



UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Honorable Antonia C. Novello, M.D.
Commissioner
Department of Health
Empire State Plaza
Albany, New York 12237

FEB - 2 2005

Dear Commissioner Novello:

The purpose of this letter is to respond to the New York State Department of Health's (NYDOH's) August 25, 2004 submission of its Federal Fiscal Year (FFY) 2002 Annual Performance Report (APR) for the Individuals with Disabilities Education Act (IDEA) Part C funds used during the grant period July 1, 2002 through June 30, 2003. The APR reflects actual accomplishments made by the State during the reporting period, compared to established objectives. The APR for IDEA is designed to provide uniform reporting from States and result in high-quality information across States.

The APR is a significant data source utilized in the Continuous Improvement and Focused Monitoring System (CIFMS) implemented by the Office of Special Education Programs (OSEP), within the U.S. Department of Education. The APR falls within the third component of OSEP's four-part accountability strategy (i.e., supporting States in assessing their performance and compliance, and in planning, implementing, and evaluating improvement activities) and consolidates the self-assessing and improvement planning functions of the CIFMS into one document. OSEP's Memorandum regarding the submission of Part C APRs directed States to address five cluster areas: General Supervision; Comprehensive Public Awareness and Child Find System; Family Centered Services; Early Intervention Services in Natural Environments; and Early Childhood Transition.

Background

In its April 15, 2004 response to NYDOH's FFY 2001 APR, OSEP reported that the State corrected three of the nine areas of noncompliance identified in OSEP's September 14, 2001 Monitoring Report.¹ NYDOH demonstrated improvement in, but not full compliance with, four of the six remaining areas.² NYDOH did not provide data or information in the State's FFY 2001 APR in order for OSEP to determine compliance with the two remaining areas of noncompliance and

¹ NYDOH demonstrated compliance with the following three areas: (1) monitoring programs and agencies consistent with Part C requirements; (2) providing timely technical assistance; and (3) ensuring that service coordinators carry out all their responsibilities.

² NYDOH demonstrated improvement in the following four areas: (1) correction of identified noncompliance; (2) rendering written complaint decisions within 60 days; (3) holding the Individualized Family Service Plan (IFSP) meetings within 45 days of the referral; and (4) providing services in the natural environment.

improvement in one area of performance.³ OSEP requested, in the April 15, 2004 response to the State's FFY 2001 APR, that NYDOH submit a Progress Report on October 31, 2004 and a final Progress Report by April 15, 2005 with updated data regarding the level of performance in one area that was not addressed in the State's FFY 2001 APR and compliance with the six remaining areas of noncompliance. NYDOH, in a conference call with OSEP on November 22, 2004, reported that it did not have any new information to report for the October 31, 2004 Progress Report because the most current data were analyzed and submitted with its August FFY 2002 APR to reflect the level of performance and progress to correct the six remaining areas of noncompliance. OSEP, therefore, is requesting that NYDOH combine the submission of its FFY 2003 APR due March 31, 2004 with its final Progress Report to demonstrate full compliance with all six areas and to address area of performance and submit these combined documents on or before April 15, 2005.

During the week of November 17, 2003, OSEP visited New York to verify the State's systems for general supervision and data collection under Section 618 of IDEA. OSEP summarized the results of that visit in an April 15, 2004 verification letter to the State and concluded at that time that the State's system for general supervision constituted a reasonable approach to identifying and correcting noncompliance; however, OSEP noted in that letter that it could not, without also collecting data at the local level, determine whether the systems are fully effective in identifying and correcting noncompliance.

In its April 15, 2004 APR letter, OSEP accepted the activities and timelines proposed by NYDOH in its FFY 2001 APR to address and correct the six remaining areas of noncompliance identified in OSEP's September 2001 Monitoring Report and the one area of performance identified in the April 15, 2004 APR letter and requested that NYDOH submit by April 15, 2005 a final Progress Report demonstrating compliance in the six remaining areas of noncompliance. NYDOH provided updated progress data on the results and outcomes from these activities in its FFY 2002 APR.

The State's APR should reflect the collection, analysis, and reporting of relevant data, and document data-based determinations regarding performance and compliance in each of the cluster areas (as well as any other areas identified by the State to ensure improvement). OSEP's comments regarding the State's FFY 2002 APR are listed by cluster area below.

