


1 **1.A.4 General Supervision System for Monitoring Implementation of**  
 2 **Part C**

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 4 **I Policy Index:**  
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	<b>Policy #:</b>	<b>1.A.4</b>
	<b>Distribution:</b>	<b>Public</b>
	<b>Date Policy Developed:</b>	<b>4-27-2011</b>
	<b>Date Policy Revised:</b>	<b>8-10-2011</b>
	<b>Date Policy Effective:</b>	<b>8-10-2011</b>
	<b>Supersedes Policy Dated:</b>	<b>6-21-2011</b>
	<b>Scheduled Review:</b>	<b>April 2012</b>
	<b>Tracking #:</b>	<b>3</b>
	<b>Applicable Units:</b>	<b>All</b>
	<b>Responsible Authority</b>	<b>BWEIP Manager</b>

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 7 **II Purpose:**  
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9 The purpose of this policy is to describe BWEIP’s general supervision and monitoring system  
 10 including the responsibilities of the state early intervention office and the local programs in the  
 11 monitoring process. This general supervision system includes multiple mechanisms to: 1) identify  
 12 and correct noncompliance with IDEA and other requirements; and 2) facilitate continuous  
 13 improvement. These methods and strategies are interrelated and, as a whole, ensure that the 15  
 14 local programs are implementing IDEA and improving results for children and their families.  
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16 **III Definition(s):**  
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18 **Early Intervention (EI):**

19 For the purposes of this policy, EI refers to programs or services designed for families of infants  
 20 and toddlers with disabilities.  
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22 **Office of Special Education Programs (OSEP):**

23 OSEP is the federal program within the United States Department of Education that provides  
 24 leadership and financial support to state programs that offer services for people with disabilities  
 25 from birth to twenty-one (21) years of age. For the purposes of this policy, OSEP’s scope of  
 26 services will be focused to services offered to children from birth to three (3) years of age.  
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28 **Individuals with Disabilities Education Act (IDEA):**

29 A federal law set forth by the United States that governs how states and public agencies provide  
 30 early intervention (EI) special education and related services to children with disabilities.  
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32 **Part C:**

33 Part C is a formula grant within IDEA that assists states in providing EI services for infants and  
 34 toddlers with disabilities from birth through the age of three (3) and their families.  
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36 **Lead Agency (LA):**

37 For the purposes of this policy, a Lead Agency is the respective state agency that coordinates  
 38 Part C funding and within the State of Utah, it is the Utah Department of Health.  
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**Interagency Coordinating Council (ICC):**

The ICC is designed to advise and assist the Utah Baby Watch Early Intervention Program (LA) in performing the responsibilities set out in Part C of the IDEA. As required by statute, the ICC is comprised of a body of people appointed by the governor representing families, EI providers, agencies and representatives from the community.

**State Performance Plan (SPP):**

A State Performance Plan is a formal document developed by the LA outlining a six (6) year plan to evaluate the state's implementation of Part C regulations and how the state will improve such implementation. The SPP shall include compliance indicators (of which targets are one-hundred percent (100%) and results indicators (of which targets have been established by the LA).

**Annual Performance Report (APR):**

The Annual Performance Report is the formal document completed by the LA, required by and submitted to OSEP on an annual basis identifying the outcomes of the SPP targets.

**Compliance Indicators:**

Compliance indicators are SPP/APR indicators assess performance and address noncompliance at one-hundred (100%).

**SPP/APR Results and LA Indicators:**

SPP/APR Results and LA Indicators are additional BWEIP developed indicators to assess performance and address non-compliance at a level established by the LA.

**Baby and Toddler Online Tracking System (BTOTS):**

BTOTS is a Utah database application designed to track EI activities and information, assist EI providers in day-to-day activities, encourage compliance with state and federal regulations and simplify compliance monitoring by allowing the LA access to statewide child information.

