessions regarding identification, services, and best practices for infants and toddlers with certain medical diagnoses. In FFY 2020, the Puerto Rico Deaf-blind Project offered a webinar regarding this subject to EIP personnel.

Regarding the Family Engagement strand, the PREIP hired a new Family Liaison that will lead all improvement activities associated with this area. He has been reviewing educational material for families and providing relevant information to families about early intervention services.

The activities in the monitoring and accountability strand of action, include the development of a Monitoring Manual to ensure quality data collection procedures during the COVID-19 pandemic. As processes changed with the pandemic, the accountability/monitoring strand has been strengthened by the continuing implementation of measures to ensure data completeness, compliance with IDEA regulations, and support data quality. The Program Evaluator and Data Manager have worked closely with the Regional Teams to continue improving this strand of action. For example, new data collection modalities due to the pandemic required new guidance issued by the SMU. On the other hand, Puerto Rico has held conversations for various years regarding improving its data system to support data collection and analysis activities, as well as other processes in the Program. These conversations were delayed during FFY 2020 as the Program was dealing with the pandemic but resumed later in the fiscal year. The State Office team has held 2 meetings with DaSy Center with the purpose of starting conversations and exploring what would work best for the jurisdiction, either a change or an improvement of the system. FFY 2021 will see continued planned conversations with other states to find potential vendors for this purpose. It is intended to develop a request for proposal to choose the vendor that better adjusts to the Program's needs.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Puerto Rico has seen short-term outcomes of the activities that have been conducted. The UCEDD proposal acceptance means that the PREIP is closer to providing training that will increase the knowledge of service providers regarding the new eligibility and assessment tool, and will become familiarized with the new procedures. This means that children will be more precisely assessed and data quality will improve. The change in the tool will also help guide service providers to develop and plan for the strategies shared in their visits, which will improve services that will lead to improved outcomes.

Starting conversations with the TA centers for guidance on high-quality data systems will lead the activities to work with the DaSy framework, develop a request for proposal, and identify potential vendors. A robust data system will support data collection procedures and will help implement strategies to monitor data quality. This will also help us identify areas of need for training and monitor compliance.

Regarding the family engagement strand, the PREIP added a new team member. The new Family Liaison will lead all family engagement strand activities and review educational material for families and the community. He's also set to work collaboratively with other early childhood programs on the Island to strengthen the child find component, for example, the Family-to-Family Center, and the Association for Spina Bifida and Hydrocephalus.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Regarding the personnel development/assessment practices, training sessions for the new eligibility and assessment tool will be held during the next reporting period. A pilot program is intended to be implemented to allow for evaluation of the implementation and replicate the effort in all Regional Programs. Data on the fidelity of implementation will be collected for this purpose. The new tool should be fully implemented in early FFY 2022. This strand will also see continuing activities such as webinars for personnel around services, and evidence-based practices in services for example, in specific populations such as children with autism. This will be in collaboration with the PR Children and Youth with Special Healthcare Needs Program.

In relation to the family engagement strand, activities aligned with strengthening collaboration with PTIC remain a priority. This activity will be led jointly by the Family Liaison and the Part C Coordinator. For example, meetings to discuss the design and planning of webinars provided by the PTIC personnel to the EIP personnel regarding the services they actively provide. This will allow improving early intervention services to better support families by referring them to other services in the community. Conversations with the Puerto Rico Family-to-Family Center will continue, as we intend to plan webinars on the services of both programs direct to families and the general community. Other steps will be taken to strengthen family engagement, such as the recruitment of new parents for the SICC to ensure family representation and participation and all the program's processes. Also, parent sessions will be held as a part of the evaluation of the implementation of the new assessment and eligibility tool. This will allow the Program to explore firsthand the family's perspective of the new eligibility and assessment procedures in the territory.

The monitoring and accountability strand will also see some other activities. The development of the Evaluation and Procedures Manual remains a priority. This will also include a Manual on evaluation for eligibility and assessment implementation and evaluation process. This also supports the workforce/personnel strand. In order to reach the goal of changing the data system, the PREIP team will have a series of conversations with possible vendors. An RFP will be developed and sent out for that purpose. When a vendor is chosen, the system will be designed and implemented. Training sessions regarding the new system will be held to obtain all the benefits that the new system's capabilities have.