General Supervision

OSEP's April 2004 letter in response to the FFY 2001 APR required NYDOH to provide data and information to demonstrate compliance with the following two areas identified by OSEP in its Monitoring Report: (1) timely correction of noncompliance as required by 34 CFR §303.501(a)(2)(b); and (2) rendering a written decision within 60 days from the filing of all formal written complaints (rather than 90% of the complaints as stated in the FFY 2001 APR), as required by 34 CFR §§303.510-512. In the State's FFY 2002 APR, NYDOH was also required to provide data and analysis to demonstrate performance and compliance with the following four probes: (1) identification and remediation of systemic issues; (2) resolving complaints, mediations and due

³ NYDOH did not provide data or information to determine the status of the following first two areas of noncompliance and third area of performance: (1) documentation of needs, supports and services on the IFSP; (2) a smooth and effective transition process; and (3) the extent to which family resources and supports enhanced families' capacities to address the developmental needs of their child.

process hearings; (3) ensuring a sufficient number of providers to meet the identified needs of infants and toddlers and their families; and (4) collecting and reporting accurate and timely data.

1. Monitoring to Ensure Identification and Correction of Noncompliance

On pages two through five of the FFY 2002 APR, NYDOH reported data and analysis that demonstrated compliance with the requirement to monitor and identify noncompliance as required by 34 CFR §303.501, and improvement in, but not full compliance with, the Part C requirements to correct State-identified noncompliance. NYDOH reported that the following agencies and programs were monitored and that the State had issued a monitoring report within 45 days, consistent with the State's monitoring protocols, during April 2003 and October 2003: (1) 57 of 58 municipalities; (2) 221 of 241 agencies; (3) 439 of 447 individual providers; and (4) 13 of 18 providers approved by the New York State Education Department (NYSED). On page seven of the State's FFY 2002 APR, NYDOH identified several system change initiatives implemented to ensure the timely correction of noncompliance. NYDOH revised its monitoring protocols and procedures to: (1) guide the development, follow-up and evaluation of a Corrective Action Plan (CAP); (2) remedy health and safety issues; (3) establish field offices that have oversight for technical assistance and follow-up activities; and (4) refine agreements with participating programs and entities to clarify roles and responsibilities relative to general supervision requirements.

On page 6 of the State's FFY 2002 APR, NYDOH reported that the following local municipalities, agencies and providers were identified as being in noncompliance with Part C requirements: (1) 16 of 57 municipalities; (2) 182 of 221 local agencies; (3) 383 of 439 individual providers; and (4) five of 13 providers approved by NYSED. NYDOH further stated that 185 local municipalities, agencies and providers were also identified as having potential health and safety concerns. Local municipalities, agencies and providers where noncompliance and performance issues were identified were required to develop and submit a CAP to address the noncompliance and health and safety issues. NYDOH reported that, as of the end of the FFY 2002 APR reporting period, all local municipalities, agencies and providers identified as being in noncompliance were in the process of correction. In some instances, NYDOH reported that it had imposed sanctions to ensure correction. These sanctions included: (1) children assigned new providers; (2) six providers disqualified with five of the disqualifications pending; and (3) six providers referred for an audit. The data and information provided by NYDOH in its FFY 2002 APR indicates that NYDOH has systems in place to identify noncompliance and a system of sanctions to ensure correction of noncompliance. NYDOH must submit monitoring data and analysis to demonstrate its ability to correct State-identified areas of noncompliance with its submission of its FFY 2003 APR combined with its final Progress Report due to OSEP on April 15, 2005.

2. Timely Resolution of Complaints

On page 15 and on page 1 of Attachment 1 of the FFY 2002 APR, NYDOH presented data indicating continuous noncompliance with requirements to ensure that a decision is rendered: (1) within 60 days of filing a formal written complaint as required by 34 CFR §§303.510-512 and (2) in a timely manner when parties request mediation; and (3) within 30 days when requesting a due process hearing as required by 34 CFR §303.419 and §§303.420 through 303.425. NYDOH reported in Attachment 1 to the FFY 2003 APR that, of the 32 complaints filed, eight were withdrawn and none of the remaining decisions were rendered within the required 60 days. Four of the six mediations resulted in timely agreements and four of the seven due process hearings were fully adjudicated within the required timelines. NYDOH identified slippages and additional projected activities to achieve compliance with these requirements. NYDOH must submit data and

analysis with its FFY 2003 APR combined with its final Progress Report on or before April 15, 2005 to demonstrate full compliance with this area of noncompliance.