**Utah's Complaints/Dispute Resolution System:**

The Utah Complaints/Dispute Resolution System is an established Part C process utilized to identify and correct noncompliance in the implementation of IDEA requirements, to identify components of the system that need improvement and to ensure parents rights are being met.

**Off-site Monitoring:**

For the purposes of this policy, off-site monitoring is all LA monitoring activities of EI programs to promote compliance, technical assistance, improvement strategies, corrective actions, sanctions or incentives to ensure timely correction of all noncompliance and performance in the following areas:

- Review of data accountability plans;
- Review of compliance/monitoring reports collected through BTOTS; and
- Review of materials requested by the LA.

**On-site Monitoring:**

For the purposes of this policy, on-site monitoring refers to any LA oversight activities of EI programs provided at their locations to promote compliance and performance that may identify noncompliance, the need for corrective action plans, technical assistance, improvement strategies and incentives or sanctions to ensure timely correction of all instances of noncompliance.

94 **Program Determinations:**

95 As required by IDEA, program determinations are based on an annual LA review of EI programs'  
96 performance to determine if programs are meeting IDEA Part C requirements (See [Attachment](#)  
97 [2](#)).

98 **Noncompliance:**

99 Noncompliance is any instance in which IDEA, SPP/APR compliance indicators are performed  
100 less than one-hundred percent (100%).  
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103 **Finding of Noncompliance:**

104 A finding of noncompliance is any finding of noncompliance determined by the LA through off-site  
105 or on-site monitoring that includes:

- 106 • A written notification of the requirement with which noncompliance is identified;
- 107 • A summary of the data that details noncompliance; and
- 108 • The requirement that the noncompliance be corrected as soon as possible but no later than  
109 one (1) year from the date of the written notification of the finding of noncompliance.  
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111 **Corrective Action (CA):**

112 For the purposes of this policy, corrective action is the EI programs' correction of any findings of  
113 noncompliance identified by the LA (See [Attachment 3](#)).  
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115 **Correction of Noncompliance:**

116 Correction of noncompliance is a formal verification by the LA that the EI program has corrected  
117 all instances of noncompliance by:

- 118 • A review of data that demonstrate correction of each individual instance of noncompliance;
- 119 • A review of data that demonstrate that any required actions took place, although late, for  
120 timeline-specific requirements, unless the child is no longer under the jurisdiction of EI; and
- 121 • A review of subsequent data that demonstrate full compliance at one-hundred percent  
122 (100%).  
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124 **Low Performance - SPP/APR and LA Results Indicators:**

125 These indicators may impact a program's annual determination and may result in a requirement  
126 for performance improvement activities.  
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128 **Low Performance – Determined by the LA):**

129 These indicators are in accordance with targets set by the LA with input from the stakeholders.  
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131 **Incentives:**

132 Incentives are LA recognition of EI programs that have met or exceeded established targets or  
133 have demonstrated full compliance of one-hundred percent (100%).  
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135 **Sanctions:**

136 Sanctions may be imposed on EI programs by the LA when performance has not improved or  
137 noncompliance is not corrected in a timely manner.  
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139 **Training and Technical Assistance (TA System):**

140 Training and TA are services provided to EI program providers to ensure compliance with IDEA  
141 requirements and evidence-based practices.  
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## IV Procedure(s):