**List the selected evidence-based practices implemented in the reporting period:**

As stated before, the jurisdiction has been focusing on supporting the program's necessities due to the COVID-19 pandemic and conducting activities for the change in the eligibility and assessment tool, among other activities that were selected as priorities prior to the external events that have been affecting the Island. Coaching is the evidence-based practice that has been adopted by the State. Nevertheless, it has not been established island-wide and has not had the formal process of implementation and evaluation. The PREIP has included sessions on the topic in the training regarding the change in the tool. However, the Program will continue to take steps towards the implementation of the practice in FFY 2021, such as receiving TA from TA centers focused on this topic, selecting and hiring the coaches, and designing training sessions.

**Provide a summary of each evidence-based practice.**

Puerto Rico has selected coaching as the evidence-based practice to support improvement in child outcomes, especially in outcome B- SS1 (SiMR). This is the practice that service providers employ while visiting homes and providing services. Nevertheless, Puerto Rico has had some challenges in fully implementing the practice. The practice was selected back in FFY 2016, and it was intended to be also implemented with a primary service provider approach. In order to achieve this objective, various training sessions for the personnel, including Service Providers and Coordinators, were conducted. It is known that Puerto Rico has suffered a few events, such as hurricanes and earthquakes which delayed the implementation of the efforts mentioned. During each event, Puerto Rico's leadership had to adjust plans accordingly, to satisfy emergent needs and be able to continue to provide services. FFY 2020 has not been the exception as within a few months staff began to deal with the COVID-19 pandemic. Training sessions for new eligibility and assessment tool not only were delayed, but they had to be adjusted to be provided virtually. It is important to point out that these sessions include coaching as part of the topics that be covered. This had the purpose of continuing to pave the way into fully implementing and evaluating the strategy.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

Puerto Rico intends to implement coaching to provide an evidence-based practice to enhance parents' and caregivers' ability/capacity to support parents and caregivers to support their infants and toddlers to develop and learn, according to IDEA regulations. The jurisdiction has a vision of a more transdisciplinary approach, later combining coaching with the primary service provider approach. This change in the Program will help provide higher-quality services that will support the improvement of child outcomes. As support is provided to parents through coaching, family outcomes should improve.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

SMU will collect data to monitor the fidelity of implementation of the practice and evaluate results. As stated before, the jurisdiction has taken steps to implement the practice, but these efforts have been delayed. Nevertheless, the SMU will review fidelity tools to collect valid and reliable data to assess the implementation procedures and support changes, if necessary. These will be included in the Manual that will be developed by the SMU.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Qualitative data on the focus that Service Providers have when visiting homes has shown that it is highly effective to support families. However, valid and reliable quantitative data will be collected parallel to implementation to make informed decisions on the practice.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

During FFY 2021, the EIP leadership will continue the implementation of the new eligibility and assessment tool and provide training to personnel. The Program will also take additional steps to fully implement coaching. This will be done by selecting the coaches that will also help in the designing, planning, implementation, and evaluation phases. The SMU will evaluate the tool to assess the fidelity of implementation and an evaluation plan will be developed. This will help assess the impact on the SiMR and support decisions on the practice and its implementation. Conversations to provide further training on coaching should be held with our scientific partner, the UCEDD. Puerto Rico will also start technical assistance around coaching with the Early Childhood Technical Assistance Center (ECTA), and the Center for IDEA Early Childhood Data Systems (DaSy).