3. Coordination of Resources

In Attachment 2 of the FFY 2002 APR, NYDOH described the State's coordination of funding resources to supplement Federal Part C funds in ensuring the provision of early intervention services. NYDOH reported that State-appropriated funds constituted the greatest financial support for the State's early intervention program. Other sources of funding included: (1) local; (2) private insurance; and (3) Medicaid.

4. Comprehensive System of Personnel Development

On pages 11 and 18-21 of the FFY 2002 APR, NYDOH reported that the State's Comprehensive System of Personnel Development (CSPD) ensured the availability of trained and qualified providers as required by 34 CFR §§303.360 and 303.361. NYDOH stated that guidance documents were disseminated, evidence-based training and technical assistance were conducted and a State-level provider approval process was established. NYDOH reported that some 1,624 agencies and 12,698 individual providers were approved to provide early intervention services, and 97% of all local programs utilized qualified service providers to provide early intervention services. To maintain this level of capacity, NYDOH collaborated with the Department's Office for Information Technology and Project Management to develop software for a provider-approval database that will track provider history, and integrate provider-approval data and monitoring findings. In addition, NYDOH indicated it will collaborate with University of Albany to explore the feasibility of estimating the number of personnel needed at the county, regional and State levels to ensure sufficient capacity to deliver early intervention services.

5. Accurate and Timely Data

On pages 22-25 of the FFY 2002 APR, NYDOH reported data, strategies and timelines that relative to the performance among municipalities, agencies and providers in the submission of accurate and timely data, to OSEP under section 618 data, consistent with State and Federal requirements. NYDOH, in a conference call with OSEP on November 22, 2004, discussed concerns involving NYDOH's sampling methods used and the accuracy of the data in reporting: (1) race and ethnicity among its eligible population; and (2) the child's age at the time of transition. NYDOH told OSEP that the State had sought guidance from WESTAT regarding these issues and had developed short-term and long-term strategies to address this issue. NYDOH stated that modifications would be made to the current Kids Integrated Data System (KIDS) to comply with new State and Federal requirements and enhance program management and legislature would be introduced to ensure consistency with the requirements of 618. In the FFY 2003 APR, NYDOH must provide an update of its implementation strategies.

Comprehensive Public Awareness and Child Find System

No prior noncompliance was identified in this cluster area. NYDOH provided detailed trend data and analysis demonstrating the effectiveness of the State's coordinated child find and public awareness efforts that resulted in the identification and referral of potentially-eligible children and their families as required by 34 CFR §§303.320-321. On pages 26-31 of the State's FFY 2002 APR, NYDOH reported that, based on its December 1, 2002 child count, NYDOH was serving 4.5% of its birth to three population, as compared to the national average of 2.24%. The number of eligible Part C children under the age of one, as compared to the State's under one population,

reflected a slight increase or remained steady at 1.1% during the past 3 years. On page 27 of its FFY 2002 APR, NYDOH stated that municipalities demonstrated effective performance and compliance through community outreach, education, dissemination of clinical practice guidelines and other materials and the tracking of at-risk children as required by 34 CFR §303.320. NYDOH stated that the greatest number of referrals, 43%, were from community programs, followed by 31% from parents or family members. On page 30 of the State's FFY 2002 APR, NYDOH reported that public awareness and child find efforts were coordinated with other child find efforts across the State. NYDOH reported that, as a result of the State's child find and public awareness efforts: (1) identification of children with established conditions increased; (2) children with established conditions were being identified earlier; and (3) appropriate referrals to Part C increased. The identification of children with a diagnosis of autism/pervasive developmental disorders increased from 188 in FFY 1999 to 864 in FFY 2003. Twenty percent of the children with a diagnosis of hearing loss were identified within the first 3 months of life in FFY 2001, in FFY 2002 the identification rate increased to 46%. NYDOH stated that of 86% of the children referred for a multidisciplinary evaluation, less than 9% were found not eligible for Part C.

OSEP appreciates NYDOH's extensive analysis of its primary referral source data and prevalence rates for different eligibility categories. NYDOH's data did not indicate noncompliance in this area and, based on its review of the data and information reported in the APR, OSEP did not identify additional concerns in this cluster area. OSEP looks forward to reviewing data and information in the FFY 2003 APR, due April 15, 2005, demonstrating continued performance and compliance in this area.