### A. State General Supervision System Framework:

1. The [State General Supervision System Framework](#) (See [Attachment 1](#)) demonstrates the state's tiered intervention framework for general supervision.
  - a. **General Activities:** An annual review of every program.
    - 1) The LA shall conduct several annual general supervision activities for each EI program to monitor the implementation of IDEA and identify possible areas of noncompliance and low performance. The general activities include:
      - a) Collection and verification of BTOTS data for the SPP/APR compliance and results indicators;
      - b) Program Determinations;
      - c) Review of program data accountability plan;
      - d) Fiscal Management;
      - e) Collection and verification of 618 data in BTOTS618 data; and
      - f) Targeted technical assistance and professional development.
  - b. **Focused Activities:** An annual review of selected EI programs
    - 1) The LA shall conduct annual focused monitoring activities with selected EI programs. The programs and areas of focus are determined annually based on state aggregated data, individual program data and other information.
      - a) EI programs and the ICC may be included in determining which EI programs will be reviewed and what focused activities will be reviewed.
      - b) Focused monitoring activities may include:
        - i) Off-site monitoring activities to include in-depth review of data entered in BTOTS.
        - ii) On-site monitoring activities to include file reviews, interviews, observation and follow-up monitoring visits.
        - iii) Additional activities completed as determined necessary by the LA.
  - c. **Intensive Activities:** A review of EI programs, as needed.
    - 1) The LA shall conduct intensive monitoring activities in EI programs, as needed.
      - a) Intensive activities may be necessary based on issues identified through general or focused monitoring activities, the complaints/dispute resolution system, or other means. Intensive activities include:
        - i) On or Off-site monitoring activities, including an in-depth review of data entered in BTOTS;
        - ii) Interviews;
        - iii) Follow-up monitoring visits; and
        - iv) Additional activities determined necessary by the LA.

### B. Identification of Noncompliance:

1. Noncompliance may be identified at all levels within the [State General Supervision System Framework](#) through relevant activities.
2. If the LA finds noncompliance with any compliance indicator, it shall make a written notification of the finding of noncompliance and require a corrective action (CA) of full correction of all noncompliance from the respective EI program.

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### **C. Correction of Noncompliance:**

1. All noncompliance, once it is identified and notification is given to the EI Program, shall be corrected as soon as possible, but in no case later than one (1) year from the date of the written notification of findings of noncompliance.
2. The LA shall require CAs for all noncompliance.
3. The actions and reporting required varies based on the level of noncompliance as delineated in the Corrective Action Overview (Attachment 2).
4. If noncompliance is not corrected within one (1) year of the written finding of noncompliance, the LA may impose sanctions, such as:
  - a. More explicit details required within the CA;
  - b. On-site visits to determine root causes of noncompliance;
  - c. Additional reporting requirements deemed necessary to ensure compliance; and
  - d. Extensive technical assistance.
5. The LA may require that the EI program provide detail in the CA on how they may revise necessary policies, procedures or practices that contributed to any noncompliance.

### **D. Training and Technical Assistance:**

1. The LA may provide training and TA that is directly linked to the SPP/APR and state monitoring activities to assist EI programs in:
  - a. Understanding the requirements related to these indicators;
  - b. Developing and implementing meaningful improvement plans to correct any noncompliance;
  - c. Enhancing their program performance; and
  - d. Improving outcomes for children and families within their program.

### **V Related Directive(s):**

Part C of IDEA;  
20 U.S.C. 1435(a)(10)(A); and  
Section 616 and 642 of the 2004 Amendments of the IDEA

### **VI Revision Log:**

April 2011: **New** policy  
June 2011: **Revised** Purpose statement. **Added** definition of Compliance Indicators. **Revised** title of State Indicators to APR/SPP Results and LA Indicators and its content. **Revised** definition of Noncompliance. **Added** reference to access by LA staff and Note to Attachments 1 and 2.

