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| APR Checklist and Tips—Indicator C-7: 45-Day Timeline | " " |
|  | December 2023 |

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)

For an overview of the indicator, including explanation of the measurement, please access the SPP/APR modules: [SPP/APR Basics, What you Need to Know](https://dasycenter.org/spp-apr-basics-what-you-need-to-know/). For more detailed information please access the current [FFY Part C SPP/APR Package](https://sites.ed.gov/idea/grantees/#SPP-APR,FFY20-25-SPP-APR-Package). The Measurement Table language is also included at the beginning of the indicator in the SPP/APR template/platform.

**What to Know About this Indicator**

* This indicator is a compliance indicator and targets are always 100%.
* C-7 reports the state’s ability to meet the IDEA requirement that an initial evaluation and assessment and initial IFSP meeting are conducted in a timely manner: Within 45 days from referral to the initial IFSP meeting.

The data for this indicator require that the 45-day timeline is based on actual number of days and not an average. The count begins from the day that a referral is received until the actual date that the initial IFSP meeting is held.

General Tips

* Review and respond to information included in the sections “OSEP Response” and “Required Actions” from the previous year’s APR for this indicator. Include the state’s response in the "Prior FFY Required Actions" section for the SPP/APR reporting platform.
* Ensure that all information is entered into the appropriate fields in the platform.
* Check that your numbers exactly match the OSEP pre-populated/auto-calculated numbers.

Exclude extraneous information that may cause confusion or create additional questions for the reader.

1. Historical Data

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| 1. Verified or changed baseline year (*Previous data pre-populated*)
 |  |  |  |
| 1. Verified or changed baseline data (*Previous data pre-populated*)
 |  |  |  |
| 1. Verified accuracy of previous five years of data (*Pre-populated*)
 |  |  |  |

Tips (if baseline changed):

* Change both the baseline year (FFY) and the baseline data in the “Historical Data” section. Baseline can be changed to reflect the current FFY or a prior FFY.
* Record the baseline data so it is consistent with the state’s data for that FFY as reported in the “Historical Data” section or in the “Current FFY Data” section. Do not round up or round down the numbers (e.g., use 89.52% not 90%).
* Describe how stakeholders were involved in the decision to change baseline and what information/data was shared to inform their input (e.g., trend data, improvements in data quality, state initiatives impacting the data). Include this information in the “Additional Information” section unless information specific to changing baseline for this indicator is included in the “Introduction” and the box is checked to repeat stakeholder engagement information for each indicator.
* Describe the justification/reason(s) for resetting baseline in the “Additional Information” section. Reasons for changing baseline often include issues related to comparability of data across FFYs, such as changes in state data collection tools, methodology, or data source (e.g., state changed their data source and methodology for collecting and reporting data for this indicator from using a selection of records based on monitoring to using their new state database to report on all children).

See the following resources for more information on justifications for resetting baseline and targets:

* + [Target Setting Guide](https://dasycenter.org/target-setting-guide/)
	+ [OSEP’s Universal TA for FFY 2020-2025](https://sites.ed.gov/idea/files/Universal-TA-for-FFY-2020-2025-SPP-APR.pdf)

[IDEA Part C SPP/APR User Guide](https://osep.communities.ed.gov/#program/spp-apr-resources)

Note: Targets cannot be changed for Indicator C-7 because it is a compliance indicator.

2. FFY SPP/APR Data

2A. Current FFY Data

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| * + - * 1. Provided number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline
 |  |  |  |
| * 1. Provided number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted
 |  |  |  |
| * 1. Verified accuracy of prior FFY data (*Pre-populated*)
 |  |  |  |
| 1. Verified accuracy of current FFY target (*Pre-populated – always 100% for C-7*)
 |  |  |  |
| 1. Verified accuracy of current FFY data (*Auto-calculated by dividing number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline by the number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted*)
 |  |  |  |
| 1. Verified accuracy of status regarding meeting or not meeting target (*Auto-calculated by comparing current FFY data to current FFY target*)
 |  |  |  |
| 1. Verified accuracy of slippage statement (*Auto-calculated using OSEP’s definition of slippage - see* [*IDEA Part C SPP/APR User Guide*](https://osep.communities.ed.gov/#program/spp-apr-resources) *[page 25]*)
 |  |  |  |
| 1. Described reasons for slippage, if applicable
 |  |  |  |

Tips (if slippage occurred):

Consider factors that impacted the data (e.g., policies and procedures are not clear, change in local leadership, personnel/workforce shortage, providers not understanding requirements and procedures, natural disaster) when describing reasons for slippage. See [State Examples of Slippage](https://dasycenter.org/spp-apr-checklists-and-tips/SlippageExamples_Acc.pdf).

