

**State Performance Plan / Annual Performance Report:
Part C**

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

**For reporting on
FFY18**

Delaware



PART C DUE February 3, 2020

**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

Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) in Delaware. The Birth to Three office sits in the Division of Management Services (DMS) and is responsible for fiscal management, policy direction and ensuring regulatory compliance under Part C of IDEA. Part C-eligible children and families receive services through Child Development Watch (CDW), located within the Division of Public Health (DPH).

Delaware's Part C program has received the annual determination of Needs Assistance since 2015. In previous years, Delaware has been able to assure correction of instances of noncompliance. Instances of noncompliance have been corrected as quickly as possible and within one year of identification. Birth to Three adheres to OSEP Memo 09-02 regarding the correction of identified noncompliance. However, through data review and stakeholder input, these instances have been identified as systemic in nature and now require formalized written findings of noncompliance.

To address these findings, Birth to Three and CDW have received OSEP-recommended technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy), Early Childhood Personnel Center (ECPC), the Early Childhood Technical Assistance Center (ECTA), the IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI). Technical assistance was received to address findings in the areas of timely service delivery, IFSP development timelines, and transition steps and timelines. Delaware will continue to provide OSEP with updates and additional information so that OSEP may determine the scope of engagement necessary to improve compliance. This will include further collaboration with OSEP-funded technical assistance centers, working with stakeholders to launch a root cause analysis to identify the factors that contributed to low compliance, and additional OSEP engagement and follow-up.

December 2-4, 2019 federal staff from the U.S. Department of Education, Office of Special Education Programs (OSEP), Monitoring State and Improvement Planning Division conducted a Differentiated Monitoring and Support (DMS) Technical Assistance (TA) visit to Delaware's Birth to Three Program. The purpose of OSEP's visit was in response to the DMS notice issued to the Birth to Three Program on August 16, 2019. While onsite, OSEP staff conducted focused monitoring and provided TA on needs identified within the DMS notice. The identified needs included: timely delivery of early intervention services; lead agency general supervision responsibilities; State Systemic Improvement Plan (SSIP) and fiscal monitoring requirements. Topics also included system components and implementation of early intervention as outlined under Part C of the Individuals with Disabilities Education Improvement Act (IDEA). In addition to OSEP, the Birth to Three Program and Child Development Watch (CDW) staff, meeting participants included stakeholders and national TA consultants.

During the onsite visit, OSEP noted many strengths: level of stakeholder engagement is very committed and present; involvement of the TA partners in ground work preparations and follow-up after the visit; a clear desire for program improvement; awareness of areas in need of improvement and where system alignment and coordination could be strengthened; dedicated TA partners and stakeholders; sharing documents with OSEP prior to visit which allowed for richer conversation during the meeting and having a committed OSEP team to support Delaware's early intervention program. Areas of concern, noted by OSEP were as follows: the lead agency needs to improve performance on regulation 34 C.F.R. §303.120 – Lead agency role in supervision, monitoring funding, interagency coordination and other responsibilities; 34 C.F.R. §303.119 – Personnel standards with policies ensuring that all providers meet qualifications; 34 C.F.R. §303.420(b)(2) – Parent consent of eligibility evaluation, assessment and services; 34 C.F.R. §303.343 – IFSP team participation and decisions being made about services; 34 C.F.R. §303.321 – Evaluation and assessment of child and family; 34 C.F.R. §303.635(a)(10), 300.640 and 300.101 – Free Appropriate Public Education (FAPE) and Use of Funds for children with summer birthdays as well as those eligible under state mandate; 34 C.F.R. §303.342 – Ensuring valid and reliable data is contained in the Annual Performance Report (APR), particularly Indicator 1 which pertains to timely delivery of services; 34 C.F.R. §303.118 – Evidence of a Comprehensive System of Personnel Development (CSPD) across programs, procedures, and training calendar; 34 C.F.R. §303.700 – Lead Agency must create formal written procedures for State Monitoring and Enforcement Mechanisms to ensure compliance and 34 C.F.R. §303.435-436 – There needs to be a formal, written procedure in place to ensure families understand their rights under Part C of IDEA and ensure staff are trained on formally handling parent complaints.

Information that OSEP gathered throughout the visit as well as subsequent documentation determined the content of the findings which will be issued by OSEP within 120 days of the onsite visit. OSEP stressed that state staff should not wait to begin making program and practice changes. The Birth to Three Program and stakeholders developed a technical assistance plan to define key actions, responsibilities and timelines based on the initial feedback from the visit. Delaware intends to continue to move forward with a strategic plan which includes collaboration with stakeholders, OSEP and national TA's to ensure that the areas of concern are address accordingly, while establishing a method of practice for any future concerns that may become apparent in the process.

Delaware maintains confidence in its data presented in the Annual Performance Report (APR) and the documented efforts of the system to continually improve compliance. Additional information and copies of previous reports are available on the Birth to Three website <https://www.dhss.delaware.gov/dhss/dms/epqc/birth3/regulatoryrpt.html>

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.

FFY 2018 Part C State Performance Plan (SPP)/Annual Performance Report (APR)
Current Initiatives:

Birth to Three actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, which provides the highest quality services and environment for Delaware's children and their families. The Program collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three year-olds by 25% within 60 months (July 2021). In addition, Birth to Three is a governor-appointed member

of the Early Hearing Detection and Intervention Advisory Board (EHDI) and The Governor's Advisory Council for Exceptional Children (GACEC) and is an active participant on the State Council for Persons with Disabilities.

CDW benefits from Autism-related services funded through HRSA (Health Resources & Services Administration) and AMCHP (Association of Maternal & Child Health Programs) by providing expedited medical evaluations for children identified with Autism Spectrum Disorder (ASD) concerns. This allows children on the Autism Spectrum to receive medical supports as well as other needed supports as determined by the child's and family's IFSP.

Birth to Three continues to distribute the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals. English and Spanish portfolios are distributed annually and are available on the Birth to Three website.

Birth to Three plans to utilize the Center for Appropriate Dispute Resolution in Special Education's (CADRE) materials recently developed to explain the dispute resolution options under Part C of the IDEA: mediation, written state complaints and the due process complaint and hearing procedures specific to families with infants or toddlers with disabilities. Delaware adheres to Delaware Part C due process hearing procedures.

In May 2019, Birth to Three staff hosted a meeting with 50 participants from across the state to develop a coordinated plan that aligns federal, state and local efforts to improve results for infants, toddlers, and children with disabilities, and their families. The long-term outcome of the state's Results-Based Accountability (RBA) meeting is to design a statewide structure of support in partnership with the stakeholder networks represented at the meeting to continuously improve results for young children with disabilities and their families. See attached the Summary Report of the Results Based Accountability (RBA) meetings. (living document)

Birth to Three collaborated with the Department of Education and the Office of Early Learning in plans to add an Ages and Stages Questionnaire link to the Birth to three website. This is to offer families an additional opportunity to access developmental screenings.

Participation in outreach events occur through the year. Birth to Three staff attend and provide resource materials to at risk populations, general public and early intervention professionals. Some of the outreach activities were designed to reach military families, underserved populations, more specifically the Amish community in Delaware. Foster families, homeless or displaced families and multi cultural populations were a main focus of several of the outreach activities. Statewide collaboration occurred with many family and child servicing organizations including; New Directions Early Head Start, the Child Care Association of Sussex County Delaware, Exceptional Family Member Program at the Dover Air Force Base, and Christiana Care's health community workers to name a few.

Birth to Three staff also participated in the planning of, attendance to and provision of vendor information tables at conferences through out Delaware. These include The Life Conference held January 31, 2019 designed to support individuals with disabilities across the lifespan; The Making a Difference Conference, held April 5-6, 2019 designed to educate and inform early childhood educators and child care center staff; the Inclusion Conference, held March 13, 2019 designed to offer participants the opportunity in breakout sessions and workshops on early intervention and education specific topics.

Fiscal:

Birth to Three utilizes a central billing system to process claims. With parent consent and notification, private and public insurances are accessed to contribute funds for services. A sliding fee scale is utilized when parents do not provide consent to utilize their private insurance; however, service provision is not contingent upon any family's inability to pay for services. Delaware has finalized its System of Payments under the guidance of OSEP in order to comply with IDEA and training is being developed for statewide implementation.

Data System: The data system (DHSSCares) is a vital component to the general supervision system. Regional CDW programs enter and maintain their own data in DHSSCares. The data system is web-based to allow for data to be entered from state offices and remote, third-party locations. The system includes child demographics, Part C eligibility, assessments, service delivery data, child outcome scores, and progress notes. DHSSCares also generates the Annual Child Count reports, child outcome reports, and other data required for compliance and quality management purposes.

Delaware went out for RFP for a new data system which is still currently pending.

Monitoring and Accountability: Birth to Three monitors on compliance and performance measures based on the collection, analysis and utilization of data from all available sources, primarily the statewide data system (DHSSCares), onsite chart monitoring, and the family survey.

As noted in Issue 1 – Demonstrating Correction in OSEP Memo 09-02, Delaware establishes the following to determine that previously identified noncompliance has been corrected, Delaware:

1. Accounts for all instances of noncompliance, including non-compliance identified:
 - a. Through the states on site monitoring system or other monitoring procedures such as self-assessment
 - b. Through the review of data collected by the state, including compliance data collected through a state data system; and by the Department
2. Identifies where (in what Local Educational Agencies (LEA) or Early Intervention Services (EIS) programs), noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance.
3. If needed, changes, or requires each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and
4. Determines, in each LEA or EIS program with identified noncompliance that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on Delaware's review of updated data such as data from subsequent on site monitoring or data collected through the data system.

The monitoring plan used for onsite chart audits has been previously accepted by OSEP. In anticipation of utilizing a more efficient monitoring plan, Delaware intends to review and submit changes to OSEP for approval.

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.

Birth to Three avails a training administrator and onsite technical assistance for each of the two CDW clinic locations. Birth to Three collaborates with CDW leadership to provide regulatory guidance and technical assistance to ensure progress towards compliance and evidence-based service delivery

practices. All new staff are offered a 16-hour training and orientation on federal policies and regulatory guidance on early intervention and service coordination, as well as on the Delaware specific early intervention program. These modules have been endorsed by the University of Delaware through the University's Human Development and Family Sciences department, Early Childhood Education (ECE) program, to be recognized by subject matter experts. The training modules are also utilized as resources for veteran service coordinators to ensure consistency of information and best practices. Birth to Three also provides training on the DHSSCares data system to allow for consistency in data management and program documentation. One-on-one technical assistance is also available to individual staff as requested, or identified through chart monitoring. Training and ongoing technical assistance is offered on topics such as transition, early childhood outcomes, birth mandates, and other topics as necessary.

As a result of the determination of Needs Assistance, Birth to Three formally engages continuous technical assistance, through; IDC DASY NCSI ECTA OSEP Delaware Department of Education (DDOE) / Office of Early Learning (OEL)

As previously mentioned, Birth to Three, in an ongoing effort to better educate and inform stakeholders on general supervision of Part C of IDEA, participated in a cross state learning collaborative pilot. The focus groups that were held in November 2018 aided in the decision making now on how we proceed with determining eligibility timelines. These groups informed the process of development of the RBA and General Supervision trainings. This pilot was offered by WestEd technical assistance center in collaboration with NCSI to help facilitate the Results Based Accountability (RBA) meetings held in May 2019.

In June 2019, Birth to Three along with the Parent Information Center (PIC) of Delaware conducted a 2 day statewide training for Child Development Watch staff to provide technical assistance around Prior Written Notice and System of Payments as required by IDEA.

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.

Delaware has received technical assistance from ECTA's Early Childhood Personnel Center (ECPC) and participated in ECPC leadership institutes to support a birth to five comprehensive systems professional development plan to address training and professional development needs in early intervention and early childhood systems. This plan is currently being reviewed by Delaware stakeholders to assess this cross sector sustainable personnel and professional development system for all programs serving young children, in order to sustain a high quality work force. Birth to Three actively participates in the Early Childhood Early Intervention Professional Development Community of Practice (ECEIPDCoP), and National Service Coordinators Training Workgroup to address training needs of early intervention service coordinators. Birth to Three is actively working within this group to identify universally recognized service coordinator personnel standards and competencies to ensure that the service coordinator profession is equipped to serve infants and toddlers with disabilities and their families.

In addition, Birth to Three also collaborates with CDW leadership in the hire of all Early Childhood Special Educators (ECSE) providing services to infants and toddlers with disabilities that participate in early intervention services in Delaware. Delaware has developed a Personnel Standards and Guidelines Matrix that ensures all ECSEs have appropriate collegiate certification and professional experience with a focus on infants and toddlers with special needs, and their families.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on 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).

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated in a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feedback on general supervision.

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

YES

Reporting to the Public:

How and where the State reported to the public on the FFY 2017 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 2017 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 2017 APR in 2019, is available.

Delaware's ICC continues to play an integral part in how Birth to Three and CDW share federal and state level reporting data with stakeholders. During the quarterly ICC meetings held in January, April, July and October, the Birth to Three program shares with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in APR Indicators 1, 7 and 8a-c; the Family Survey report which is used to calculate Indicator 4 information along with Child Count and Setting results that the Family Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8b, Child Outcomes data pertaining to Indicator 3 targets and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, DPH/CDW staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website <https://www.dhss.delaware.gov/dhss/dms/epqc/birth3/>

Intro - Prior FFY Required Actions

None

Response to actions required in FFY 2017 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 2018 SPP/APR, the data for FFY 2017), 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	2005	81.28%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	84.33%	76.08%	79.00%	79.75%	64.54%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
143	300	64.54%	100%	55.33%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Prior to December 2019, at which time Delaware hosted OSEP representatives for an onsite visit, the State of Delaware's criteria for timely receipt of early intervention services was defined as services starting within 30 days from the date that the parent consents for service(s) which was indicated by a Release of Information (ROI) form signed by the parent for each early intervention provider. Subsequent to the December 2019 OSEP visit, at the request of OSEP representatives, Delaware recalculated Indicator 1 monitoring data taking into account the clarified definition of timely service delivery to state that early intervention services will start within 30 days of parental consent which is indicated as a signature on the IFSP (Section 12). Due to this adjustment, data for FFY18 showed a marked decrease from previous years.

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.

23

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).

Prior to December 2019, at which time Delaware hosted OSEP representatives for an onsite visit, the State of Delaware's criteria for timely receipt of early intervention services was 30 days. The date referred for service was defined as the date that the parent consents for service(s) which was indicated by a Release of information form signed by the parent for each early intervention provider. Subsequent to the December 2019 OSEP visit, Delaware has adjusted the definition of timely service delivery to state that early intervention services will start within 30 days of parental consent which is indicated as a signature on the IFSP (Section 12).

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Annual chart monitoring occurred in May and June 2019. Audit reviews were conducted for both regions, CDW Northern Health Services and CDW Southern Health Services, to ascertain the level of compliance of service delivery timelines.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

XXX

If needed, provide additional information about this indicator here.

Charts were randomly selected using the caseload report of each CDW staff person managing a case. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. Delaware hosted OSEP in December 2019 and was informed that previous years calculations for timely service delivery were incorrect. The FFY2018 data was to be calculated by determining the thirty (30) day timeline from the date of parental consent to the service action. In previous years, Delaware has recognized parental consent as the Release of Information date for each agency. OSEP clarified that the date of parental consent is actually the signature on the IFSP, of the parents acknowledging the update, as indicated in regulations §303.7 and §303.342(e). As in previous APRs, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2018, at least 5 charts of every Family Service Coordinator were randomly reviewed (if a staff had fewer than 5 cases all cases were reviewed). A total of 300 charts were reviewed; 159 cases were managed by CDW Northern Health Services. CDW Southern Health Services managed 141 cases. All charts were monitoring for timely service delivery.