252 August 2011: Added definitions of Low Performance – SPP/APR and Low Performance –  
 253 Determined by the LA within Definitions section. **Deleted** reference to SPP/APR results  
 254 indications and LA indicators from definition of Noncompliance and **deleted** definition of  
 255 Corrective Action Plan. **Deleted** former ss (A1a1)b) referencing data submitted in BTOTS for  
 256 state indicators, **added** ss (A1a1)d-f), **added** reference to “on” in ss (A1c1)a)i), **added** ss (ii-iv)  
 257 within ss (A1c1)a) and **deleted** ss (A1c2) regarding file review all within State General  
 258 Supervision System Framework. **Deleted** “Correction” from section title of “Identification and  
 259 Correction of Noncompliance, **deleted** reference to noncompliance shall be corrected as soon as  
 260 possible in former ss (B3) and **deleted** former ss (B4 & B4 Note) regarding LAs require CAs for  
 261 all noncompliance and actions required may vary based on the level of noncompliance all within  
 262 ss (Identification of Noncompliance). **Revised** former subsection title of Corrective Action to  
 263 Correction of Noncompliance within ss (C), **added** new ss (C1-4a-d). **deleted** former ss (C2 and  
 264 C5) referencing EI programs cited for noncompliance shall be released from the CA and  
 265 reference to LA imposed sanctions all within Correction of Noncompliance. **Deleted** former ss (D)  
 266 regarding Corrective Action Plan. **Added** new Attachment 2. **Revised** minor wording and  
 267 bulleting throughout policy.  
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<i>Susan Ord</i>		<i>8-10-11</i>
<b>Susan Ord, BWEIP Manager</b>		<b>Date</b>

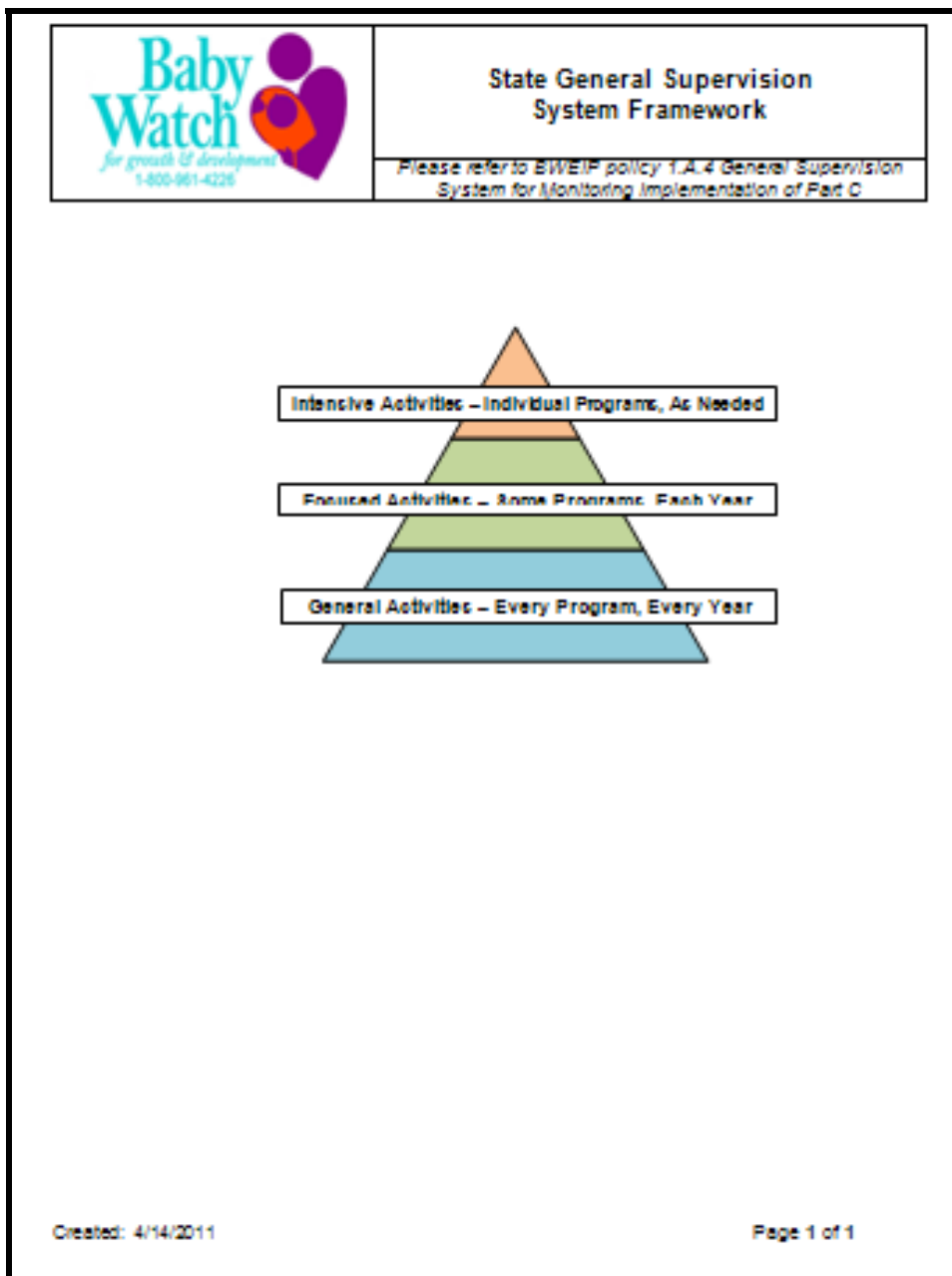
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## Attachment 1: State General Supervision System Framework