2B. Exceptional Family Circumstances and Reasons for Delay

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| 1. Provided number of documented delays attributable to exceptional family circumstances
 |  |  |  |
| 1. Described reasons for delay, if applicable
 |  |  |  |

Tips (if exceptional family circumstances/reasons for delay):

* Report specific reasons for the delay based on review of records for children whose initial evaluation and assessment and initial IFSP meeting were delayed. Include both program reasons for delay resulting in noncompliance and reasons due to exceptional family circumstances as defined in 34 CFR 303.310(b).

See [Examples of Reasons for Delay and Exceptional Family Circumstances for Indicator C-7](https://dasycenter.org/spp-apr-checklists-and-tips/C7_DelayReasons_Acc.pdf).

2C. Data Sources

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| 1. Indicated whether data for this indicator came from state monitoring or state database
 |  |  |  |
| 1. If state monitoring, described the method used to select EI programs for monitoring
 |  |  |  |
| 1. If state database, provided the time period in which the data were collected
 |  |  |  |
| 1. If state database, described how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period
 |  |  |  |
| 1. Provided additional information about this indicator, if needed (e.g., justification for changing baseline)
 |  |  |  |

3. Correction of Findings of Noncompliance in Previous FFY

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| 1. Provided number of findings of noncompliance identified
 |  |  |  |
| 1. Provided number of findings of noncompliance verified as corrected within one year
 |  |  |  |
| 1. Verified accuracy of number of findings of noncompliance subsequently corrected (*Auto-calculated by subtracting the number of findings of noncompliance corrected in one year from the number of findings identified in previous FFY*)
 |  |  |  |
| 1. Described how state verified that the source of noncompliance is correctly implementing the regulatory requirements *if previous FFY finding were verified as corrected*
 |  |  |  |
| 1. Described how state verified that each *individual case* of noncompliance was corrected if *previous FFY finding were verified as corrected*
 |  |  |  |
| 1. Described actions taken if previous FFY findings of noncompliance were not yet corrected
 |  |  |  |

Tips (if findings of noncompliance were identified in the previous year):

* Review Section B: Identification and Correction of Noncompliance in [State General Supervision Responsibilities under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA23-01)](https://sites.ed.gov/idea/idea-files/guidance-on-state-general-supervision-responsibilities-under-parts-b-and-c-of-the-idea-july-24-2023/) before developing a description of how the state verified correction of each individual child’s noncompliance and that the EI program or provider was correctly implementing the 45-day timeline requirements at 100% compliance.

Question B-14 addresses what a state should consider in verifying the correction of noncompliance. These considerations include ensuring that the correction of noncompliance addresses the extent and root cause of the identified noncompliance. This would be in addition to verifying that each child-specific noncompliance has been corrected and that the EI program or provider is correctly implementing the regulatory requirement (i.e., achieved 100 percent compliance with the 45-day timeline IDEA requirements). Verification should be based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the state’s data system (systemic compliance). **Both** child-specific and systemic compliance must be verified as corrected for a finding of noncompliance to be considered corrected.

Describe **how** the state verified that each EI program or provider is correctly implementing the regulatory requirements for the 45-day timeline (e.g., performing at 100% compliance) by including the following:

* + Number of EI programs and/or providers that had findings of noncompliance. For example:

“Of the 20 EI programs in the state, five programs had findings of noncompliance. A total of eight findings of noncompliance were identified across the five EI programs.”

Data source and the amount of updated or subsequent data reviewed to determine each program or provider is at 100% compliance. For example:

“The state reviewed one month of updated or subsequent data from the state’s data system on all children with an initial evaluation and assessment and initial IFSP meeting for each of the five EI programs to determine if they occurred with the 45-day timeline.”

* + - If different amounts of data were used to verify correction for each program or provider based on the level and extent of the noncompliance, describe those differences. For example:

“For two EI providers, each with one finding due to one child with noncompliance, five subsequent records for children with an initial evaluation and assessment and initial IFSP meeting were reviewed for each of the two providers to verify correction. For one additional EI provider with a finding due to 10 children with noncompliance, 30 subsequent records for children with an initial evaluation and assessment and initial IFSP meeting were reviewed to verify that each child’s 45-day timeline was met. Based on the review of data, the state determined that each of the three EI provider was at 100% compliance and correctly implementing the 45-day timeline requirements.”

Describe **how** the state verified that each individual case of noncompliance was corrected by including the following:

* + Number of children identified with noncompliance from previous FFY
	+ Number of children for whom records were reviewed to determine if they received their evaluation and assessment and initial IFSP meeting, although late, unless they were no longer in the jurisdiction of the program
	+ Data source used to verify child correction (e.g., data system, child record)

Total number of children verified as corrected (e.g., number who received their evaluation and assessment and initial IFSP meeting, although late, and number who were no longer in the jurisdiction of the program).