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

Because the PREIP was dealing with challenges encountered due to the COVID-19 pandemic, some activities originally planned for this reporting period were delayed. Puerto Rico's main focus for the next fiscal year will be to continue conducting the activities to achieve full implementation and evaluate all efforts. The data collected will provide robust information to make decisions about SSIP modifications, if necessary.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Stakeholder input has been continuously gathered through virtual meetings during the year. The State Office team divided essential topics to be discussed in each meeting in order to facilitate the conversations. These conversations were held by presenting data relevant to the topic in the agenda, such as 618 data, referral by source, compliance and results indicators by Regional Program, the national average on some indicators, and specific exercises commissioned by the ICC. This holds the purpose of making informed decisions for the Program, the infants and toddlers, and the families served. Members participated by sharing their knowledge and experiences in their own agencies/organizations, and discussing data that was presented. These conversations led to agreements that give guidance to practices and activities.

### **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

The SMU would conduct analyses of the data that was relevant for discussions and present it to the ICC members. An agenda with the topics to be discussed and minutes of the previous meeting are shared. In the meetings, discussions were divided by indicators, key strategies, or activities to facilitate the discussions. The group has been meeting via Zoom since the start of the pandemic, so the SMU always prepares PowerPoint presentations, and occasionally uses other platforms for audience participation such as IdeaBoardz. Presentations have spaces for comments and questions right after each topic is presented; there is also space for further comments at the end of the presentations. If members ask for data that have not been presented, discussion regarding the utility and viability of doing so is conducted, an agreement is reached, and the SMU conducts the analysis to be presented in the next meeting. ICC members are also welcome to share educational materials or any other information they feel helps the Program's purposes.

### **Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

### **Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholder concerns were expressed regarding target setting. The Program reviewed the data that was relevant for this task and discussed setting targets that work best for the territory. They actively discussed Puerto Rico's context and political, social, and economic issues as social determinants of health. These determinants are inherently associated with not only the capacity of the program in supporting children with disabilities and their, especially during events such as hurricanes, earthquakes, and a pandemic but the families' capacity of supporting their children as well.

### **Additional Implementation Activities**

#### **List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

Coaching will also take place this year. The Program has the intention of starting the coaching implementation by selecting the coaches and starting training sessions. Implementation and evaluation of the EBP as originally intended and collect fidelity of implementation data.

There will be continued implementation of activities on personnel development and the change of the eligibility tool. After virtual training sessions and practical sessions, it is intended to implement a pilot for the evaluation of the implementation of said tool. A Manual of Procedures will also be developed. This will strengthen the accountability/monitoring action strand as well. As evaluations for determining eligibility and assessment are conducted with more precision, more reliable and valid data should be gathered, that will also guide COS data collection and therefore, will help meet the targets of the SiMR and improve child outcomes.

The Program will also engage in TA sessions with ECTA Center, and DaSy Center, not only around coaching but data (quality) and provider shortages as well.

#### **Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

These activities are set to start in FFY 2021 and continue through FFY 2022. Data collection methods include fidelity of implementations tools, meetings with coaches, evaluation data of the new tool training sessions, COS data, among others that may be identified in later conversations. The data will guide the process and evaluation. All these activities are directed to improve child outcomes.

### **Describe any newly identified barriers and include steps to address these barriers.**

Barriers that have been identified by the territory are first, provider shortages. It has been reported in previous fiscal years that the number of providers was decreasing. This situation has worsened with the COVID-19 pandemic. Other providers continue to provide Part C services but have also shifted to provide services elsewhere, such as private clinics. This is a new situation that has been observed during the pandemic. It is important to note that this has not prevented the Program from providing services to children with active IFSP's; yet it has certainly put a strain on providers that continue to be part of the PREIP personnel, especially when referrals have started to increase after a period of low referral numbers because of the pandemic. The jurisdiction has had active conversations with the entities that are contracted by the PRDoH with the objective of exploring barriers to recruiting and retaining personnel. Many have expressed that they see a lower number of professionals on the Island. During the pandemic, some licensing exams were also delayed. The Program intends to keep on having these conversations with the corporations and implement strategies with their input.

### **Provide additional information about this indicator (optional).**

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

### **Certify**

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

### **Select the certifier's role**

Designated Lead Agency Director

### **Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

#### **Name:**

Manuel I. Vargas Bernal, MD, MPH

#### **Title:**

Maternal Child and Adolescent Health Division Director

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#### **Submitted on:**

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