The *State General Supervision System Framework* may be accessed by LA staff by clicking [here](#).

**Note:** All Attachments may be accessed on the BWEIP website.




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315 **Attachment 2: Program Determinations**

316 The **Program Determinations** may be accessed by LA staff by clicking [here](#).

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319 **Note:** All Attachments may be accessed on the BWEIP website.

320 Page 1 of 3

		<b>PROGRAM DETERMINATIONS</b> BWEIP's Determination Criteria for Local Program Performance in Meeting the Requirements and Purposes of the IDEA Please refer to BWEIP policy 7.1.6 General Supervision System for Monitoring Implementation of Part C		
Determination Criteria	Needs Requirements	Needs Assistance (Conditions imposed a few times or monthly system - see below)	Needs Intervention (Conditions imposed a few times or monthly system - see below)	Needs Substantial Intervention (Conditions imposed - see below)
Substantial compliance as all SET, ITC, compliance indicators (A, T, B, C, D, and E)	<ul style="list-style-type: none"> <li>Demonstrates 90%-100% compliance on all compliance indicators</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates 70% - 90.99% compliance on one or more compliance indicators</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates 50% - 70.99% compliance on one or more compliance indicators</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates less than 50% compliance on one or more compliance indicators</li> </ul>
Performance on Results Indicators (For implementation in FFY 2010-2011)	<ul style="list-style-type: none"> <li>Meets or exceeds the state target</li> </ul>	<ul style="list-style-type: none"> <li>Does not meet state target</li> <li>Does not demonstrate progress toward the state target</li> </ul>	<ul style="list-style-type: none"> <li>Does not meet state target</li> <li>Does not demonstrate progress toward the state target</li> </ul>	<ul style="list-style-type: none"> <li>Does not meet state target</li> <li>Does not demonstrate progress toward state target</li> <li>There is no clear progress being made</li> </ul>
Timely correction of ALL non-compliance identified through "Audit Findings" (applying, file review, database, etc.)	<ul style="list-style-type: none"> <li>Demonstrates timely correction of all non-compliance identified in the previous fiscal year</li> <li>Has program manual activities to timely correct all non-compliance identified in the previous fiscal year</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate timely correction of all non-compliance from previous fiscal year</li> <li>Has made significant progress toward correcting all non-compliance identified in the previous fiscal year</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate timely correction of all non-compliance identified in the previous fiscal year</li> <li>Has not made significant progress toward correcting all non-compliance identified in the previous fiscal year</li> </ul>	<ul style="list-style-type: none"> <li>Failure to substantially comply significantly affects core requirements of the program</li> <li>There is no clear progress to comply to correct non-compliance</li> </ul>
Valid and reliable data on ALL (including results) indicators	<ul style="list-style-type: none"> <li>ALL indicators have valid and reliable data</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate missing valid and reliable data</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate missing valid and reliable data</li> <li>Does not demonstrate sufficient progress in correcting data problems identified through data review or other means</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate missing valid and reliable data</li> <li>Failure to correct data problems significantly affects core requirements of the program</li> <li>There is no clear progress to comply to correct data problems</li> </ul>
Timely Dispute Resolution	<ul style="list-style-type: none"> <li>No disputes OR</li> <li>Demonstrates timely resolution of all disputes</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate timely resolution of one or more disputes</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate timely resolution of any disputes</li> </ul>	<ul style="list-style-type: none"> <li>Does not demonstrate timely resolution of any disputes</li> <li>There is no clear progress to resolve disputes</li> </ul>