Family Centered Services

In its April 2004 response to NYDOH's FFY 2001 APR, OSEP required NYDOH to provide data to determine compliance with one previously-identified area with insufficient data and one area of performance: (1) documentation of family needs, supports and services on the IFSP necessary to enhance the family's capacity to meet the developmental needs of the child as required by 34 CFR §303.344(c); and (2) family supports and services to increase the family's capacity to enhance outcomes for infants and toddlers and their families.

1. Documentation of Family Needs, Supports and Services on the IFSP

On pages 32-33 of the State's FFY 2002 APR, NYDOH provided baseline data and analysis that demonstrated noncompliance with this requirement, not previously identified by OSEP. NYDOH's data indicated 86% of the providers authorized to conduct evaluations ensured that a family assessment was conducted, with the concurrence of the family, and documented on the IFSP. In 79% of the municipalities, a family outcome statement was documented on the IFSP. NYDOH reported that 92% of the municipalities demonstrated that other services that the child needs, but are not required under Part C, were documented on the IFSP, and 98% of municipalities documented other services for which the family was eligible as required by 34 CFR §303.344(c). NYDOH required municipalities, and providers where noncompliance was identified, to develop and implement a CAP. On page 35 of the State's FFY 2002 APR, NYDOH identified strategies to ensure compliance with this requirement, including: (1) development of a guidance document; (2) training for families and providers; and (3) implementation of a parent survey. OSEP accepts these activities and proposed timelines. NYDOH must report on the progress being made to correct this area of noncompliance, including supporting data and its analysis, in the FFY 2003 APR due April

15, 2005 and provide a final report to OSEP demonstrating compliance not later than 30 days following one year from the date of this letter.

2. Family Supports and Services Increase the Family's Capacity to Enhance Child Outcomes

On page 33 of the State's FFY 2002 APR, NYDOH's data indicated that, as a result of family assessments and linkages with other services, families were provided with services to address their concerns and priorities. The utilization of family supports among Part C eligible families was as follows: (1) families receiving multiple early intervention services, 90% to 98%; (2) families with children with delays in three or more domains, 64% to 68%; and (3) 11% to 19% of families with established conditions also received family supports, counseling, and training including respite and social work services. These data also indicate that municipalities made services available for families. OSEP looks forward to reviewing the results from its proposed parent survey in its FFY 2003 APR due on April 15, 2005 to demonstrate improved performance in this area.

Early Intervention Services in Natural Environments

In its 2004 response to the State's FFY 2001 APR, OSEP required NYDOH to ensure compliance with the following two Part C requirements (originally identified as findings in OSEP's 2001 Monitoring Report): (1) holding the initial IFSP meetings within 45 days of the referral to Part C, as required by 34 CFR §303.342(a); and (2) providing services in the natural environment or justification on the IFSP when services were not provided in the natural environment, as required by 34 CFR §303.344(d)(1)(ii). In the State's FFY 2002 APR, OSEP required NYDOH to respond to the following four probes to demonstrate performance and compliance: (1) access to service coordination that facilitates timely services in natural environments; (2) evaluations and assessments that lead to the identification of child and family needs related to the development of the child; (3) provision of all services identified on the IFSP; and (4) the percentage of children that demonstrate improved and sustained functional abilities.

1. Ensure that the Initial IFSP Meeting is Held Within 45 Days

NYDOH's data and analysis indicated improvement in, but not full compliance with, the requirement to ensure that the initial IFSP meeting was held within 45 days of the referral, as required by 34 CFR §303.342(a). On page 39 of the FFY 2002 APR, NYDOH reported that 80% of the municipalities that were monitored had implemented required policies and procedures. NYDOH stated that, on average, the initial IFSP meeting was held within 45 days of the referral. NYDOH reported that municipalities in noncompliance were required to develop and implement a CAP. The average of 45 days from referral to holding an initial IFSP meeting does not demonstrate compliance, if the timeline for some children exceeds the required 45-day timeline. In the FFY 2003 APR, due on April 15, 2005, the State must provide documentation that its procedures for correction have been effective in ensuring compliance with the 45-day timeline for all children, based on actual number of days from referral to initial IFSP meeting. This must include monitoring data showing that municipalities where noncompliance was identified demonstrate full compliance with this requirement.