Of those 300 charts, 143 (47.56%) children received all their services within the 30-day state-designated timeline. An additional 23 (7.67%) children experienced a service delay as a result of exceptional family circumstances. A breakdown of those circumstances are as follows: 3 children experienced conditions delaying services, 1 was hospitalized, 2 families had illnesses preventing timely service delivery, 1 family called to reschedule the initial visit, 3 families did not show for the initial visit, 7 families requested a delay in services past the 30 days, 1 family initially refused the service, 4 families were difficult to get in touch with and contact was lost. Delaware has been including exceptional family circumstances in both the numerator as well as the denominator. Employing this method allows for the preservation of the original monitoring sample which reflects a relatively small number of children participating in Delaware's Part C as compared to other states. This resulted in a 55.23% (166/300) compliance rate. This is a significant decrease from FFY17's 65.54% compliance rate. Delaware has determined that the recalculation of timely service delivery being 30 days from a signed IFSP (i.e. parental consent) is a primary cause of this decrease.

A total of 134 families had delays in services, outside of exceptional family circumstances. Families of 27 infants/toddlers experienced delays due to services not being available. Providers had concerns that delayed service delivery of 1 family. Provider cancellations caused 2 families to not receive timely services and 4 delays were due to service coordinator's late scheduling. Data indicated that another 100 families experienced delays in services due to the recalculations. Delaware is resolving this issue and is providing training and technical assistance.

All 134 instances of non-compliance were addressed. Services were ultimately provided in each case. Reports generated from DHSSCares indicated that services documented on the IFSP were provided within 90 days whether by interim services or providers becoming available for the recommended services. Early intervention providers and CDW service coordinators were reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2) and the State verified compliance by performing follow-up file reviews of the identified service coordinators to assure compliance. Service coordinators were also provided technical assistance to ensure that they are correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification).

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	2	-2

FFY 2017 Findings of Noncompliance Verified as Corrected

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

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements. The two findings from FFY17, one for Northern Health Services and one for Southern Health Services were due to insufficient availability of services and referrals not being sent to the vendor within a timely manner to ensure adequate time for the vendor to provide services within 30 days. While there has been a significant improvement in decreasing the amount of families affected by availability and referral delay, the issues are still present. We continue to address the issue by meeting and communicating with providers about their levels of capacity in all disciplines as well as proving FSC's with

ongoing technical assistance. For instances of FSC's not sending referrals in a timely manner, Birth to Three provides one on one technical assistance and guidance to help work on any barriers that may be causing this issue. Subsequently, when charts were reviewed, the compliance level was 100%

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

Birth to Three utilized data set reports, pulled monthly, to ensure that the 2 instances of noncompliance are corrected.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

1 - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

Response to actions required in FFY 2017 SPP/APR

FFY16 data showed that the State did not issue a finding of non compliance because within the first 60 days from annual chart monitoring all 49 instances of non compliance of had been corrected by the program and verified by the state. All children have exited the program either through moving or aging out.

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	2005	85.12%			
FFY	2013	2014	2015	2016	2017
Target>=	90.00%	90.01%	90.02%	90.03%	90.04%
Data	93.76%	95.38%	94.72%	96.21%	96.52%

Targets

FFY	2018	2019
Target>=	90.05%	95.41%

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated an a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feed back on general supervision.

Delaware's statewide Inclusion Conference offers a strand specifically targeted to early childhood. The 25 the conference registered approximately 500 individuals including staff from state agencies, school districts, parents, and early childhood centers.

Dr. Elizabeth Berquist presented the keynote, "Solutions for Equitable Access" . The keynote established that Equity is the basis for inclusive educational system change. Schools need to be equipped with tools to ensure equity for all students while addressing the students' diverse needs. As such, administrators, instructional coaches, and teachers need professional learning that builds their capacity to learn and coach others in order to ensure equity. Leaders enter this work from different places and Universal Design for Learning will help us to design experiences that, from the inception, address existing learner variability and eliminate those barriers in the environment and instruction. The keynote session challenged participants to consider how the UDL framework could be used to design learning experiences that move equity theory into practice; moving from theory to practice around the collective recognition of inequity is at the heart of consideration in our work.

Award-winning educator Liz Berquist brings almost twenty years of experience in Pre-K to 12 and higher education to her current role as Coordinator of Professional Learning for the Baltimore County Public School District (BCPS)—the 23rd largest district in the US—where she designs and delivers professional learning for district leaders. She began her career in BCPS, first as a classroom teacher and then as a central office staff member; Liz recently returned to BCPS after spending eight years as a faculty member in the Department of Special Education at Towson University in Maryland. Her research focused on Universal Design for Learning, conceptual change, faculty professional development, and enhancing university-school partnerships in professional development schools. Liz was also responsible for a multi-year Universal Design for Learning Professional Development Network (UDL PDN) developed to introduce faculty to the UDL framework and to build capacity in the design and delivery of courses that applied UDL to instruction. This work will be featured in the forthcoming text Transforming Higher Ed Through UDL: An International Perspective (Routledge Press). Liz has been a member of the CAST faculty cadre since 2010. In this role, she consults internationally with schools and universities, with a focus on implementation science, coaching, and professional learning communities. Dr. Berquist is a frequent presenter at national conferences and is an invited

facilitator for the Harvard Graduate School of Education Programs in Professional Education Summer UDL Institute. She is a member of the UDL Implementation and Research Network Board of Advisors and the CAST Professional Learning Advisory Council. She is currently completing a second book, *The UDL Journey* (co-authored with Patti Ralabate), slated for publication in 2019.

A birth to three focused workshop was provided by M'Lisa Shelden and Dathan Rush, authors of the *Early Childhood Coaching Handbook*. The interactive workshop afforded participants with the opportunity to view the basics of coaching as an interaction style for working with parents, other caregivers and classroom teachers in early childhood intervention programs.

All of these activities support Birth to Three's State Systemic Improvement Plan (SSIP) focus of improving social and emotional outcomes for young children within natural environments through professional development, family engagement and collaboration. The Annual Inclusion Conference, co-sponsored by DHSS Birth to Three, was held on March 13th, 2019.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,019
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Total number of infants and toddlers with IFSPs	1,068

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,019	1,068	96.52%	90.05%	95.41%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

Continued outreach, stressing the importance of home/community based services, has caused an increase in the 2 to 3 year old group total by Home setting. However, the decreases in Home/Community settings in the other groups correlate with the increase in services being provided in Other Settings. We are working to increase the number of providers so that this doesn't happen in the future. We are working our procurement office to eliminate the problem.

2 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated in a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feedback on general supervision.

FFY 2018 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Data was shared with ICC members in January 22, 2019 and no changes were recommended to targets. COS data is discussed at quarterly ICC meetings. Preliminary data reviews were completed periodically on the regional level in an effort to ensure that all qualifying COS's were captured in the data system and that data were reviewed for completeness and quality prior to data entry. Birth to Three reviews data with Child Development Watch biannually to discuss data validity and data entry concerns. These activities, including periodic data reviews and ongoing technical assistance have demonstrated progress in validity and reliability of data.

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2008	Target>=	48.00%	48.10%	48.20%	48.30%	48.40%
A1	46.63%	Data	52.49%	63.28%	61.15%	64.89%	63.79%
A2	2008	Target>=	40.00%	40.10%	40.20%	40.30%	40.40%
A2	48.73%	Data	54.22%	49.80%	50.41%	53.63%	41.46%
B1	2008	Target>=	50.00%	50.10%	50.20%	50.30%	50.40%
B1	48.39%	Data	61.46%	75.94%	74.22%	70.44%	67.68%
B2	2008	Target>=	45.00%	45.10%	45.20%	45.30%	45.40%
B2	41.53%	Data	48.34%	48.58%	50.41%	49.79%	36.15%
C1	2008	Target>=	50.00%	50.10%	50.20%	50.30%	50.40%
C1	50.54%	Data	57.49%	65.71%	71.23%	65.30%	65.28%
C2	2008	Target>=	45.00%	45.10%	45.20%	45.30%	45.40%
C2	47.46%	Data	47.06%	53.85%	55.31%	50.62%	42.61%

Targets

FFY	2018	2019
Target A1>=	48.50%	48.60%
Target A2>=	40.50%	40.60%
Target B1>=	50.50%	50.60%
Target B2>=	45.50%	45.60%
Target C1>=	50.40%	50.50%
Target C2>=	45.50%	45.60%

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

829

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

	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	251	30.28%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	258	31.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	192	23.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	123	14.84%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	450	706	63.79%	48.50%	63.74%	Met Target	No 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	315	829	41.46%	40.50%	38.00%	Did Not Meet Target	Slippage

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

FFY 18 saw an increase in reported eligibility being based on established condition. Of the 829 children with completed COS, 165 (19.90%) had an existing medical condition which have affected the development of the child. In comparison to the FFY17 data where 40 (5.2%) of the 768 children with completed COS, had an existing medical condition which affected their development.

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

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	229	27.62%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	308	37.15%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	219	26.42%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	68	8.20%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	527	761	67.68%	50.50%	69.25%	Met Target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	287	829	36.15%	45.50%	34.62%	Did Not Meet Target	Slippage

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

FFY 18 saw an increase in reported eligibility being based on established condition. Of the 829 children with completed COS, 165 (19.90%) had an existing medical condition which have affected the development of the child. In comparison to the FFY17 data where 40 (5.2%) of the 768 children with completed COS, had an existing medical condition which affected their development.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	5	0.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	255	30.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	227	27.38%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	302	36.43%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	40	4.83%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	529	789	65.28%	50.40%	67.05%	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	342	829	42.61%	45.50%	41.25%	Did Not Meet Target	Slippage

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

FFY 18 saw an increase in reported eligibility being based on established condition. Of the 829 children with completed COS, 165 (19.90%) had an existing medical condition which have affected the development of the child. In comparison to the FFY17 data where 40 (5.2%) of the 768 children with completed COS, had an existing medical condition which affected their development.

Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?

XXX

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1	XXX	Data	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A2	XXX	Data	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Target>=	XXX	XXX	XXX	XXX	XXX
A2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX

B1	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B1	XXX	Data	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B2	XXX	Data	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
B2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C1	XXX	Data	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C1 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C2	XXX	Data	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
C2 AR	XXX	Data	XXX	XXX	XXX	XXX	XXX

Targets

FFY	2018	2019
Target A1 >=	XXX	XXX
A1 AR	XXX	
Target A2 >=	XXX	XXX
A2 AR	XXX	XXX
Target B1 >=	XXX	XXX
B1 AR	XXX	XXX
Target B2 >=	XXX	XXX
B2 AR	XXX	XXX
Target C1 >=	XXX	XXX
C1 AR	XXX	XXX
Target C2 >=	XXX	XXX
C2 AR	XXX	XXX

FFY 2018 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

XXX

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	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	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 slippage, if applicable

XXX

Provide reasons for A2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for A1 AR/ALL slippage, if applicable

XXX

Provide reasons for A2 AR/ALL slippage, if applicable

XXX

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 slippage, if applicable

XXX

Provide reasons for B2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for B1 AR/ALL slippage, if applicable

XXX

Provide reasons for B2 AR/ALL slippage, if applicable

XXX

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	XXX	XXX
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	XXX	XXX
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	XXX	XXX
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	XXX	XXX
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	XXX	XXX

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for C1 slippage, if applicable

XXX

Provide reasons for C2 slippage, if applicable

XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
turned 3 years of age or exited the program							

Provide reasons for C1 AR/ALL slippage, if applicable

XXX

Provide reasons for C2 AR/ALL slippage, if applicable

XXX

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

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	1,057
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.	209

	Yes / No
Was sampling used?	NO
Has your previously-approved sampling plan changed?	
If the plan has changed, please provide sampling plan.	

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

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

YES

Provide the criteria for defining "comparable to same-aged peers."

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

Birth to Three runs a canned report that populates data based on the criteria necessary to complete this indicator. Periodic review is conducted to ensure valid and reliable child outcome data are entered.

Provide additional information about this indicator (optional)

N/a

3 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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.

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

If the analysis shows that the demographics of the families responding are not representative of the demographics of infants, toddlers, and families enrolled 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.

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

4 - Indicator Data

Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2006	Target >=	90.00%	90.40%	90.80%	91.20%	91.60%
A	46.30%	Data	91.21%	91.95%	92.12%	89.18%	93.75%
B	2006	Target >=	93.00%	93.40%	93.80%	94.20%	94.60%
B	49.00%	Data	96.13%	95.34%	96.27%	97.39%	97.37%
C	2006	Target >=	93.00%	93.40%	93.80%	94.20%	94.60%
C	55.90%	Data	95.60%	97.88%	97.10%	94.78%	97.04%

Targets

FFY	2018	2019
Target A >=	92.00%	92.40%
Target B >=	95.00%	95.40%
Target C >=	95.00%	95.40%

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will

collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated in a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feedback on general supervision.

Birth to Three shared copies of the Family Survey at the January 28, 2020 ICC Meeting. University of Delaware is scheduled to present its findings at an upcoming ICC meeting. Survey results are annually shared with the regional CDW staff, the statewide ICC, and as part of the IRMC Annual Report. The IRMC Annual Report is also shared with the Joint Finance Budget Committee of the Delaware Legislature. Birth to Three Early Intervention System will continue to report to these stakeholders on results from the six family clusters: (1) overall satisfaction; (2) perceptions of change in self/family; (3) perceptions of child's change; (4) positive family program relations; (5) decision making opportunities; (6) accessibility and receptiveness; and perceptions of quality of life. One of the clusters, "Families' Perceptions of children's change" is also a state agency performance measure that is reported annually to the Department of Health and Social Services and to the Budget Office.

FFY 2018 SPP/APR Data

The number of families to whom surveys were distributed	846
Number of respondent families participating in Part C	283
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	261
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	283
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	272
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	283
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	274
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	283

	FFY 2017 Data	FFY 2018 Target	FFY 2018 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)	93.75%	92.00%	92.23%	Met Target	No 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)	97.37%	95.00%	96.11%	Met Target	No 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)	97.04%	95.00%	96.82%	Met Target	No Slippage

Provide reasons for part A slippage, if applicable

XXX

Provide reasons for part B slippage, if applicable

XXX

Provide reasons for part C slippage, if applicable

XXX

	Yes / No
Was sampling used?	YES
If yes, has your previously-approved sampling plan changed?	NO
If the plan has changed, please provide the sampling plan.	XXX

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The Child Development Watch Family Survey is the product of efforts of the Interagency Resource Management Committee (IRMC). The IRMC is composed of the Secretaries or Directors of the Delaware Department of Education, Department of Health and Social Services, and Delaware Services for Children, Youth and Their Families. These three departments sponsor and oversee Delaware's early childhood programs.

In 1990, the IRMC sponsored a study of the early intervention system in the state and as a result, the Family Survey was created. Its main goal was to

assess the family outcomes of programs serving children at risk and their families. It was originally based on an instrument used by the Delaware Early Childhood Center called Early Choices (Sandals & Peters, 2004). Additional studies of statewide early intervention programs were funded during subsequent years. In 1995, program stakeholders identified the topics that should comprise a family survey and staff at the Center for Disabilities Studies (CDS) of the College of Human Services, Education, and Public Policy at the University of Delaware developed the items. In 1996, a final instrument was agreed upon and the pilot study started.

In 1997, the survey was distributed to 4,751 families participating in state programs serving young children with disabilities between birth and five years of age. CDW and the Birth to Three Early Intervention System have continued using the Family Survey since 1998. For a complete history on the development and use of the survey see Salt and Moyer (2011).