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### Attachment 3: Corrective Action Overview

The **Corrective Action Overview** may be accessed by LA staff by clicking [here](#).

**Note:** All Attachments may be accessed on the BWEIP website.

Compliance Level	Action Required?	Program	Corrective Action Requirements
100% Compliance	Yes	None	NA
92% to 99% Compliance	Yes	<ul style="list-style-type: none"> <li>• Determine cause and cause of each issue</li> <li>• Update the child's or caregiver's Plan C</li> <li>• Monitor and provide a record of each report in the CWSIS system</li> </ul>	<ul style="list-style-type: none"> <li>• Case reports in CWSIS showing compliance for all child dual issue cases per completion, all though to be for 6 months (0, 1, 5, 6)</li> <li>• Compliance case reports in CWSIS for each indicator of concern per CWSIS specifications</li> </ul>
80% to 91% Compliance	Yes	<ul style="list-style-type: none"> <li>• Analysis of reasons of non-compliance</li> <li>• Written implementation plan of an action plan</li> <li>• Monthly compliance report submitted and approved by CWSIS</li> <li>• T-1 compliance report submitted</li> <li>• Create CWSIS T-1</li> </ul>	<ul style="list-style-type: none"> <li>• Case reports in CWSIS showing compliance for all child dual issue cases per completion, all though to be for 6 months (0, 1, 5, 6)</li> <li>• Compliance case reports in CWSIS for each indicator of concern per CWSIS specifications</li> <li>• Quarterly written and reporting in CWSIS of compliance reports for the indicator of concern</li> <li>• That all non reports in CWSIS shall be progress by 6/30/11</li> </ul>
70% to 79% Compliance	Yes	<ul style="list-style-type: none"> <li>• Analysis of reasons of non-compliance</li> <li>• Written implementation plan of an action plan</li> <li>• Monthly compliance report submitted and approved by CWSIS</li> <li>• T-1 compliance report submitted</li> <li>• Create CWSIS T-1</li> </ul>	<ul style="list-style-type: none"> <li>• Case reports in CWSIS showing compliance for all child dual issue cases per completion, all though to be for 6 months (0, 1, 5, 6)</li> <li>• Compliance case reports in CWSIS for each indicator of concern per CWSIS specifications</li> <li>• Quarterly written and reporting in CWSIS of compliance reports for the indicator of concern</li> <li>• Monthly written reports in T-1 shall with CWSIS</li> <li>• That all non reports in CWSIS shall be progress by 6/30/11</li> </ul>
<70% Compliance	Yes	<ul style="list-style-type: none"> <li>• Analysis of reasons of non-compliance</li> <li>• Written implementation plan of an action plan</li> <li>• Monthly compliance report submitted and approved by CWSIS</li> <li>• T-1 compliance report submitted</li> <li>• Create CWSIS T-1</li> </ul>	<ul style="list-style-type: none"> <li>• Case reports in CWSIS showing compliance for all child dual issue cases per completion, all though to be for 6 months (0, 1, 5, 6)</li> <li>• Compliance case reports in CWSIS for each indicator of concern per CWSIS specifications</li> <li>• Quarterly written and reporting in CWSIS of compliance reports for the indicator of concern</li> <li>• Monthly written reports in T-1 shall with CWSIS</li> <li>• That all non reports in CWSIS shall be progress by 6/30/11</li> </ul>

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