2. Provision of Services in the Natural Environment

On page 54 of the State's FFY 2002 APR, NYDOH provided data and analysis that demonstrated progress in correcting the noncompliance to ensure that services were provided in the natural environment, or a justification on the IFSP when a service could not appropriately be provided as required by 34 CFR §§303.12 and 303.344(d)(1)(ii). Ninety-four percent of the municipalities

ensured that IFSPs included a justification when services were not provided in the natural environment. NYDOH stated that when IFSPs included a justification, steps to ensure that services would be provided in the natural environment were also documented. NYDOH reported that municipalities where noncompliance was identified were required to develop and implement a CAP to ensure correction. NYDOH also reported performance data to indicate that 85% of the Part C eligible children in the December 1, 2002 child count received services in the natural environment; this reflected an increase from the December 2001 child count that reported 81%.

OSEP appreciates the State's efforts to ensure substantial improvement in meeting Part C's natural environments compliance requirements and looks forward to NYDOH's final Progress Report (with updated data and analysis) due on April 15, 2004.

3. Ensuring that Service Coordinators Carry Out Their Responsibilities

NYDOH provided data and analysis that demonstrated that the State had completed the activities/strategies listed in its FFY 2001 APR to demonstrate compliance as required by 34 CFR §§303.23(a)-(d). Since that time neither NYDOH nor OSEP has identified any additional areas of noncompliance with this requirement. OSEP appreciates NYDOH's efforts to ensure compliance with this requirement.

4. Ensuring Evaluations and Assessments

On page 43 of the State's FFY 2002 APR, NYDOH reported data and analysis that demonstrated full compliance with the requirement to ensure that evaluations and assessments were conducted and led to the identification of child and family needs related to the development of the child as required by 34 CFR §§303.322(c)-(d). NYDOH reported that 86% (48,341) of children referred to Part C received a multidisciplinary evaluation in the five developmental domains and 87% of evaluators utilized the results from existing evaluations to complete the evaluation process. As a result, 81% of the children referred were determined eligible for Part C services and had an IFSP meeting. The remaining 14% of the children referred did not receive an evaluation and assessment and cases were closed for the following reasons: (1) family declined to participate in the early intervention system; (2) child was no longer age-eligible; (3) family could not be located; (4) child identified as at-risk; and (5) family moved to another location. OSEP appreciates NYDOH's efforts to ensure compliance and improved performance in this area.

5. Children Demonstrating Improved and Sustained Functional Abilities

On page 59 of the State's FFY 2002 APR, NYDOH reported on the State's performance in determining the percentage of children participating in the Part C program who demonstrated improved and sustained functional abilities in the developmental areas listed under 34 CFR §303.322(c)(3)(ii). NYDOH's data indicated that of the Part C-eligible children who completed two or more evaluations at least four or more months apart prior to exiting Part C, 72% demonstrated improvement in the identified areas of delays between their initial evaluation and the evaluation conducted upon exit. The change in performance was measured by a change in a severity index based on the level of developmental delay. NYDOH also reported that 26% of the children exiting the Part C program at three years of age resolved their developmental delays or conditions. Thirty-five percent no longer needed early intervention or preschool special education services. Resolution was reported in the following areas: 66% with communication delays; 19% with cognitive delays; 46% with physical delays; 15% in adaptive delays; and 10% with social development delays. On page 60 of the State's FFY 2002 APR, NYDOH stated that further scientific research would be conducted to better understand the parameters that impact on child

outcomes (i.e., the relationship between service intensity and child outcomes) and to develop reliable and valid measurement approaches to assess and report child and family outcomes. In the FFY 2003 APR, due on April 15, 2005, NYDOH must continue to report on results of the State's research efforts and resulting data demonstrating improvement in the five developmental areas or a plan to ensure such data will be reported by the FFY 2004 APR.

Early Childhood Transition

In its April 2004 response to the State's FFY 2001 APR, OSEP requested that NYDOH provide data to determine compliance regarding: (1) holding a transition conference, with the approval of the family, at least 90 days before the child's third birthday as required by 34 CFR §303.148 (b)(2); and (2) IFSPs including steps to support the transition of the child and family to Part B or to other appropriate programs as required by 34 CFR §303.344(h).