Survey Description

The 2018 survey contains a total of 55 questions, which are divided into seven sections. The majority of items ask respondents to check the appropriate response (e.g., gender, age, income level) or mark their agreement on a five-point Likert scale (i.e., strongly agree to strongly disagree and N/A). Although in some cases a 7-point Likert scale is preferred over a 5-point scale (Alwin & Krosnick, 1991), we decided to reduce the scale from 7 to 5 points in 2014. There were several reasons for this decision. First, while a 7-point scale has more discrimination and is better for statistical analyses, for this survey we only present the percentages of each response and no statistical analysis is performed. This has been the format of the report since 2009. Second, after administering the survey, we questioned if respondents could really differentiate between a “strongly agree” and a “very strongly agree” opinion. In fact, due to the lack of variability between these categories, we collapsed the agree categories (“very strongly agree,” “strongly agree,” and “agree”) in previous years’ reports. Furthermore, this survey was conducted over the phone; we found a 7-point made the survey very lengthy, which discouraged respondents’ completion.

	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
If your collection tool has changed, upload it here	XXX
The demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.	YES

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Include the State’s analysis of the extent to which the demographics of the families responding are representative of the demographics of infants, toddlers, and families enrolled in the Part C program.

This year, the Center for Research in Education & Social Policy (CRESP) collected survey information for Child Development Watch (CDW) from August through September 2019. This family satisfaction survey was conducted via telephone, Internet, and mail with a nonprobability sampling method. The survey included one respondent per family, and the survey questions covered the period during which the child received services (i.e., 2018). CDW serves as a component of the Birth to Three Early Intervention System’s response to Part C of the Individuals with Disabilities Education Improvement Act of 2004. Delaware’s Birth to Three Early Intervention System is under the lead agency of the Delaware Department of Health and Social Services (DHSS) and is sponsored in part by the Interagency Resource Management Committee (IRMC). Infants and toddlers that participate in the CDW program are identified as having disabilities and/or developmental delays through multiple activities such as Child Find, Public Awareness, Early Identification and Screening, and Central Intake.

A total of 283 families successfully completed the 2018 Family Survey with 50.9% of the families from the northern region and 49.1% of the families from the southern region. The response rate this year was 33.5%, which exceeded the 30% response rate goal.

Families were asked about their overall satisfaction with CDW services as well as their perceptions in seven clustered areas: a) changes that occurred in their families, b) changes in their children’s development, c) family-program relations, d) opportunities to jointly make decisions with programs about the services for their children, e) program accessibility and responsiveness, f) changes in quality of life, and g) understanding of children’s social-emotional development.

The entire population of 846 families participating in the CDW program were included in the calculations. CRESP used volunteer sampling to collect data from families by reaching out to all families in the program by mail and/or by telephone. Like previous years, the goal was to have at least 30% of the total number of families receiving services complete the survey. Of the 846 families, a total of 283 families completed the survey either by telephone or online. These families represent 33.5% of the total number of families in the database provided (compared to 42.8% last year). Of these 283 families, 50.9% were from the northern region of the state (New Castle County) and 49.1% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 57.1% reporting Caucasian alone, 19.4% reporting African American alone, 4.9% reporting Asian alone, 8.2% reporting other race alone, and 10.4% reporting two or more races. Of the families completing the survey, 25.9% indicated that they have Hispanic or Latino ethnicity. Information about the race/ethnicity of the children from families who participated in the Family Survey is compared to the rates based on the 2018 Child Count data provided by Child Development Watch.

Of the families that completed the survey, 63.6% of the families have male children enrolled in CDW and 36.4% of the families have female children enrolled in CDW. This represents a similar proportion compared to last year. The most recent CDW enrollment data indicates that there are 67.4% males and 32.6% females enrolled in the program. See attached 2018 Family Survey Report

Provide additional information about this indicator (optional)

N/a

4 - Prior FFY Required Actions

In the FFY 2018 SPP/APR, the State must report whether its FFY 2018 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2017 SPP/APR

For the FFY18 SPP/APR, the State is reporting that the response data are representative of the demographics of infants and toddlers, and families enrolled in the Part C Program. A monthly data extract is pulled to provide on going analysis of demographic data. When trend data occurs, collaboration with stakeholders occurs to define potential reasons for the trend.

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 compared to national data. (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 EDFacts 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 and compare the results to the target and to national data. 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	2005	0.98%			
FFY	2013	2014	2015	2016	2017
Target >=	1.00%	1.01%	1.02%	1.02%	1.04%
Data	1.10%	1.15%	1.33%	1.14%	1.03%

Targets

FFY	2018	2019
Target >=	1.05%	1.06%

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated in a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feedback on general supervision.

The Interagency Coordinating Council (ICC) met on January 22, 2019 to review targets for this indicator.

The ICC made no recommendations to adjust targets. Members were reminded that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 1 with IFSPs	88
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 1	10,645

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
88	10,645	1.03%	1.05%	0.83%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

Considering the relatively small population of Delaware, the target can be missed by a margin of 1 child. Birth to Three will be collaborating with Child Development Watch to ensure data are collected on all children being referred. Birth to Three will also be collaborating with Help Me Grow/211 and other agencies conducting developmental screenings in the community to ensure all potentially Part C eligible children are being referred to Child Development Watch.

Compare your results to the national data

State of Delaware's children Birth to 1 year old with IFPSs are lower than the national average, however, considering the relatively small population of Delaware, the national average was missed by 1 child.

Provide additional information about this indicator (optional)

N/a

5 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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 compared to national data. (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 and compare the results to the target and to national data. 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	2005	2.94%			
FFY	2013	2014	2015	2016	2017
Target >=	2.70%	2.71%	2.72%	2.73%	2.74%
Data	2.91%	2.91%	3.20%	3.31%	3.31%

Targets

FFY	2018	2019
Target >=	2.75%	2.76%

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated in a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feed back on general supervision.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups	07/10/2019	Number of infants and toddlers birth to 3 with IFSPs	1,068
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin	06/20/2019	Population of infants and toddlers birth to 3	32,663

FFY 2018 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,068	32,663	3.31%	2.75%	3.27%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

Compare your results to the national data

The State of Delaware's birth to three with IFSP population is higher than the national average.

Provide additional information about this indicator (optional)

N/a

6 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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 2018 SPP/APR, the data for FFY 2017), 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	2005	89.90%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	97.76%	91.87%	93.50%	89.67%	82.11%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
199	300	82.11%	100%	92.67%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

79

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern Health Services, are monitored annually. A report run in DHSSCares, the data system for the Birth to Three program in Delaware, identified all children who were Part C eligible in May and June 2019.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APRs, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2018, at least 5 charts of every Service Coordinator were randomly reviewed (if a staff had fewer than 5 cases all cases were reviewed). A total of 300 charts were reviewed, 159 cases were managed by CDW Northern Health Services. CDW Southern Health Services managed 141 cases. All charts that were audited included IFSPs and Services.

State data indicated that while 66.33% (199/300) of families had an IFSP meeting facilitated within 45 days, 92.67% (278/300) of families were provided an IFSP meeting date within the required timeline due to exceptional family circumstances. More specifically, 22 IFSPs were conducted outside the 45 day timeline. The data shows that in 2 instances the family was available to conduct the initial IFSP meeting within 45 days, but the coordinator was not. Four (4) families had delayed services due to late scheduling by the service coordinator, 11 families experienced last services due to MDA's not being completed in a timely manner. As a result, 1 finding was issued for each program location for a total of 2 findings.

Delaware's Birth to Three staff verified that all instances of noncompliance were corrected by ensuring that subsequent practice and updated data verified that the program was correctly implementing the 45 day timeline requirement. The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from verifying that all noncompliance was fully corrected by reviewing program practices and using updated reports generated by the data system provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one year from identification of the finding) implementing the regulations. As part of state monitoring, Birth to Three verified that these service coordinators, through subsequent review of the data system after provision of technical assistance, are correctly implementing regulatory requirements as included in Part C of the Individuals with Disabilities Education Improvement Act of 2004.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

XXX

Provide additional information about this indicator (optional)

N/a

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	2	-2

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The two findings from FFY17, one for Northern Health Services and one for Southern Health Services were due to late scheduling by the FSC. While there has been a significant improvement in decreasing the amount of families affected by availability and referral delay, the issues are still present. We continue to address the issue by meeting and communicating with FSC's with ongoing technical assistance.

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

Birth to Three utilized data set reports, pulled monthly, to ensure that the 2 instances of noncompliance were corrected.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

7 - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

Response to actions required in FFY 2017 SPP/APR

FFY16 data showed that the State did not issue a finding of non compliance because within the first 60 days from annual chart monitoring all 25 instances of non compliance of had been corrected by the program and verified by the state. All children have exited the program either through moving or aging out.

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:

- 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;
- Notified (consistent with any opt-out policy adopted by the State) the SEA and the 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
- 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

- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2018 SPP/APR, the data for FFY 2017), 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	2005	85.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	100.00%	91.56%	91.36%	88.57%	94.85%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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

If no, please explain.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
300	300	94.85%	100%	100.00%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

0

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Annual chart reviews were conducted from May 2019 through June 2019.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern Health Services, are monitored annually. A report run in DHSSCares, the data system for the Birth to Three program in Delaware, identified all children who were Part C eligible in May and June 2019.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APRs, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2018, at least 5 charts of every FSC were randomly reviewed (if a staff had fewer than 5 cases all cases were reviewed). A total of 300 charts were reviewed; 159 cases were managed by CDW Northern Health Services. All 159 charts audited included IFSP and Services. CDW Southern Health Services managed 141 cases. All 141 charts audited included IFSP and Services.

All 300 of the charts audited were identified as children with disabilities exiting Part C. Transition steps were documented in 100% of the charts. Transition Steps discussions with the family were noted in the progress notes as well as documented in the transition section of the IFSP.

Extensive training and technical assistance provided to Child Development Watch staff in FFY18 resulted in 100% compliance rate for transition steps. The state has identified no findings of noncompliance for FFY 2018 as data reflects 100% compliance.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

XXX

Provide additional information about this indicator (optional)

N/a

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8A - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

Response to actions required in FFY 2017 SPP/APR

FFY16 data showed that the State did not issue a finding of non compliance because within the first 60 days from annual chart monitoring all 16 instances of non compliance of had been corrected by the program and verified by the state. All children have exited the program either through moving or aging out.

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 SEA and the 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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2018 SPP/APR, the data for FFY 2017), 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	2005	100.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 SPP/APR Data

Data include notification to both the SEA and LEA

YES

If no, please explain.

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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,108	1,108	100.00%	100%	100.00%	Met Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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

Describe the method used to collect these data

An Operations Agreement exists between the Department of Health and Social Services, Division of Management Services, Division of Public Health and the Delaware Department of Education. This agreement specifically defines the roles of the two regional Department of Education (DOE)/Child Development Watch (CDW) liaisons that are employed by DOE. These liaisons are both service coordinators and act as liaisons with the local school districts in order to facilitate transition.

This year, notification reports were sent through the DOE liaisons to the local school districts on 100% of the 1108 children identified as potentially eligible for Part C services. This number not only includes those children who were identified as potentially Part B eligible, but also those children who still demonstrated a developmental delay under Part C eligibility criteria at time of transition.

Notification is distributed on directory information for children who reside in each LEA (local school district) and will shortly reach the age of eligibility for preschool services under Part B, according to regulations under 303.209(b)(1) and to the SEA. Delaware included these requirements of IDEA 2004 and associated regulations when updating the Interagency Agreement for the Early Intervention System under Part C of the Individuals with Disabilities Education Improvement Act of 2004.

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

NO

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

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

State database

Describe the method used to select EIS programs for monitoring.

XXX

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

The full reporting period July-June

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

All children who were over 26 months, were Part C Eligible and had an active IFSP had demographic information shared with the State and School Districts to ensure that notifications occurred at least 90 days prior to but no more than 6 months, their third birthday

Provide additional information about this indicator (optional)

DaSy representatives provided guidance to the state through conference calls in March 2019 and September 2019. This continued technical assistance toward the transition notification report helped to clarify better data reporting techniques. As a result of the technical assistance and a refined data validation process, a 36% decrease occurred in the report of the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B.

Correction of Findings of Noncompliance Identified in FFY 2017

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

FFY 2017 Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8B - Prior FFY Required Actions

None

Response to actions required in FFY 2017 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:

- 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;
- Notified (consistent with any opt-out policy adopted by the State) the SEA and the 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
- 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

- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.
- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.
- Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] 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 2018 SPP/APR, the data for FFY 2017), 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	2005	75.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	98.71%	86.39%	86.25%	88.41%	81.23%

Targets

FFY	2018	2019
Target	100%	100%

FFY 2018 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

If no, please explain.

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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
110	135	81.23%	100%	93.33%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

XXX

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.

0

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.

16

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Both regions, Child Development Watch Northern Health Services and Child Development Watch Southern Health Services, are monitored annually for transition timelines. A report run in DHSSCares, the data system for the Birth to Three program in Delaware, identified all children who were Part C eligible in May and June 2019.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APRs, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

During FFY2018, 300 charts were randomly selected using the caseload report of each CDW staff person managing a case. Of those 300 randomly selected cases, 135 were age-appropriate for transition criteria set to measure compliance in this area. According to the data, 20 of the 135 did not receive a transition within the 9 month - 90 day transition timeline. Exceptional family circumstances contributed to 16 family not receiving a transition in a timely manner. Families of 4 children experienced delays due to late referrals to the Program, 5 family's delays were due to family scheduling, 1 family was ill causing a delay, 1 family moved, 2 families initially refused to participate in a transition meeting and 3 lost contact with the Program. The remaining 4 families had a delayed transition meeting due to late scheduling by the FSC. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP, as such, FFY2018 data were calculated the same as in previous years. As in previous APRs, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances.

Delaware's Birth to Three staff verified that all noncompliance was corrected by ensuring that transition meetings were held, although late, for the 4 children that had late transition conferences resulting from service coordinator scheduling issues. Technical assistance was provided to staff to ensure the state was correctly including transition steps on all IFSPs.

The second requirement of OSEP Memorandum 09-02 is the prong of monitoring from verifying that all noncompliance was fully corrected by reviewing transition timelines with staff. Updated reports generated by the data system provided confirmation that the program was correctly implementing the regulations and achieved 100% compliance (less than one month from identification of the finding) implementing the regulations. As part of state monitoring, Birth to Three verified that staff, through subsequent review of the data system after provision of technical assistance, are correctly adding transition steps to IFSPs and implementing regulatory requirements as included in Part C of the Individuals with Disabilities Education Improvement Act of 2004.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

XXX

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

XXX

Provide additional information about this indicator (optional)

N/a

Correction of Findings of Noncompliance Identified in FFY 2017

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	2	-2

FFY 2017 Findings of Noncompliance Verified as Corrected

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

The two findings from FFY17, one for Northern Health Services and one for Southern Health Services were due to late scheduling from FSC's. Continued technical assistance and guidance on regulation 303.209(c) resulted in a 15% increase in compliance from FFY2017 to FFY2018.

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

FFY16 data showed that the State did not issue a finding of non compliance because within the first 60 days from annual chart monitoring all 58 instances of non compliance of had been corrected by the program and verified by the state. All children have exited the program either through moving or aging out.

FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Correction of Findings of Noncompliance Identified Prior to FFY 2017

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

Findings of Noncompliance Verified as Corrected

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

XXX

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

XXX

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

XXX

8C - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2016, although its FFY 2016 data reflect less than 100% compliance. In the FFY 2018 SPP/APR, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2016.

Response to actions required in FFY 2017 SPP/APR

FFY16 data showed that the State did not issue a finding of non compliance because within the first 60 days from annual chart monitoring all 16 instances of non compliance of had been corrected by the program and verified by the state. All children have exited the program either through moving or aging out.

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 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.

NA

Provide an explanation of why it is not applicable below.

State of Delaware did not receive due process/dispute resolution concerns in FFY18.