* Describe the actions taken to address noncompliance not verified as corrected including information regarding the nature of any continuing noncompliance, methods used to ensure correction, and any enforcement actions that were taken.

Explain why the state did not identify any findings of noncompliance if the state reported less than 100% compliance for the 45-day timeline in the previous reporting period. For example:

“In the previous FFY, there were 20 children identified with noncompliance across three programs. The state verified correction of noncompliance for each of the three EI programs prior to issuing findings (pre-correction). To verify this correction, the state reviewed records for each of the 20 children and determined they had an initial evaluation and assessment and initial IFSP meeting, although late, or they were no longer in the jurisdiction of the program. In addition, the state reviewed one month of updated or subsequent data on children with an initial evaluation and assessment and initial IFSP meeting for each of the three programs and verified these children had received them within the Part C 45-day timeline. The state confirmed each program was performing at 100% compliance and correctly implementing the 45-day timeline requirement."

4. Correction of Findings of Noncompliance Identified Prior to Previous FFY (Longstanding Noncompliance)

| Were the following completed? | Yes | No | Notes |
| --- | --- | --- | --- |
| 1. Verified accuracy of the year(s) findings of noncompliance were identified prior to the previous FFY (*Auto-populated*)
 |  |  |  |
| 1. Verified accuracy of the number of findings of noncompliance not yet verified as corrected as of previous FFY APR (*Auto-populated*)
 |  |  |  |
| 1. Provided number of findings of noncompliance verified as subsequently corrected
 |  |  |  |
| 1. Provided number of findings not yet verified as corrected (*Auto-calculated by subtracting the number of findings verified as corrected from the number of findings not yet verified as corrected*)
 |  |  |  |
| 1. Described how state verified that the source of noncompliance is correctly implementing the regulatory requirements *if previous FFY finding were verified as corrected*
 |  |  |  |
| 1. Described how state verified that each *individual case* of noncompliance was corrected *if previous FFY finding were verified as corrected*
 |  |  |  |
| 1. Described actions taken *if previous FFY findings of noncompliance were not yet corrected*
 |  |  |  |

Tips (if findings of noncompliance were identified prior to the previous year, i.e., longstanding noncompliance):

* Review Section B: Identification and Correction of Noncompliance in [State General Supervision Responsibilities under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA23-01)](https://sites.ed.gov/idea/idea-files/guidance-on-state-general-supervision-responsibilities-under-parts-b-and-c-of-the-idea-july-24-2023/) before developing a description of how the state verified correction of each individual child’s noncompliance and that the EI program or provider was correctly implementing the 45-day timeline requirements at 100% compliance.

Question B-14 addresses what a state should consider in verifying the correction of noncompliance. These considerations include ensuring that the correction of noncompliance addresses the extent and root cause of the identified noncompliance. This would be in addition to verifying that each child-specific noncompliance has been corrected and that the EI program or provider is correctly implementing the regulatory requirement (i.e., achieved 100 percent compliance with the 45-day timeline IDEA requirements). Verification should be based on a review of updated data and information, such as data and information subsequently collected through integrated monitoring activities or the state’s data system (systemic compliance). **Both** child-specific and systemic compliance must be verified as corrected for a finding of noncompliance to be considered corrected.

Describe **how** the state verified that each EI program or provider is correctly implementing the regulatory requirements for 45-day timeline (e.g., performing at 100% compliance) by including the following:

* + Number of EI programs and providers that had findings of noncompliance. For an example, see *Tips (if findings of noncompliance were identified in the previous year),* above*.*

Data source and the amount of updated or subsequent data reviewed to determine each program or provider is at 100% compliance. If different amounts of data were used to verify correction for each program or provider describe those differences. For examples, see *Tips (if findings of noncompliance were identified in the previous year),* above.

Describe **how** the state verified that each individual case of noncompliance was corrected by including the following:

* + Number of children with identified noncompliance from previous FFY
	+ Number of children for whom records were reviewed to determine if they received their initial evaluation and assessment and initial IFSP meeting, although late, unless they were no longer in the jurisdiction of the program
	+ Data source used to verify child correction (e.g., data system, child record)

Total number of children verified as corrected (e.g., number who received their initial evaluation and assessment and initial IFSP meeting, although late, and number who were no longer in the jurisdiction of the program).

Describe the actions taken to address noncompliance not verified as corrected including information regarding the nature of any continuing noncompliance, methods used to ensure correction, and any enforcement actions that were taken.

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