On pages 63 and 64 of the State's FFY 2002 APR, NYDOH reported data that demonstrated noncompliance in these two areas that were not previously identified by OSEP. NYDOH stated: (1) 99% of local policies and procedures were consistent with State and Federal requirements; (2) 78% of the municipalities ensured that the IFSP included a transition plan; (3) 79% of the municipalities ensured that parent consent was obtained prior to convening a transition conference; and (4) 74% of the municipalities ensured that the transition conference was convened at least 90 days before the child's third birthday. NYDOH reported that municipalities identified as being out of compliance developed and implemented a CAP. On page 64 of the FFY 2004 APR, NYDOH identified strategies to ensure compliance in these two areas: (1) amend Public Health Law (PHL) to specify that all children potentially eligible for Part B services must be referred and evaluated by their 3rd birthday, and the Early Intervention Program (EIP) will develop an Individualized Education Program (IEP) or implement activities to transition the child into Part B services;⁴ (2) develop and disseminate a transition guidance document; (3) conduct training sessions; and (4) modify KIDS. OSEP accepts these strategies and the proposed timelines. NYDOH must report on the progress to correct the two newly-identified areas of noncompliance, including supporting data and its analysis, in the FFY 2003 APR, due April 15, 2005 and provide a final report to OSEP demonstrating compliance not later than 30 days following one year from the date of this letter.

Conclusion

NYDOH must submit data and analysis from follow-up activities in the FFY 2003 APR, combined with the final Progress Report, due on or before April 15, 2005, to demonstrate full compliance with the four previously-identified areas of noncompliance indicated below.

- General Supervision: (1) correction of identified noncompliance in the municipalities and agencies that were required to develop and implement a CAP to correct noncompliance as required by 34 CFR §303.501(a)(2)(b); and (2) ensure that complaints, mediations and due process hearing are resolved in a timely manner as required by 34 CFR §303.510-512.
- Early Intervention Services in Natural Environments: (1) demonstrate the actual number of days, rather than the average number of days, from referral to initial IFSP meeting to ensure

⁴ NYDOH will revise its current database system to identify and track children who receive services in EIP on an IEP past their 3rd birthday.

that the initial IFSP meeting is held within 45 days of the referral to Part C as required by 34 CFR §303.342(a); and (2) ensure that a justification is documented on the IFSP when early intervention services cannot be appropriately provided in the natural environment as required by 34 CFR §§303.12 and 303.344(d)(1)(ii).

If there are any agencies or municipalities not in full compliance by that date, the State must include: (1) its analysis of the factors that have impeded correction of the noncompliance in agencies and municipalities where the State has identified noncompliance, and whether existing strategies are effective or need to be refined to ensure full compliance in the municipalities and agencies currently implementing a corrective action plan; (2) documentation of the specific steps, including any sanctions that have been taken to ensure correction, and the impact of those action; and (3) if the State determines that additional strategies are needed or that existing strategies must be modified, its proposed strategies (by municipality and agency, if appropriate), evidence of change data and timelines to ensure compliance as soon as possible.

NYDOH must submit, in the FFY 2003 APR, due April 15, 2005, data and required information demonstrating progress in correcting the three newly-identified areas of noncompliance:

- Family Centered Services: ensure that IFSPs document family needs, supports, and services necessary to enhance the family's capacity to meet the developmental needs of the child as required by 34 CFR §303.344(c).
- Early Childhood Transition: (1) hold the transition conference, with the approval of the family, 90 days before the child's third birthday as required by 34 CFR §303.148(b)(2); and (2) IFSPs include steps to support the transition of the child and family to Part B or other early intervention services as required by 34 CFR §303.344(h).

NYDOH must submit data in the FFY 2003 APR, due April 15, 2005 to determine the status of improvement in the three areas of performance:

- General Supervision: the reporting of timely and accurate data consistent with the requirements under section 618;
- Family Centered Services: the extent to which family supports and services necessary to increase the family's capacity to enhance outcomes for infants and toddlers and their families are included on IFSPs; and
- Early Intervention Services in Natural Environments: the percentage of children that demonstrate improved and sustained functional abilities in the five developmental domains.

A final Progress Report on the three newly-identified areas of noncompliance identified in the Family Centered Services, and the Early Childhood Transition clusters, as stated above, is due within 30 days from one year from the date of this letter.

OSEP recognizes that the APR and its related activities represent only a portion of the work in your State, and we look forward to collaborating with you as you continue to improve results for infants and toddlers with disabilities and their families. If you have questions, please contact Alma McPherson at (202) 245-7443.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Smith Lee". The signature is written in a cursive style with a large initial 'S' and 'L'.

Stephanie Smith Lee
Director
Office of Special Education Programs

cc: Barbara McTague, M.D.