Select yes to use target ranges.

NA

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.

NA

Provide an explanation below.

NA

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	NA
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	NA

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated an a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feed back on general supervision.

NA

Historical Data

Baseline	NA	NA			
FFY	2013	2014	2015	2016	2017

Target>=	NA	NA	NA	NA	NA
Data	NA	NA	NA	NA	NA

Targets

FFY	2018	2019
Target>=	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	NA	NA	NA	NA

FFY 2018 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
NA	NA	NA	NA	NA	NA	NA	NA

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional)

NA

9 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

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 EDFacts 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.

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

Provide an explanation below

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	0
SY 2018-19 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

Delaware is fortunate that stakeholders from state and provider agencies as well as parents have remained actively engaged in decision making activities and providing leadership and guidance for early intervention activities. Most recently, parents, representatives from the GACEC and ICC, early intervention providers, and representatives from DDOE convened to discuss issues related to timely service delivery and the transition process. Data submitted in the FFY18 APR were shared at the October 2019 ICC meeting. A final draft of the FFY18 APR was shared with members and interested persons at the January 2020 ICC meeting. Stakeholder met to determine 2019 targets for Indicators 2, 3, and 4. Based on the results from the previous years concerning slippage and unmet targets, new targets will possibly be determined next year. In addition, the University of Delaware and the ICC will collaborate on revisions to the family survey to more clearly identify trends and opportunities to improve family outcomes and address evolving needs of families statewide

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited representatives from stakeholder organizations to take part in a focus group to discuss timely delivery of services and early childhood transition. See attached Birth to Three Focus Group Findings Report.

As previously mentioned, stakeholders participated an a 2 day Results Based Accountability cross state learning collaborative pilot, providing valuable input and feed back on general supervision.

Historical Data

Baseline	0	0.00%			
FFY	2013	2014	2015	2016	2017
Target>=					
Data					

Targets

FFY	2018	2019

Target>=	0.00%	0.00%
----------	-------	-------

FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Targets

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	XXX	XXX	XXX	XXX

FFY 2018 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 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

Provide additional information about this indicator (optional)

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. Delaware conducted no mediations in FFY18.

10 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

10 - OSEP Response

10 - 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:

Hope Sanson (for Part C Submission)

Title:

Part C Data Manager / QM Coordinator

Email:

Hope.Sanson@Delaware.Gov

Phone:

302-255-9138

Submitted on:

01/31/20 1:14:05 PM

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 C.F.R. §303.604(c), the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's State Performance Plan/Annual Performance Report (SPP/APR)¹ under Part C of the IDEA. This certification (including the SPP/APR) is due no later than February 3, 2020.

On behalf of the ICC of the State/jurisdiction of Delaware, I hereby certify that the ICC is: [please check one]

1. [] Submitting its own annual report (which is attached); or
2. [✓] Using the State's Part C SPP/APR for FFY 2018 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C SPP/APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or SPP/APR has been provided to our Governor.

Carah Miller

Signature of ICC Chairperson

1/28/20

Date

Carah.Miller@colonial.k12.de.us

Address or e-mail

215-880-3202

Daytime telephone number

¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 C.F.R. §80.40, the lead agency's SPP/APR must report on the State's performance under its SPP/APR and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C SPP/APR and it disagrees with data or other information presented in the State's Part C SPP/APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 3, 2020.

Birth to Three Focus Group Findings

November 27, 2018

Acknowledgements

There were many people who were involved in this effort and we would like them to be acknowledged for their contributions.

First and foremost, thank you to the families that participated in the focus groups. They rearranged their schedules, secured childcare and took the time to ensure a family voice was present at the table. System change can only be possible through continued family engagement including providing opportunities for families to tell their stories and participating in decision-making processes.

Thank you to the Family Service Coordinators (FSC), the Early Intervention (EI) service providers, the representatives from the Delaware Department of Education (DDOE), the representatives from the Governor's Advisory Council for Exceptional Citizens (GACEC) and the representatives from the Birth to Three Interagency Coordinating Council (ICC) who participated in the focus groups. They shared their time, knowledge and expertise to better inform the early intervention system in Delaware about how timely service delivery and the transition process impacts children and their families.

A special thank you to our Technical Assistance (TA) representatives Patrice Linehan from the National Center for Systemic Improvement (NCSI), Haidee Bernstein from the Individuals with Disabilities Education Act (IDEA) Data Center (IDC) and Debbie Cate from the Early Childhood Technical Assistance Center (ECTA) for their willingness to collaborate so closely with Birth to Three staff to plan this important project. Their assistance with the construction of the focus group protocol to address specific needs and strengths of the early intervention system proved invaluable.

Lastly, thank you to the Birth to Three staff whose main concern was organizing and offering this opportunity to identify statewide opportunities for improvement.

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BACKGROUND

On November 27, 2018, the Birth to Three Early Intervention Program convened three focus groups (small discussion groups) for stakeholders to have an opportunity to share insight on some very important topics. The Birth to Three staff invited three to six representatives from each stakeholder organization to take part in a focus group about the following¹:

- (1) Indicator 1- Timely Service Delivery- percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) receiving EI services on their IFSPs in a timely manner; and
- (2) Indicator 8- Early Childhood Transition- percentage of toddlers exiting Part C with timely transition planning for whom lead agency, within required timeline, (A) Developed IFSP with transition steps, (B) Notified State Education Agency (SEA) and Local Education Agency (LEA) of toddler's potential eligibility, (C) Conducted transition conference.

PURPOSE

The purpose of the focus group was to learn more about factors that impact timely service delivery and smooth transition in order to improve processes and outcomes when serving young children and their families. Ultimately, the goal is to meet program requirements that will ensure quality services that meet the needs of children and families.

FOCUS GROUP MEETING DETAILS

Date: November 27, 2018

Time(s): 9AM-11AM

1PM-3PM

5PM-7PM

Location: Haslet Armory

Haslet Conference Room 219

122 Martin Luther King, Jr. Blvd.

Dover, DE 19901

To accommodate various schedules -and ensure a good mix of roles and perspectives from the early intervention system, Birth to Three offered three different time options. Volunteers were able to sign up for one of the three available time slots. Participants from all groups were represented in all three focus groups.

Each focus group lasted two hours, light refreshments were available and parents were eligible to receive a stipend of \$50.00 to cover transportation and/or childcare expenses upon

¹ States receiving federal Individuals with Disabilities Education Act (IDEA) funds must have a State Performance Plan/Annual Performance Report (SPP/APR) that evaluates their efforts to implement the requirements and purposes of Parts B and C of the IDEA, and reports annually on their performance in relation to 11 indicators.

completing the corresponding form. Birth to Three considered the following points when developing the focus groups:

- The focus group composition should mirror the families receiving EI services; Diversity of roles, geographic location, experiences, and perspectives will enhance representation.
- Family members who participate should be current and have been active within the early intervention system within the past five years (2013-2018).
- Organizational leaders were encouraged to gather information from their members - or constituent networks - that would inform the representatives' focus group participation.

IDEAL COMPOSITION OF EACH FOCUS GROUP

- Department of Education (DOE) staff including 619, DOE liaisons, and Child Find coordinators. Six people total, were invited, three north and three south for a balanced representation, with two members in each group.
- Early Intervention (EI) providers- Invited six total, three north and three south for a balanced representation, with two members in each group.
- Family Service Coordinators (FSCs) - Invited six total, three north and three south for a balanced representation, with two members in each group.
- Family Members- Invited six total, three north and three south for a balanced representation, with two members in each group.
- Governor's Advisory Council for Exceptional Citizens (GACEC) - Invited three representatives to have one representative in each group.
- Interagency Coordination Council (ICC) - Invited three representatives to have one representative in each group.

QUESTIONS

Sample questions, listed below, were included in the invitation that was sent to possible participants so they could review the types of questions facilitators would ask to keep the conversation flowing.

Briefly share what is your role in the early intervention process with regards to timely service provision and the transition?

In your experience, how is information shared in the process of providing services? From referral to providing service? How do you receive information regarding services provision in your role?

- a. Services?*
- b. Transition?*

- 2. Describe your experience with providing/receiving services within 30 days of the IFSP. What worked and what has caused delays?*
 - a. Reasons via family*

- b. *Reasons via providers/districts*
- 3. *When is transition first discussed in the transition process? When did you first hear about/provide information regarding the transition process? Was the transition held within the timeframe? (The transition conference should be held between 9 months before and no later than 90 days before the child’s third birthday). Why/Why not?*
 - a. *Family View*
 - b. *Provider/district view*
 - c. *Paperwork involved*
 - d. *Communication/collaboration*
- 4. *Explain your concept of the exit process and your role.*
 - a. *Families*
 - b. *Providers*
 - c. *FSCs*

PARTICIPATION

There was a ninety-seven percent participation rate across the focus groups. Of the twenty-nine people that signed up to participate (including one alternate), twenty-eight people attended.

One scheduled representative from the ICC, the DOE, and a parent were unable to attend. Three people who had not responded to the initial invitation participated on the day of the focus group.

ORGANIZATION OR AFFILIATION	TOTAL NUMBER OF PARTICIPANTS
Family Members	SIX
Department of Education (DOE)	SEVEN
Early Intervention (EI) providers	SEVEN
Family Service Coordinators (FSCs)	FOUR
Governor’s Advisory Council for Exceptional Citizens (GACEC)	TWO
Interagency Coordination Council (ICC)	TWO

DELAWARE FOCUS GROUPS TIMELY SERVICE AND TRANSITION FINDINGS

Pam Weir and Hope Rose from Birth to Three greeted participants and spent a few moments explaining the Part C, EI process. Birth to Three staff was not present during the focus group conversations. Patrice Linehan and Haidee Bernstein facilitated the discussions. The following information was collected directly from the recording and notes taken the day of the focus groups.

TIMELY SERVICE DELIVERY

Key Message

Some Families felt they knew the process and were provided with services in a timely manner, while other families have had difficulty understanding the process, and/or receiving timely services. Some providers felt the process was smooth, while others felt it was difficult to meet timelines based on staff shortages, caseloads and communication throughout the process.

Key Areas Discussed

Clear Guidance from Leadership

Leadership Guidance

- We need Leadership to listen to all stakeholders in the process to learn what works and what doesn't work
- When trying to meet families when the family wants to see us, our person can only get a car 2 days a week. We get mixed messages from the various authorities.

Issues with Forms

- Different referral form pages for North and South and the form has changed.
- Providers get a number of different referral forms (from pediatricians, North and South, new and original forms). Each form can be different.
- The original referral form is still being used. Instead of me typing it on a new form I may use the old form. Folks don't want to retype forms.
- It is left to me to decide how to fill out the form. The developers of the new form did not get input from the users.
- There is no authorizing source saying that everyone needs to use a specific form.

Timelines

Differences in family understanding of processes

- Some families felt they had good explanation and understanding of the service provision process.
 - Some families received booklets.
- Some families felt they needed more information.

- Some providers don't explain the timelines to the families.
- Some families don't know how to help in making or setting goals.
- Some families feel they need the help of professionals who have the training to determine goals (e.g., examples of goals, language to help express goals, typical developmental milestones).
- Some families prefer to have services provided in locations other than their homes.
- Some families feel they are being judged.

Differences in provider understanding

- There were questions about what starts the 30-day timeline.
 - Some have the referral when signed when they meet the family before the MDA is done. That makes it impossible to meet the 30-day timeline.
 - Not understanding why coordinators have families sign consent before the MDA.
 - Families may be hard to find, so the referral is signed whenever possible.
 - If the child is not eligible, a copy is mailed to the family and filed away. No follow up.
- Importance of the 30-day timelines was highlighted.
- Some coordinators and providers make decisions for families, or withhold information feeling they are helping the family.
- What does Family Centered Practice mean?

Steps in the Process

- The 30-day timeline is difficult in ideal situations, but steps along the process can get backed up.
- The first step is an MDA to see if family is eligible.
- You need things to move from program to program (or facility) in the process, and things can get held up along the way.
- Coordination of scheduling and making contact with parents is difficult.
- From consent, it may take some days to enter it, then that person hands off the case to get a services page. Then it may take a week to get to the provider.
- Family permission is needed to access private insurance or Medicaid.
- The type of provider and correct coding matters.
 - Getting a signed prescription from a physician is a difficult hurdle.
 - We have to have the correct ICD 10 code. For billing purposes, the prescription has to match to ICD 10 code.
 - A nurse practitioner is not able to sign for home health care.
- Some physicians set service amounts.

Differences in processes and variability in timelines

- Leadership needs to describe what is required and what can be modified with regard to the various models of service delivery (e.g. medical, health, and education).

- We need CONSISTENT practices between the North and the South.
- Speech Services are inconsistently offered.
 - Some families are being told their children are not ready for speech services.
 - Some providers have a perspective that a child is not ready for speech until age 2 which may be different in different areas.
 - One area stopped referring for speech services altogether but is now referring again.
- Policies on co-pays differ.
 - Some providers do not collect the co-pays.
 - The providers need to get an insurance card and the family could be responsible for co-pays.
 - One program does not collect the co-pays. They are encouraged to not say that it is a free program because even if it is free for the parent, someone is paying for it.
- Frequency and location of services varies.
 - Some providers will only offer center-based services.
 - It can be a choice of center-based services vs. no services.
 - Other providers offer a therapeutic, medical, educational or health model and provide services 1 time a week. It is based on the family's needs.
 - One time per week model is used by Child Development Watch and Easter Seals.

Family Availability

- If families miss the first meeting, it is difficult to meet the 30-day timeline.
- It can be difficult to make contact with families.
- Sometimes families live in an area and their child is in a different area for childcare.
- Since providers are assigned by area, this can create difficulty scheduling providers.
- Sometimes families prefer services in a different area because of their work or childcare location.
- An in-home childcare provider may not welcome a provider into their home care setting.
- Some families may be hard to reach – no minutes on cell phone or hard to get via email.
- Some childcare programs don't welcome providers.
- Practitioners have identified some question prompts that can be helpful when scheduling to prepare for the visiting process.

Provider Availability

- There are many more children in the system and being referred.
- There are overall more children on caseloads.
- Caseloads fluctuate, and fewer children can be assessed in summer.
- It's hard to keep consistent caseloads, caseloads vary.

- There are shortages in some disciplines, with OT and Speech/Language services were specifically mentioned.
- Some agencies only say ‘yes’ if we have someone who can go out right away.
 - Home care agencies have a 24-48 hour service start requirement.

TRANSITION

Differences in Family Understanding the process

- Understanding of the process differs.
- There are retention issues. Sometimes children are ready for discharge but parents want to wait to see if their kids are eligible for Part B.
- Sometimes families want more services before transition to ensure Part B services, not because they are needed.

Differences in Providers Understanding the Process

- Transition planning conferences do not always happen with school personnel present. Then sometimes when the family meets with the school personnel and different or conflicting information is given and the parent is confused.
 - Some feel transition conference is better with just service coordinator as families may feel overwhelmed.
- School district personnel are not consistently available in the summer across districts.

Scheduling the Meeting

- Some feel transition is difficult to schedule with all involved, particularly in the summer.
- School districts may not be available in the summer.
- Scheduling transition can be easier when districts provide blocks of times they are available.
- Some districts post times that are available on their website.
- Meeting the timelines of the military within the district timelines poses additional challenges as military-families access and leave the system.

Differences in the Process

- Child Development Watch pays for summer services in some areas.
- There are different rules in each district.
- Schools have different programs, but families don’t get to choose their school.
 - In the best of both worlds. Learn from the good schools so the kids can stay in their home school.

Provider Availability

- There are many more children in the system and a number of them are being referred closer to transition timelines.

- Sometimes evaluation, services and transition are happening at the same time.
- When children are referred close to the transition timeline, it affects caseload management, since there is a lot to manage within a short period of time.
- There are overall more children on caseloads.
- School personnel don't usually work in the summer.

Additional Comments

Technology

- There is a need to have all information in one place.
- Technology would help a lot.
- The process slows down a lot moving through the steps in the process.

Secondary Evaluations

- Policies differ on if and when to do secondary evaluations.
- Some do a second evaluation a year after the first evaluation.
- Some do second evaluations upon parent request.
- Though not formal evaluations, providers are assessing children at every visit.
- There is a need for clarity around evaluations.

RECOMMENDATIONS FROM THE TA PROVIDERS BASED ON COMMENTS FROM THE MEETING

1. A team of stakeholders, including leadership, should be formed to make recommendations, as appropriate, and guide communication.
 - Leadership, service coordinators, providers and families need to have regular opportunities for communication to provide feedback and to make recommendations on processes and procedures that directly impact the work.
 - Leadership should make clear what is required, and what can be modified in processes and procedures. Some procedures need to be standardized statewide.
2. With stakeholders, develop clear written guidance for steps and timelines in the process of providing services, including transition, for families, providers and stakeholders.
 - a. Speech and Language provision
 - b. Family, staff and district availability
 - c. Other services
3. Develop guidance on how to distribute caseloads based on recommendations of the stakeholder group.
4. Consider revising the required intake form and the way it is used with stakeholder input and include clear written directions.

CONCLUSION

Birth to Three staff will use these insights and recommendations to focus on key components of system improvement. ICC members will form subcommittees to address some of the key issues outlined in this findings report. Some of the input will likely inform the State Systemic Improvement Plan (SSIP) report to the U.S. Department of Education's Office of Special Education Programs (OSEP). Other information may inform work underway by the GACEC to examine service delivery across the age span. As the GACEC consults various groups about creating a more seamless system, members will be able to use this information to determine next steps.

This report is to serve as a living document. It will be reviewed and updated by subcommittees to be shared with participants.

Child Development Watch

Part of the Interagency Resource Management Committee

Early Intervention Outcome Evaluation Project

2018 Child Development Watch Family Survey

December 2019

Lindsey Litwa, Ph.D.

University of Delaware

Center for Research in Education & Social Policy

Acknowledgements

Conducting these evaluation activities would not have been possible without the cooperation of CDW families, service coordinators, and staff at the Birth to Three Early Intervention interagency program. In addition, I would like to thank Miriam Villalobos who helped conduct some of the interviews.

About the Center for Research in Education & Social Policy

The Center for Research in Education & Social Policy (CRESP) is an organization based at the University of Delaware that conducts rigorous research to help policymakers and practitioners in education, community health, and human services determine the policies and programs that are most promising in improving outcomes for children, youth, adults, and families. CRESP was founded in 2013, and in 2017 it merged with the Delaware Education Research and Development Center (DERDC), which previously conducted the Child Development Watch Family Survey for four years.

About the Interagency Resource Management Committee

The Interagency Resource Management Committee (IRMC) is a Delaware state level governmental committee that includes the Secretaries of Education, Health and Social Services, and Services for Children, Youth and Their Families as well as the state Budget Director and Controller General. The Chair of the Delaware Early Childhood Council is an ex-officio member. The Committee makes both policy and budgetary decisions for early care and education programs. The IRMC received staff support during this project from the Delaware Office of Early Care and Education within the Department of Education.

About the Birth to Three Early Intervention System

The Birth to Three Early Intervention System is a statewide interagency program that ensures the provision of early intervention services designed to enhance the development of infants and toddlers at risk for disabilities or developmental delays, and the capacity of their families to meet the needs of these children. The lead agency for the program is the Delaware Department of Health and Social Services (DHSS). DHSS works collaboratively with the Departments of Education (DOE) and Services to Children, Youth, and Their Families (DSCYF), and private providers to implement of Child Development Watch services to children between the ages of birth and 36 months who have disabilities or are at risk for developing disabilities as well as their families.

Executive Summary

Child Development Watch Family Survey Report

This year, the Center for Research in Education & Social Policy (CRESP) collected survey information for Child Development Watch (CDW) from August through September 2019. This family satisfaction survey was conducted via telephone, Internet, and mail with a nonprobability sampling method. The survey included one respondent per family, and the survey questions covered the period during which the child received services (i.e., 2018).

CDW serves as a component of the Birth to Three Early Intervention System's response to Part C of the Individuals with Disabilities Education Improvement Act of 2004. Delaware's Birth to Three Early Intervention System is under the lead agency of the Delaware Department of Health and Social Services (DHSS) and is sponsored in part by the Interagency Resource Management Committee (IRMC). Infants and toddlers that participate in the CDW program are identified as having disabilities and/or developmental delays through multiple activities such as Child Find, Public Awareness, Early Identification and Screening, and Central Intake.

Respondents

A total of 283 families successfully completed the 2018 Family Survey with 50.9% of the families from the northern region and 49.1% of the families from the southern region. The response rate this year was 33.5%, which exceeded the 30% response rate goal.

Survey

Families were asked about their overall satisfaction with CDW services as well as their perceptions in seven clustered areas: a) changes that occurred in their families, b) changes in their children's development, c) family-program relations, d) opportunities to jointly make decisions with programs about the services for their children, e) program accessibility and responsiveness, f) changes in quality of life, and g) understanding of children's social-emotional development.

Results

Based on the data from the telephone and online surveys completed by families of children receiving CDW services:

- 96.5% of families were satisfied overall with the services they received;
- 96.7% of families reported a positive perception of the life change in themselves and their family in relationship to their experience with CDW;
- 96.0% of families reported a positive change in their child's behavior and abilities since the beginning of their participation in CDW;
- 94.6% of families reported a positive family-program relationship with CDW staff;
- 94.3% of families reported a positive perception of family decision-making opportunities with CDW;
- 94.7% of families reported a positive perception of the program's accessibility and receptiveness;
- 97.0% of families reported a positive perception of their child's and family's quality of life;
- 96.9% of families reported a positive perception about their understanding of social-emotional development as a result of the program;

For the tenth year in a row, the survey incorporated questions about three federal outcomes, which are: "Families Know their Rights," "Families Effectively Communicate their Children's Needs," and "Families Help their Children Develop and Learn." Survey responses indicated:

- 92.2% of families responded that they knew their rights related to participating in the CDW program;
- 96.1% of families agreed they could effectively communicate their children's needs; and
- 96.7% of families reported learning to help their child develop and learn.

Conclusions and Recommendations

Consistent with survey results from previous years, the 2018 Child Development Watch Family Survey indicated that the majority of families were satisfied with CDW services. Most families indicated that these services have been helpful for both their children and themselves. Therefore, CDW appears to meet the needs of the majority of families that it serves.

This year, of the eight clusters, family decision-making opportunities was the least favorably perceived cluster. This is consistent with the results from the previous year's survey. However, it should be noted that the majority of families (94.3%) nonetheless rated this cluster positively. To continue improving parents' perceptions within this cluster, CDW is encouraged to increase supports for children's transition out of the CDW program. CDW should not only provide additional information to families about the transition process but also provide further education to service coordinators about how they should facilitate this process with the family and the school district. Additionally, similar to the results from previous years, some families indicated concerns about infrequent contact with their service coordinators. Therefore, CDW is encouraged to further examine how often family-coordinator communication occurs as well as barriers to frequent communication. Some families also reported concerns about the content of the communication. For example, a few families indicated that they felt judged or blamed by CDW staff and/or therapists. As a result, CDW is encouraged to provide additional training to service coordinators and other CDW staff to support effective communication strategies with families.

We also continue to recommend that CDW develop ways to reduce the length of time that some families wait before an evaluation or before services begin for their child. Consistent with last year, several families reported concerns about delays in an evaluation or services. We also recommend that CDW encourages service coordinators to explain directly any potential delays in services to families so that they have realistic expectations about services and timelines.

Regarding the data collection methods, we continue to recommend that CDW includes email addresses within the contact information database. This would allow CRESPE to send a link to the electronic survey before contacting families by phone or mail. Furthermore, CDW is encouraged to continue including an incentive for family participation in the survey. For the past two years, ten \$50 Amazon gift cards were raffled off to families who participated in the survey. We also recommend involving service coordinators in data collection efforts. Because they regularly contact families and typically seem to be trusted and appreciated by families, they may be helpful in encouraging families to complete the survey.

Executive Summary: Key Points

- The 2018 Child Development Watch Family Survey was conducted by the Center for Research in Education & Social Policy (CRESP) from August through September 2019. Families were contacted through phone calls, a mailed postcard, and text messages. Emails also were sent to families if they provided their email addresses during the phone calls.
- A total of 283 families completed the survey, with 50.9% of the families from the northern region and 49.1% of the families from the southern region of Delaware. Families were asked about their overall satisfaction with CDW as well as their perceptions about specific aspects of the program, including family-program relations and program accessibility.
- The majority of families reported being satisfied with the CDW program. For example, 96.7% of families reported a positive change in their family since starting the CDW program, 96.0% of families reported a positive change in their child's abilities, and 97.0% of families reported a positive perception of the life change in their child and their family in relationship to their experience with CDW.
- Based on the survey results, CDW should provide families with more information and support when children are transitioning out of the CDW program. Families continued to report the least favorable perceptions in this area. However, it should be noted the majority of families nonetheless responded positively to these items.
- Consistent with prior years, CDW is encouraged to examine how frequently service coordinators contact families. Within the 2019 survey, several families indicated that they are not contacted by their service coordinator on a regular basis. Some families also reported that they have difficulty getting a response when they initiate communication with their coordinator.

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Section 1: Introduction to Child Development Watch

Child Development Watch (CDW) is a state program designed to enhance the development of infants and toddlers between the ages of birth and 36 months who have disabilities or are at risk for developing disabilities. CDW is part of a multi-agency program that provides comprehensive services to support families to meet the needs of their children. The aim of the program is to help children reach their maximum potential, while also supporting their families and the community.

CDW serves as a component of the Birth to Three Early Intervention System's response to Part C of the Individuals with Disabilities Education Improvement Act of 2004. Delaware's Birth to Three Early Intervention System is under the lead agency of the Delaware Department of Health and Social Services (DHSS) and is sponsored, in part, by the Interagency Resource Management Committee (IRMC). Infants and toddlers who participate in the CDW program are identified through multiple activities such as Child Find, Public Awareness, Early Identification and Screening, and Central Intake. The goal of each activity is to ensure that children are identified, located, evaluated for eligibility, and referred to the appropriate agency.

Although DHSS is the lead agency for the program, it works collaboratively with the Departments of Education (DOE) and Services to Children, Youth, and Their Families (DSCYF), as well as other private providers in the continuous planning and implementation of CDW services. Within DHSS, the Divisions of Management Services (DMS), Medicaid and Medical Assistance (DMMA), Division of Public Health (DPH), and the Division for the Visually Impaired (DVI) work together to ensure the provision of services to children and their families.

As an interagency program, CDW is privileged to have participating staff from multiple state and private service providers. While DPH remains responsible for the coordination of early intervention services, the variety of resources provides the children and families serviced by CDW additional flexibility in available options.

Section 2: 2012 Family Survey Methodology

Survey History

The Child Development Watch Family Survey is the product of efforts of the Interagency Resource Management Committee (IRMC). The IRMC is composed of the Secretaries or Directors of the Delaware Department of Education, Department of Health and Social Services, and Delaware Services for Children, Youth and Their Families. These three departments sponsor and oversee Delaware's early childhood programs.

In 1990, the IRMC sponsored a study of the early intervention system in the state and as a result, the *Family Survey* was created. Its main goal was to assess the family outcomes of programs serving children at risk and their families. It was originally based on an instrument used by the Delaware Early Childhood Center called Early Choices (Sandals & Peters, 2004). Additional studies of statewide early intervention programs were funded during subsequent years. In 1995, program stakeholders identified the topics that should comprise a family survey and staff at the Center for Disabilities Studies (CDS) of the College of Human Services, Education, and Public Policy at the University of Delaware developed the items. In 1996, a final instrument was agreed upon and the pilot study started.

In 1997, the survey was distributed to 4,751 families participating in state programs serving young children with disabilities between birth and five years of age. CDW and the Birth to Three Early Intervention System have continued using the *Family Survey* since 1998. For a complete history on the development and use of the survey see Salt and Moyer (2011).

Survey Description

The 2018 survey contains a total of 55 questions, which are divided into seven sections. The majority of items ask respondents to check the appropriate response (e.g., gender, age, income level) or mark their agreement on a five-point Likert scale (i.e., strongly agree to strongly disagree and N/A).

Although in some cases a 7-point Likert scale is preferred over a 5-point scale (Alwin & Krosnick, 1991), we decided to reduce the scale from 7 to 5 points in 2014. There were several reasons for this decision. First, while a 7-point scale has more discrimination and is better for statistical analyses, for this survey we only present the percentages of each response and no statistical analysis is performed. This has been the format of the report since 2009. Second, after administering the survey, we questioned if respondents could really differentiate between a

“strongly agree” and a “very strongly agree” opinion. In fact, due to the lack of variability between these categories, we collapsed the agree categories (“very strongly agree,” “strongly agree,” and “agree”) in previous years’ reports. Furthermore, this survey was conducted over the phone; we found a 7-point made the survey very lengthy, which discouraged respondents’ completion.

The following table describes the seven sections and provides an example of an item in each section. A copy of the survey is included in the appendix.

Table 1. Description of Survey Sections and Items

Section	Number of Items	Focus of Questions	Example Item
1	6	Information about respondent and child; how the family found out about program; if they give CDW permission to use the opinions they share	How did you find out about Child Development Watch?
2	14	CDW program in general	Your service coordinator is able to link you to services that you need.
3	11	Program participation	Since being part of Child Development program you feel your family’s quality of life has improved.
4	6	Individualized Family Service Plan	You are getting the services listed in the Individualized Family Service Plan.
5	5	Services received from CDW	You have received written information about your family’s rights (e.g. due process, procedural safeguards).
6	4	Transition from Birth to Three Program	The Child Development Watch staff and your family have talked about what will happen when your child leaves this program.
7	9	Demographic items	Zip code

Administration of Survey

The CDW Family Survey was administered by the Center for Research in Education & Social Policy (CRESP). Previously, the survey was administered by the Delaware Education Research & Development Center (DERDC), which merged with CRESP in 2017. Survey information was collected for the CDW Ongoing Program Evaluation Committee (OPEC). The Birth to Three Early Intervention System office provided CRESP with a database including information for 846 families.

The structure and distribution of the survey was the same as the procedure employed during the previous year, albeit with a delayed start date. In August 2019, a postcard was mailed to families that briefly described the purpose of the survey and assurances of confidentiality. Contact information for the principal evaluator was provided for families to use in getting their questions or concerns addressed as well as requesting a phone interview or a paper copy of the survey to be mailed to their home. If families were interested in completing the survey, they were directed to visit a page on the CRESP website that provided more specific details about the survey than were written on the brief postcard. This site also contained a link to a web based version of the survey using the secure Internet website Qualtrics, an industry-leading provider of online survey software. In addition to mailing the postcard that encouraged families to participate in the survey, we also called families on the telephone and texted them the link to the CRESP website that directed them to the online Qualtrics survey. If families provided their email address during the phone call, an email was sent to them that contained the link to the CRESP website. Spanish translation of the survey was available in hard copy and online and was used in telephone interviews when appropriate.

An incentive was used to potentially increase the percentage of families completing the survey. As part of this incentive, ten \$50 Amazon gift cards were raffled off to families who completed the survey and chose to enter the raffle. Information about this raffle was stated in the mailed postcard, on the online survey, and within the text message. Families also were informed about the raffle when contacted by phone. To enter the raffle, families were asked to provide their email address, which would be used to contact them if they won one of the gift cards. Entering the raffle was voluntary, and therefore families did not have to provide their email address if they did not want to do so.

We completed a **total of 283 surveys**. Multiple efforts were made to communicate with all families (e.g., postcard mailing, two or more phone calls, two or more text messages, and emails if email addresses were provided by families during the phone calls). We completed 170 surveys for families over the phone (compared to 211 last year), and 113 were completed online (compared to 93 last year). No families requested a paper survey, which was the same as last year.

Some of the reasons calls could not be completed included: (a) disconnected lines, (b) wrong phone numbers, (c) phone numbers were not provided, (d) families declined taking the survey, and (e) families failed to answer. Voicemail messages were left whenever possible. The following table describes the data collection methods. Of the 563 families not completing surveys, 32 families declined to complete the survey; 4 phone numbers were missing from the database; 15 numbers were wrong; 71 lines were disconnected or not accepting calls; and 441 messages were left or sent but not answered.

Table 2. Collection Methods

Method/Reason	Number
Telephone	170
Internet	113
Completed	283
Disconnected lines	71
Wrong phone number	15
Number not provided	4
Declined survey	32
Voice message left, text message sent, and/or email sent but no response	441
Total	846

Section 3: Results

Respondents

We included the entire population of 846 families participating in the CDW program. We used volunteer sampling to collect data from families by reaching out to all families in the program by mail and/or by telephone. Like previous years, the goal was to have at least 30% of the total number of families receiving services complete the survey. Of the 846 families, a total of 283 families completed the survey either by telephone or online. These families represent 33.5% of the total number of families in the database provided (compared to 42.8% last year). Of these 283 families, 50.9% were from the northern region of the state (New Castle County) and 49.1% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 57.1% reporting Caucasian alone, 19.4% reporting African American alone, 4.9% reporting Asian alone, 8.2% reporting other race alone, and 10.4% reporting two or more races. Of the families completing the survey, 25.9% indicated that they have Hispanic or Latino ethnicity. The following table displays the method of survey completion for 2018 by region and race.

Table 3. Method of Family Survey 2018 Completion by Region and Race

Region and Race ^a	Telephone	Online	Surveys Completed ^d
North, Caucasian alone ^b	44	27	71
North, African American alone ^b	22	8	30
North, Asian alone ^b	7	4	11
North, Other alone ^b	19	3	13
North, two or more races	6	4	10
North, Hispanic or Latino ^c	27	13	40
South, Caucasian alone ^b	47	35	82
South, African American alone ^b	13	9	22
South, Asian alone ^b	1	1	2
South, Other alone ^b	7	2	9
South, two or more races	10	8	18
South, Hispanic or Latino ^c	22	8	30

^a 15 families did not report their race, and 13 families did not indicate if they consider themselves Hispanic or Latino. Thus, totals may differ from the totals presented in other tables.

^b Includes respondents reporting only one race

^c Hispanics/Latinos may be of any race, so also are included in applicable race categories

^d 6 families did not provide information about their county of residence. Thus, totals may differ from the totals presented in other tables.

The remainder of this section is divided in three main parts: demographic information, federal outcome data, and state outcome data. The last part includes the clusters and a summary of families' attitudes towards the program. Whenever possible, we have included survey findings from 2009-2018.

Demographic Information

Families were asked to provide demographic information about their children and their family. Characteristics of the children and families participating in the CDW include gender, race and ethnicity, annual family income, and county of residence.

Family Report of Child Gender

Of the families that completed the survey, 63.6% of the families have male children enrolled in CDW and 36.4% of the families have female children enrolled in CDW. This represents a similar proportion compared to last year. The most recent CDW enrollment data indicates that there are 67.4% males and 32.6% females enrolled in the program. See Table 4 for specific information on the gender of children receiving services in CDW.

Table 4. Family Report of the Gender of Child Receiving Services in CDW Program by Year

Child's Gender	2009		2010		2012		2013		2014		2015		2016		2017		2018		CDW Program Enrollment
	n	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	%
Male	125	62.2	145	59.7	140	62.2	195	65.7	126	53.6	142	59.9	171	64.0	201	66.3	180	63.6	67.4
Female	76	37.8	98	40.3	85	37.8	102	34.3	109	46.4	95	40.1	96	36.0	102	33.7	103	36.4	32.6
Total	201	100	243	100	225	100	297	100	236	100	237	100	267	100	203	100	283	100	100

Self-Identified Ethnicity of the Children

Family members who completed the survey were asked to report the race and ethnicity of their child who was participating in the CDW program. Based on this method, 57.1% of children are classified as Caucasian alone, 19.4% African American alone, 4.9% Asian alone, 8.2% “Other” race alone, and 10.4% two or more races. Of the families completing the survey, 25.9% identified their child as having Hispanic or Latino ethnicity. See Table 5 for information about the race/ethnicity of the children from families who participated in the Family Survey compared to the rates based on the most recent CDW enrollment data. Caution should be used when comparing the rates from the survey and the overall CDW program enrollment. Within the survey, Hispanic/Latino is considered an ethnicity and not a race; therefore, those identifying as Hispanic/Latino were included in applicable race categories. However, within the CDW program enrollment data, Hispanic/Latino was considered a race category.

Table 5. Self-Identified Racial/Ethnic Background of Children Receiving CDW Services, 2018

Race/Ethnicity	2018 CDW Survey Respondents ^a		CDW Program Enrollment
	N	%	%
Caucasian	153 ^b	57.1	49.5
African American	52 ^b	19.4	25.2
Asian	13 ^b	4.9	4.4
Other	22 ^b	8.2	0.4
Two or more races	28	10.4	2.3
Hispanic or Latino	70 ^{c,d}	25.9	18.2

^a 15 respondents did not report the child’s race

^b Includes respondents reporting only one race

^c Hispanics/Latinos may be of any race, so also are included in applicable race categories

^d 13 respondents did not indicate if they consider themselves Hispanic or Latino

Self-Reported Family Income

The respondents to the Child Development Watch Family Survey represented families from across the socioeconomic income spectrum. Approximately 9.6% of the families reported their annual income as being under \$20,000, placing them below the government level for poverty (\$23,050 for a family of four in 2012). In comparison, Delaware's overall poverty rate is 17% for families with children under the age of five (KIDS COUNT in Delaware, 2012). The percentage of families reporting their income to be under \$20,000 was similar to the previous year. Of the families completing the Child Development Watch Family Survey, 33.3% reported that they made more than \$50,000 a year, which is similar to the previous year. This year, 31.7% of families chose to not indicate or did not know their income level. The percentage of families who did not report their income level was somewhat lower compared to last year.

The wide range of socioeconomic levels of families served by CDW is due to the entitlement nature of Part C of the IDEA federal legislation. Families who have a child with a disability are entitled to early intervention program services with no other qualifying characteristics such as income or geographic location. See Table 6 for specific information about the annual family income reported by families.

Table 6. Self-Reported Annual Income of Families Receiving CDW Services by Year

Income Level	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Above \$100,000	36	17.9	45	18.5	41	18.2	48	16.0	31	13.7	32	14.0	40	15.7	36	12.7	40	14.8
\$50,000-\$100,000	60	29.9	64	26.3	53	23.6	67	22.6	41	18.1	44	19.3	58	22.8	56	19.8	50	18.5
\$20,000-\$49,999	51	25.4	53	21.8	63	28.0	65	22.0	62	27.4	53	23.2	50	19.7	58	20.5	69	25.5
Under \$20,000	21	10.4	31	12.8	27	12.0	50	16.8	43	19.0	39	17.1	29	11.4	31	11.0	26	9.6
Don't know/ Decline to answer	33	16.4	50	20.6	41	18.2	67	22.6	49	21.7	43	18.9	77	30.3	102	36.0	86	31.7
Total	201	100	243	100	225	100	297	100	226 ^a	100	228	100	254	100	283	100	271 ^a	100

^a 12 families did not respond to the question asking about their annual income

Self-Report of County of Residence

Families were asked to indicate the county where they reside. Of the participating families, 141 (50.9%) are from Northern Delaware and 136 (49.1%) are from Southern Delaware. Table 7 presents families' reported county of residence. These percentages are relatively consistent with those from the previous year. As shown in the table, the proportion of families from Northern and Southern Delaware who responded to the survey is fairly similar to the overall proportion in the program based on enrollment information.

Table 7. Self-Reported Regional Location of Families Receiving CDW Services by Year

Regional Location	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018		CDW Program Rate ^d
	n ^a	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	%
Northern Delaware ^b	131	65.2	153	63.0	147	66.2	133	59.1	182	61.3	172	72.9	95	41.7	57	23.8	151	53.4	141	50.9	47.2
Southern Delaware ^c	70	34.8	90	37.0	75	33.8	92	40.9	115	38.7	64	27.1	133	58.3	182	76.2	132	46.6	136	49.1	52.8

^a 21 respondents did not report their county of residence

^b Northern Delaware includes New Castle County

^c Southern Delaware includes Kent and Sussex Counties

^d Based on the 2018 enrollment data provided by CDW

Federal Outcome Data

The Child Development Watch Family Survey was updated in 2006 to include three federal outcomes: “Families Know their Rights,” “Families Effectively Communicate their Children’s Needs,” and “Families Help their Children Develop and Learn.” The following tables present the 2018 Family Survey data related to these federal outcomes. All federal outcome items were included in the 2009-2018 surveys. Items for each outcome were averaged to obtain an overall outcome score. For each outcome, we first present a comparison among years. This is followed by 2018 data disaggregated by race and region where the services were received.

Federal Outcome 1: Families Know their Rights

The first federal outcome addressed the extent to which families feel that they know their rights within the CDW program. The survey includes four items. When families’ responses were averaged across all four items, 92.2% of families responded positively to these questions and 7.8 % disagreed. Families expressed the least satisfaction with items regarding knowing who within CDW could help them if they had a complaint (Disagree and Strongly Disagree= 12.1%) and knowing who to speak to if their family’s rights were not addressed (Disagree and Strongly Disagree= 14.5%). Compared to the results from the previous year, a similar proportion of families agreed that they received information about their rights and that they understand their rights. See Table 8 for more information.

Table 8. Federal Outcome 1: Families Know Their Rights by Year

Federal Outcome 1: Families Know Their Rights	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
You have received written information about your family’s rights (e.g. due process, procedural safeguards).	2009	32.8%	19.7%	44.3%	96.8%	2.2%	1.1%	0.0%
	2010	22.3%	29.0%	43.8%	95.1%	4.5%	0.4%	0.0%
	2011	27.5%	36.2%	37.2%	100.9%	1.4%	0.5%	0.0%
	2012	36.3%	25.1%	34.0%	95.4%	4.1%	0.0%	0.5%
	2013	-	50.6%	43.8%	94.4%	4.5%	1.1%	-
	2014	-	56.7%	40.7%	97.4%	1.7%	0.9%	-
	2015	-	49.3%	47.6%	96.9%	2.2%	0.9%	-
	2016	-	49.4%	41.6%	91.0%	5.5%	3.5%	-
	2017	-	53.9%	43.9%	97.9%	0.4%	1.8%	-
	2018	-	53.9%	42.4%	96.3%	1.9%	1.9%	-
You feel you understand your family’s legal rights within your child’s program.	2009	28.3%	21.7%	42.4%	92.4%	7.1%	0.5%	0.0%
	2010	22.6%	26.1%	44.2%	92.9%	6.2%	0.4%	0.5%
	2011	23.5%	33.3%	39.4%	96.2%	3.3%	0.5%	0.0%
	2012	33.3%	24.1%	38.9%	96.3%	3.2%	0.0%	0.5%
	2013	-	49.4%	44.9%	94.3%	4.9%	0.8%	-
	2014	-	56.5%	38.8%	95.3%	4.7%	-	-
	2015	-	47.6%	48.0%	95.6%	3.6%	0.9%	-
	2016	-	47.8%	47.8%	95.7%	3.2%	1.2%	-
	2017	-	51.3%	45.5%	96.8%	1.8%	1.4%	-
	2018	-	52.2%	42.5%	94.8%	4.5%	0.7%	-
You know who within Child Development Watch you need to speak with if you feel your family’s rights are not being addressed.	2009	28.3%	17.6%	42.2%	88.1%	8.6%	2.7%	0.5%
	2010	18.4%	27.7%	39.5%	85.6%	11.8%	1.8%	0.8%
	2011	18.6%	28.5%	40.3%	87.4%	10.4%	1.8%	0.5%
	2012	31.8%	22.6%	32.6%	87.0%	12.0%	0.5%	0.5%
	2013	-	48.0%	39.1%	87.1%	12.2%	0.7%	-
	2014	-	55.2%	32.8%	88.0%	10.8%	1.2%	-
	2015	-	44.2%	44.7%	88.9%	8.4%	2.7%	-
	2016	-	38.9%	46.0%	84.9%	12.7%	2.4%	-
	2017	-	45.7%	45.4%	91.1%	7.1%	1.8%	-
	2018	-	47.6%	37.9%	85.5%	11.9%	2.6%	-

Table 8. Federal Outcome 1: Families Know Their Rights by Year (continued)

	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	2009	26.2%	17.6%	42.2%	86.0%	10.7%	2.7%	0.5%
	2010	17.8%	28.0%	37.3%	83.1%	15.1%	1.3%	0.4%
	2011	24.1%	26.9%	38.9%	89.9%	8.8%	0.9%	0.5%
	2012	30.6%	25.0%	31.0%	86.6%	12.4%	0.5%	0.5%
	2013	-	48.2%	38.4%	86.6%	10.9%	2.5%	-
	2014	-	53.9%	33.3%	87.2%	11.0%	1.8%	-
	2015	-	42.7%	44.0%	86.7%	8.4%	4.9%	-
	2016	-	35.6%	49.4%	85.0%	13.0%	2.0%	-
	2017	-	45.4%	44.3%	89.6%	7.9%	2.5%	-
	2018	-	46.0%	41.9%	87.9%	9.9%	2.2%	-
Total “Families Know Their Rights”	2009	28.9%	19.2%	42.8%	90.9%	7.2%	1.8%	0.3%
	2010	20.3%	27.7%	41.2%	89.2%	9.4%	1.0%	0.4%
	2011	23.4%	31.2%	38.9%	93.5%	5.9%	0.9%	0.2%
	2012	33.0%	24.2%	34.1%	91.3%	7.9%	0.3%	0.5%
	2013	-	49.1%	41.6%	90.7%	8.1%	1.3%	-
	2014	-	55.6%	36.4%	92.0%	7.0%	1.0%	-
	2015	-	46.0%	46.1%	92.0%	5.7%	2.4%	-
	2016	-	42.9%	46.2%	89.1%	8.6%	2.3%	-
	2017	-	49.1%	44.8%	93.8%	4.3%	1.9%	-
	2018	-	51.2%	40.9%	92.2%	6.1%	1.7%	-

We compared families’ average ratings by race and ethnicity (see Table 9). The highest percentages of families knowing their rights were families who identified as two or more races (95.5%), followed by Caucasian (93.0%), African American (92.4%), and Asian (92.2%). Families reporting “other” race (70.4%) and those reporting Hispanic/Latino ethnicity (81.3%) responded the least favorably to this outcome.

We also disaggregated families’ average ratings by the region where families received their services. As shown in Table 10, families from northern Delaware responded slightly more favorably compared to those from the southern portion of the state. Specifically, 92.0% of

respondents from northern Delaware reported knowing their rights compared to 87.3% from southern Delaware.

Table 9. Families Know Their Rights by Ethnicity, 2018

Items	Race	Combined				
		Strongly Agree (SA)	Agree	SA and Agree	Disagree	Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Caucasian alone ^a	60.0%	37.3%	97.3%	0.7%	2.0%
	African American alone ^a	60.0%	40.0%	100.0%	0.0%	0.0%
	Asian alone ^a	53.8%	38.5%	92.3%	7.7%	0.0%
	Other alone ^a	18.2%	63.6%	81.8%	9.1%	9.1%
	Two or more races	50.0%	46.2%	96.2%	3.8%	0.0%
	Hispanic/Latino ^b	29.9%	59.7%	89.6%	4.5%	6.0%
You feel you understand your family's legal rights within your child's program.	Caucasian alone ^a	55.7%	41.6%	97.3%	1.3%	1.3%
	African American alone ^a	61.2%	32.7%	93.9%	6.1%	0.0%
	Asian alone ^a	61.5%	30.8%	92.3%	7.7%	0.0%
	Other alone ^a	22.7%	50.0%	72.7%	27.3%	0.0%
	Two or more races	44.4%	55.6%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	30.9%	55.9%	86.8%	11.8%	1.5%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	Caucasian alone ^a	51.3%	36.0%	87.3%	8.7%	4.0%
	African American alone ^a	51.0%	34.7%	85.7%	14.3%	0.0%
	Asian alone ^a	58.3%	33.3%	91.7%	8.3%	0.0%
	Other alone ^a	22.7%	40.9%	63.6%	31.8%	4.5%
	Two or more races	46.4%	46.4%	92.9%	7.1%	0.0%
	Hispanic/Latino ^b	30.9%	39.7%	70.6%	22.1%	7.4%
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	Caucasian alone ^a	48.0%	42.1%	90.1%	7.2%	2.6%
	African American alone ^a	55.1%	34.7%	89.8%	10.2%	0.0%
	Asian alone ^a	46.2%	46.2%	92.3%	7.7%	0.0%
	Other alone ^a	18.2%	45.5%	63.6%	27.3%	9.1%
	Two or more races	50.0%	42.9%	92.9%	7.1%	0.0%
	Hispanic/Latino ^b	26.1%	52.2%	78.3%	15.9%	5.8%
Total "Families Know Their Rights"	Caucasian alone ^a	53.8%	39.3%	93.0%	4.5%	2.5%
	African American alone ^a	56.8%	35.5%	92.4%	7.7%	0.0%
	Asian alone ^a	55.0%	37.2%	92.2%	7.9%	0.0%
	Other alone ^a	20.5%	50.0%	70.4%	23.9%	5.7%
	Two or more races	47.7%	47.8%	95.5%	4.5%	0.0%
	Hispanic/Latino ^b	29.5%	51.9%	81.3%	13.6%	5.2%

^a Includes respondents reporting only one race

^b Hispanics/Latinos may be of any race, so also are included in applicable race categories

Table 10. Families Know Their Rights by Geographic Region, 2018

Items	Region	Strongly Agree (SA)	Agree	Combined SA and Agree	Disagree	Strongly Disagree
You have received written information about your family's rights (e.g. due process, procedural safeguards).	Northern	48.1%	48.9%	97.0%	3.0%	0.0%
	Southern	63.0%	35.4%	98.4%	0.8%	0.8%
You feel you understand your family's legal rights within your child's program.	Northern	49.6%	47.4%	97.0%	3.0%	0.0%
	Southern	53.6%	34.8%	88.4%	5.8%	5.8%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	Northern	42.9%	43.6%	86.5%	11.3%	2.3%
	Southern	49.0%	29.0%	78.0%	11.0%	11.0%
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	Northern	41.5%	45.9%	87.4%	11.1%	1.5%
	Southern	48.2%	36.2%	84.4%	7.8%	7.8%
Total "Families Know Their Rights"	Northern	44.2%	46.5%	92.0%	7.1%	1.0%
	Southern	53.5%	33.9%	87.3%	6.4%	6.4%

Federal Outcome 2: Families Effectively Communicate Their Children's Needs

The second federal outcome addressed the extent to which families are able to effectively communicate their children's needs within CDW. The subscale consisted of five items. When families' responses were averaged across all five items, 96.1% of families responded positively to the questions for the second federal outcome "Families Effectively Communicate their Children's Needs." This year's results are fairly consistent to the results from prior years. See Table 11 for more information about the results of the items within this outcome.

We also compared average ratings based on the ethnicity of families. Families indicating two or more races responded the most favorably to the second federal outcome "Families Effectively Communicate their Children's Needs" (99.3%), followed by African American (98.4%), Caucasian (96.7%), Other (91.7%), and Asian (90.8%) families. Of families indicating Hispanic/Latino ethnicity, 96.4% responded favorably to the second federal outcome.

Based on the region where families received their services, 95.3% of families receiving services in Northern Delaware and 95.5% in Southern Delaware responded positively to the second federal outcome, "Families Effectively Communicate their Children's Needs" (see Table 13).

Table 11. Federal Outcome 2: Families Effectively Communicate Their Children’s Needs by Year

Federal Outcome 2: Families Effectively Communicate Their Children’s Needs	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family’s strengths, needs, and goals.	2009	27.2%	30.4%	36.6%	94.2%	3.1%	0.5%	2.1%
	2010	17.3%	40.5%	35.4%	93.2%	5.5%	0.4%	0.8%
	2011	20.1%	45.2%	34.2%	99.5%	0.0%	0.5%	0.9%
	2012	32.4%	36.9%	27.0%	96.3%	3.2%	0.5%	0.0%
	2013	-	47.6%	50.0%	97.6%	2.1%	0.3%	-
	2014	-	47.4%	49.6%	97.0%	2.1%	0.9%	-
	2015	-	53.0%	41.9%	94.9%	5.1%	0.0%	-
	2016	-	51.7%	45.2%	96.9%	1.9%	1.1%	-
	2017	-	60.4%	36.9%	97.3%	2.7%	0.0%	-
As part of the Child Development Watch program, you have been asked about your child’s strengths and needs, and your goals for him or her.	2009	30.1%	36.7%	28.1%	94.9%	1.5%	1.5%	2.0%
	2010	21.8%	44.5%	29.0%	95.3%	3.4%	0.4%	0.8%
	2011	23.5%	48.9%	27.1%	99.5%	0.0%	0.5%	0.0%
	2012	36.4%	38.7%	23.1%	98.2%	0.9%	0.9%	0.0%
	2013	-	56.6%	41.4%	98.0%	2.0%	0.0%	-
	2014	-	56.4%	40.6%	97.0%	2.6%	0.4%	-
	2015	-	55.9%	41.9%	97.9%	1.7%	0.4%	-
	2016	-	57.8%	39.2%	97.0%	1.9%	1.1%	-
	2017	-	66.0%	31.3%	97.3%	2.7%	0.0%	-
2018	-	61.8%	35.7%	97.5%	2.1%	0.4%	-	

Table 11. Federal Outcome 2: Families Effectively Communicate Their Children’s Needs by Year (continued)

Federal Outcome 2: Families Effectively Communicate Their Children’s Needs	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	2009	24.0%	25.3%	47.3%	96.6%	1.4%	0.0%	2.1%
	2010	15.6%	30.7%	45.8%	92.1%	5.0%	2.8%	0.0%
	2011	21.5%	33.1%	42.0%	96.6%	1.7%	1.1%	0.6%
	2012	31.6%	24.9%	39.5%	96.0%	2.3%	0.6%	1.1%
	2013	-	49.5%	45.6%	95.1%	3.4%	1.5%	-
	2014	-	48.9%	46.3%	95.3%	3.7%	1.1%	-
	2015	-	44.9%	51.5%	96.5%	3.0%	0.5%	-
	2016	-	45.9%	52.0%	97.9%	1.7%	0.4%	-
	2017	-	58.1%	40.7%	98.8%	1.2%	0.0%	-
2018	-	52.6%	41.9%	94.5%	4.3%	1.2%	-	
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	2009	21.0%	25.4%	49.3%	95.7%	3.6%	0.0%	0.7%
	2010	11.9%	33.5%	46.0%	91.4%	6.3%	1.1%	1.1%
	2011	21.5%	31.1%	44.6%	97.2%	1.7%	1.1%	0.0%
	2012	31.6%	22.8%	40.9%	95.3%	3.5%	0.6%	0.6%
	2013	-	51.9%	43.3%	95.2%	3.8%	1.0%	-
	2014	-	46.6%	48.2%	94.8%	4.7%	0.5%	-
	2015	-	45.0%	52.5%	97.5%	2.0%	0.5%	-
	2016	-	42.9%	54.4%	97.3%	2.7%	0.0%	-
	2017	-	57.4%	41.0%	98.4%	1.2%	0.4%	-
2018	-	52.5%	43.5%	96.1%	3.1%	0.8%	-	

Table 11. Federal Outcome 2: Families Effectively Communicate Their Children’s Needs by Year (continued)

Federal Outcome 2: Families Effectively Communicate Their Children’s Needs	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
You feel that the services provided to your child and your family are individualized and change as your family’s needs change.	2009	28.6%	26.5%	37.6%	92.7%	4.8%	1.6%	1.1%
	2010	18.0%	36.9%	38.6%	93.5%	4.3%	1.3%	0.9%
	2011	25.3%	36.4%	35.9%	97.6%	1.4%	0.0%	0.9%
	2012	30.6%	32.9%	31.5%	95.0%	4.5%	0.5%	0.0%
	2013	-	48.1%	45.9%	94.0%	4.1%	1.9%	-
	2014	-	46.9%	46.1%	93.0%	6.1%	0.9%	-
	2015	-	49.6%	45.1%	94.7%	4.9%	0.4%	-
	2016	-	51.8%	45.5%	97.3%	1.6%	1.2%	-
	2017	-	58.8%	37.2%	96.0%	3.6%	0.4%	-
2018	-	59.5%	36.6%	96.1%	2.5%	1.4%	-	
Total “Families Effectively Communicate Their Children’s Needs”	2009	26.6%	29.3%	38.7%	94.6%	2.9%	0.8%	1.6%
	2010	17.3%	37.8%	38.2%	93.3%	4.8%	1.1%	0.8%
	2011	22.3%	38.9%	36.8%	98.1%	0.9%	0.6%	0.4%
	2012	32.5%	31.2%	32.4%	96.2%	2.9%	0.6%	0.3%
	2013	-	50.7%	45.2%	95.9%	3.1%	1.0%	-
	2014	-	49.2%	46.2%	95.4%	3.8%	0.8%	-
	2015	-	49.7%	46.6%	96.3%	3.3%	0.4%	-
	2016	-	50.0%	47.3%	97.3%	2.0%	0.8%	-
	2017	-	60.8%	36.5%	97.4%	2.6%	0.1%	-
2018	-	57.3%	38.8%	96.1%	2.9%	1.0%	-	

Table 12. Families Effectively Communicate Their Children’s Needs by Race, 2018

Federal Outcome 2: Families Effectively Communicate Their Children’s Needs	Race	Strongly Agree	Agree	Combined SA and Agree	Disagree	Strongly Disagree
		(SA)				
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family’s strengths, needs, and goals.	Caucasian alone ^a	59.5%	36.6%	96.1%	3.3%	0.7%
	African American alone ^a	76.9%	23.1%	100.0%	0.0%	0.0%
	Asian alone ^a	46.2%	53.8%	100.0%	0.0%	0.0%
	Other alone ^a	36.4%	54.5%	90.9%	4.5%	4.5%
	Two or more races	67.9%	32.1%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	40.0%	57.1%	97.1%	1.4%	1.4%
As part of the Child Development Watch program, you have been asked about your child’s strengths and needs, and goals for him or her.	Caucasian alone ^a	65.8%	31.6%	97.4%	2.0%	0.7%
	African American alone ^a	72.5%	27.5%	100.0%	0.0%	0.0%
	Asian alone ^a	46.2%	53.8%	100.0%	0.0%	0.0%
	Other alone ^a	27.3%	63.6%	90.9%	9.1%	0.0%
	Two or more races	67.9%	32.1%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	35.7%	61.4%	97.1%	2.9%	0.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Caucasian alone ^a	54.8%	40.7%	95.6%	3.7%	0.7%
	African American alone ^a	61.2%	32.7%	93.9%	6.1%	0.0%
	Asian alone ^a	53.8%	30.8%	84.6%	15.4%	0.0%
	Other alone ^a	23.8%	66.7%	90.5%	4.8%	4.8%
	Two or more races	58.3%	41.7%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	36.9%	56.9%	93.8%	6.2%	0.0%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Caucasian alone ^a	53.3%	44.4%	97.8%	0.7%	1.5%
	African American alone ^a	61.2%	36.7%	98.0%	2.0%	0.0%
	Asian alone ^a	53.8%	30.8%	84.6%	15.4%	0.0%
	Other alone ^a	27.3%	63.6%	90.9%	9.1%	0.0%
	Two or more races	60.0%	40.0%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	40.9%	57.6%	98.5%	1.5%	0.0%
You feel that the services provided to your child and your family are individualized and change as your family’s needs change.	Caucasian alone ^a	61.2%	35.5%	96.7%	2.0%	1.3%
	African American alone ^a	80.0%	20.0%	100.0%	0.0%	0.0%
	Asian alone ^a	38.5%	46.2%	84.6%	15.4%	0.0%
	Other alone ^a	31.8%	63.6%	95.5%	4.5%	0.0%
	Two or more races	53.6%	42.9%	96.4%	3.6%	0.0%
	Hispanic/Latino ^b	40.6%	55.1%	95.7%	4.3%	0.0%
Total “Families Effectively Communicate Their Children’s Needs”	Caucasian alone ^a	58.9%	37.8%	96.7%	2.3%	1.0%
	African American alone ^a	70.4%	28.0%	98.4%	1.6%	0.0%
	Asian alone ^a	46.2%	43.1%	90.8%	9.2%	0.0%
	Other alone ^a	29.3%	62.4%	91.7%	6.4%	1.9%
	Two or more races	61.5%	37.8%	99.3%	0.7%	0.0%
	Hispanic/Latino ^b	38.5%	57.6%	96.4%	3.3%	0.3%

^a Includes respondents reporting only one race

^b Hispanics/Latinos may be of any race, so also are included in applicable race categories

Table 13. Families Effectively Communicate Their Children’s Needs by Geographic Region, 2018

Federal Outcome 2: Families Effectively Communicate Their Children’s Needs	Region	Strongly Agree (SA)	Agree	Combined SA, and Agree	Disagree	Strongly Disagree
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family’s strengths, needs, & goals.	Northern	58.0%	39.1%	97.1%	2.2%	0.7%
	Southern	55.8%	34.1%	89.9%	5.1%	5.1%
As part of the Child Development Watch program, you have been asked about your child’s strengths and needs, and goals for him or her.	Northern	57.4%	39.0%	96.3%	3.7%	0.0%
	Southern	63.0%	32.6%	95.7%	2.2%	2.2%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	Northern	43.0%	49.2%	92.2%	6.3%	1.6%
	Southern	63.9%	31.1%	95.1%	2.5%	2.5%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	Northern	44.5%	50.8%	95.3%	4.7%	0.0%
	Southern	62.8%	35.5%	98.3%	0.8%	0.8%
You feel that the services provided to your child and your family are individualized and change as your family’s needs change.	Northern	52.9%	42.6%	95.6%	4.4%	0.0%
	Southern	68.7%	29.9%	98.5%	0.7%	0.7%
Total “Families Effectively Communicate Their Children’s Needs”	Northern	56.1%	44.1%	95.3%	4.3%	0.5%
	Southern	62.8%	32.6%	95.5%	2.3%	2.3%

Federal Outcome 3: Families Help Their Children Develop and Learn

The third federal outcome addressed the extent to which families have learned to help their children develop and learn since participating in the CDW program. The subscale consisted of four items that addressed this outcome. When families’ responses were averaged across all four items, 96.7% of families responded positively to the questions for the third federal outcome. Results from the 2018 survey were relatively similar to the results from previous years. See Table 14 for more information on the results of the items in this outcome.

We compared families’ average ratings by race and ethnicity; 100.0% of families reporting two or more races, 99.5% of African American families, 97.0% of Caucasian families, 94.2% of Asian families, and 87.7% of “other” race families responded favorably toward the

third federal outcome, “Families Help Their Children Develop and Learn” (See Table 15). Of families indicating Hispanic/Latino ethnicity, 96.0% responded favorably to the third outcome.

We also disaggregated families’ average ratings by the region where families receive their services, 97.4% of families receiving services in northern Delaware and 95.3% of families receiving services in southern Delaware responded positively to the third federal outcome, “Families Help their Children Develop and Learn” (see Table 16).

Table 14. Federal Outcome 3: Families Help Their Children to Develop and Learn by Year

Federal Outcome 3: Families Help Their Children Develop and Learn	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	2009	26.3%	26.9%	39.2%	92.4%	5.9%	1.1%	0.5%
	2010	23.2%	36.4%	34.6%	94.2%	4.4%	0.4%	0.9%
	2011	22.3%	37.2%	36.7%	96.2%	1.9%	0.9%	0.9%
	2012	34.3%	28.7%	32.4%	95.4%	2.8%	0.9%	0.9%
	2013	-	53.8%	41.3%	95.1%	3.4%	1.5%	-
	2014	-	51.1%	43.3%	94.4%	5.2%	0.4%	-
	2015	-	47.5%	48.9%	96.4%	3.6%	0.0%	-
	2016	-	47.8%	45.5%	93.3%	5.5%	1.2%	-
	2017	-	58.6%	37.9%	96.5%	2.5%	1.1%	-
	2018	-	59.6%	36.7%	96.4%	2.5%	1.1%	-
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care for your child.	2009	23.9%	26.6%	42.0%	92.5%	6.9%	0.5%	0.0%
	2010	17.5%	41.2%	32.5%	91.2%	7.0%	0.4%	1.3%
	2011	25.2%	37.9%	35.0%	98.1%	0.9%	0.5%	0.5%
	2012	31.5%	26.9%	36.5%	94.9%	3.7%	1.4%	0.0%
	2013	-	48.1%	46.3%	94.4%	4.8%	0.7%	-
	2014	-	50.0%	44.2%	94.2%	5.3%	0.4%	-
	2015	-	47.7%	49.5%	97.3%	2.7%	0.0%	-
	2016	-	50.4%	44.4%	94.8%	4.4%	0.8%	-
	2017	-	55.7%	41.8%	97.5%	1.4%	1.1%	-
	2018	-	55.5%	40.1%	95.6%	3.7%	0.7%	-

Table 15. Federal Outcome 3: Families Help Their Children to Develop and Learn by Year (continued)

Federal Outcome 3: Families Help Their Children Develop and Learn	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	2009	26.2%	32.5%	36.6%	95.3%	4.2%	0.5%	0.0%
	2010	22.5%	35.5%	36.4%	94.4%	3.9%	0.9%	0.9%
	2011	26.6%	34.1%	37.4%	98.1%	0.9%	0.9%	0.0%
	2012	31.5%	33.3%	31.5%	96.3%	2.3%	0.5%	0.9%
	2013	-	46.9%	46.5%	93.4%	5.9%	0.7%	-
	2014	-	53.7%	41.1%	94.8%	4.3%	0.9%	-
	2015	-	48.0%	49.3%	97.4%	2.6%	0.0%	-
	2016	-	51.2%	43.0%	94.2%	5.1%	0.8%	-
	2017	-	59.3%	36.4%	95.7%	3.9%	0.4%	-
2018	-	54.0%	42.8%	96.7%	2.5%	0.7%	-	
As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.	2009	31.4%	31.4%	34.3%	97.1%	2.2%	0.0%	0.7%
	2010	22.4%	39.5%	32.9%	94.8%	3.3%	0.7%	1.3%
	2011	30.8%	32.7%	35.5%	99.0%	0.9%	0.0%	0.0%
	2012	34.3%	27.8%	34.3%	96.4%	1.9%	1.9%	0.0%
	2013	-	54.9%	41.3%	96.2%	3.4%	0.4%	-
	2014	-	56.6%	39.0%	95.6%	4.4%	0.0%	-
	2015	-	49.3%	48.4%	97.8%	1.8%	0.4%	-
	2016	-	51.4%	44.7%	96.1%	4.0%	0.0%	-
	2017	-	58.2%	40.7%	98.9%	0.7%	0.4%	-
2018	-	54.0%	44.1%	98.2%	1.1%	0.7%	-	

Table 16. Federal Outcome 3: Families Help Their Children to Develop and Learn by Year (continued)

Federal Outcome 3: Families Help Their Children Develop and Learn	Year	Very Strongly Agree (VSA)	Strongly Agree (SA)	Agree	Combined VSA, SA, and Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Total “Families Help Their Children Develop and Learn”	2009	26.6%	29.2%	38.3%	94.1%	5.0%	0.6%	0.3%
	2010	21.3%	38.0%	34.2%	93.5%	4.8%	0.6%	1.1%
	2011	26.2%	35.5%	36.2%	97.9%	1.2%	0.6%	0.4%
	2012	32.9%	29.2%	33.7%	95.8%	2.7%	1.2%	0.5%
	2013	-	50.9%	43.9%	94.8%	4.4%	0.8%	-
	2014	-		41.9%	97.8%	4.8%	0.4%	-
	2015	-	48.1%	49.0%	97.2%	2.7%	0.1%	-
	2016	-	50.2%	44.4%	94.6%	4.8%	0.7%	-
	2017	-	57.9%	39.2%	97.2%	2.1%	0.7%	-
	2018	-	55.8%	40.9%	96.7%	2.5%	0.8%	-

Table 17. Families Help Their Children to Develop and Learn by Ethnicity of the Parent, 2018

Federal Outcome 3: Families Help Their Children Develop and Learn	Race	Strongly Agree (SA)	Agree	Combined SA and Agree	Disagree	Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	Caucasian alone ^a	60.9%	36.4%	97.4%	2.0%	0.7%
	African American alone ^a	69.2%	28.8%	98.1%	1.9%	0.0%
	Asian alone ^a	53.8%	38.5%	92.3%	7.7%	0.0%
	Other alone ^a	38.1%	47.6%	85.7%	9.5%	4.8%
	Two or more races	57.1%	42.9%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	39.7%	54.4%	94.1%	4.4%	1.5%
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care your child.	Caucasian alone ^a	58.7%	36.7%	95.3%	4.0%	0.7%
	African American alone ^a	66.0%	34.0%	100.0%	0.0%	0.0%
	Asian alone ^a	61.5%	30.8%	92.3%	7.7%	0.0%
	Other alone ^a	18.2%	68.2%	86.4%	13.6%	0.0%
	Two or more races	51.9%	48.1%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	35.3%	60.3%	95.6%	4.4%	0.0%
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	Caucasian alone ^a	54.9%	41.8%	96.7%	2.6%	0.7%
	African American alone ^a	72.0%	28.0%	100.0%	0.0%	0.0%
	Asian alone ^a	30.8%	61.5%	92.3%	7.7%	0.0%
	Other alone ^a	27.3%	63.6%	90.9%	9.1%	0.0%
	Two or more races	57.1%	42.9%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	30.4%	65.2%	95.7%	4.3%	0.0%
As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.	Caucasian alone ^a	55.6%	43.0%	98.7%	0.7%	0.7%
	African American alone ^a	67.3%	32.7%	100.0%	0.0%	0.0%
	Asian alone ^a	53.8%	46.2%	100.0%	0.0%	0.0%
	Other alone ^a	22.7%	68.2%	90.9%	9.1%	0.0%
	Two or more races	51.9%	48.1%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	32.4%	66.2%	98.5%	1.5%	0.0%
Total " Families Help Their Children Develop and Learn"	Caucasian alone ^a	58.2%	39.5%	97.0%	2.3%	0.7%
	African American alone ^a	68.4%	30.9%	99.5%	0.5%	0.0%
	Asian alone ^a	50.0%	44.3%	94.2%	5.8%	0.0%
	Other alone ^a	26.6%	61.9%	87.7%	10.3%	1.2%
	Two or more races	55.4%	45.5%	100.0%	0.0%	0.0%
	Hispanic/Latino ^b	34.5%	61.5%	96.0%	3.7%	0.4%

^a Includes respondents reporting only one race

^b Hispanics/Latinos may be of any race, so also are included in applicable race categories

Table 18. Families Help Their Children to Develop and Learn by Geographical Region, 2018

Federal Outcome 3: Families Help Their Children Develop and Learn	Region	Strongly Agree (SA)	Agree	Combined SA, and Agree	Disagree	Strongly Disagree
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	Northern	54.4%	42.6%	97.1%	2.9%	0.0%
	Southern	65.4%	30.1%	95.6%	2.2%	2.2%
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care your child.	Northern	52.6%	43.7%	96.3%	3.7%	0.0%
	Southern	57.7%	35.0%	92.7%	3.6%	3.6%
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	Northern	47.8%	50.0%	97.8%	2.2%	0.0%
	Southern	60.4%	33.8%	94.2%	2.9%	2.9%
As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.	Northern	51.9%	46.7%	98.5%	1.5%	0.0%
	Southern	57.1%	41.4%	98.5%	0.8%	0.8%
Total “Families Help Their Children Develop and Learn”	Northern	51.7%	45.8%	97.4%	2.6%	0.0%
	Southern	60.2%	35.1%	95.3%	2.4%	2.4%

State Outcome Data

Consistent with data analyses from previous years, we also grouped family responses in clusters, corresponding to a set of questions from the CDW Family Survey. The years included in this report are 2009 to 2018 with the exception of the 2011 (data were not available). Items in each cluster were averaged to obtain an overall cluster score. Descriptions of each cluster are as follows:

Cluster 1: Overall Satisfaction

Cluster 2: Families' Perception of Change in Selves and Their Families

Cluster 3: Families' Perceptions of Their Children's Development and Abilities

Cluster 4: Families' Perception of Family-Program Relations

Cluster 5: Perception of Family Decision-making Opportunities

Cluster 6: Perception of Program Accessibility and Responsiveness

Cluster 7: Perception of Quality of Life

Cluster 8: Perception of Social-Emotional Development

State Cluster 1: Overall Satisfaction

Families receiving CDW services were asked about their satisfaction with the services they and their children received. The "Overall Satisfaction" ratings were derived from three items that assessed families' global perceptions of the program's services in three areas: usefulness of services, child and family services, and changes in children. Families' responses for the three items in the cluster describing overall satisfaction and the averaged responses for the cluster can be found in Table 17.

Primarily positive responses were obtained when we asked if the services provided by CDW were useful for their families. In general, 96.5% of the families were satisfied. This represents a similar proportion of families reporting positive perceptions compared to previous years. The three items in this cluster obtained favorable responses from 95.6% to 97.8% of families who responded to the survey this year.

Table 19. Cluster 1: Overall Satisfaction by Year

Cluster 1: Overall Satisfaction	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
You feel that the Child Development Watch services are useful to your family.	97.4%	2.6%	97.5%	2.6%	98.2%	1.8%	96.1%	3.9%	98.3%	1.7%	98.7%	1.3%	96.9%	3.1%	98.6%	1.4%	97.8%	2.2%
You are satisfied with the services your child and family are receiving.	94.1%	6.0%	94.7%	5.3%	95.9%	4.1%	93.2%	6.8%	94.2%	5.8%	98.2%	1.8%	96.4%	3.6%	96.7%	3.3%	96.0%	4.0%
You are satisfied with the changes your child has made since beginning the Child Development Watch program.	95.1%	4.9%	96.4%	3.5%	95.0%	5.0%	96.2%	3.8%	95.2%	4.8%	97.3%	2.7%	96.4%	3.6%	97.3%	2.7%	95.6%	4.4%
Total Overall Satisfaction	95.5%	4.5%	96.2%	3.8%	96.4%	3.6%	95.2%	4.8%	95.9%	4.1%	98.1%	1.9%	96.6%	3.4%	97.5%	2.5%	96.5%	3.5%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree. The item “You are satisfied with how things are going with your child and family,” which was found within previous surveys, was not included in the current survey. Thus, the Total Overall Satisfaction percentages from previous years were recalculated without this item to allow for comparison to the current year.

The majority of families provided positive comments about the overall program. Many of these comments indicated that the families felt satisfied with the program and were grateful for what the program did to support their child and family:

“My family is very pleased with all the services we have received through the program and are grateful to help our child thrive, grow and develop to her best ability with the support of the services available.”

“CDW changed our lives. Our service coordinator was an enormous support. It was huge to get help through linking us to Autism Delaware, helping with his IEP, etc.”

“[My experience] has been parent led and child centered throughout the entire process. I’m thankful to have services such as this.”

“So far, my experience has been great. The staff and coordinators have been truly helpful.”

“I think it's a great program. I'm so happy that I was told about it. If I wasn't told about it at the hospital, I'm not sure if I would have found out about it. It's a wonderful program and my son has made a lot of progress. I wonder if enough people know about it.”

“Everything went well. Our service coordinator and physical therapist were wonderful to work with, and the speech therapist was great.”

“I will strongly recommend this programs to families because I benefitted from it. Friendly staff and positive attitude. Thank you very much.”

“It’s a great program, very positive and enhanced my sons abilities. A true blessing!”

“It was very useful. I did not know the processes in this country and thanks to your services I can continue to receive help for my child.”

“[The CDW staff] have been good with our family. They work hard to help [my daughter] reach her goals. They are so convenient and go to her daycare.”

However, a few families shared some overall disappointments about their experience within the program.

"I could not leave the program fast enough. Because I went on my own, my son is receiving the services he needs."

"If I was not an advocate for my child and was not constantly knocking on doors things would not have gotten done. I would not have had the resources that I needed. I think everyone is overloaded and has a lot going on. I didn't often know what resources are available."

State Cluster 2: Families Perception of Change in Selves and Their Families

Families receiving CDW services were asked about their "Perception of Change in Selves/Family" since their children began receiving services. This cluster is composed of four items assessing the following categories: parents' ability to get the services needed for their children, parents' increased knowledge about their children's needs, parents' increased information about how to help their children develop and learn, and parents' increased ability to help their children develop and learn skills for use at home and other places the children spend time. Families' responses for the four items in this cluster focused on the "Perception of Change in Selves/Family" and the averaged responses for the cluster can be found in Table 18.

The overall "Perception of Change in Selves/Family" of families completing the survey as a result of the CDW program was positive. The average of this set of questions shows that 96.7% of families had a positive perception of change in themselves and their families. The four items in this cluster obtained favorable responses from 95.6% to 98.2% of families who responded to the survey this year.

Table 20. Cluster 2: Families’ Perceptions of Change in Selves and Their Families by Year

Cluster 2: Perception of Change in Selves/Family	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
Since being part of Child Development Watch you are more able to get your child the services that he or she needs.	92.4%	7.5%	94.2%	5.7%	95.4%	4.6%	95.1%	4.9%	94.4%	5.6%	96.4%	3.6%	93.3%	6.7%	96.5%	3.5%	96.4%	3.6%
Since being part of the Child Development Watch program you feel that you have more of the knowledge you need to best care for your child.	92.5%	7.4%	91.3%	8.8%	95.0%	5.0%	94.4%	5.6%	94.2%	5.8%	97.3%	2.7%	94.8%	5.2%	97.5%	2.5%	95.6%	4.4%
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	95.2%	4.7%	94.4%	5.6%	96.3%	3.7%	93.4%	6.6%	94.8%	5.2%	97.4%	2.6%	94.1%	5.9%	95.7%	4.3%	96.7%	3.3%
As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.	97.1%	2.9%	94.7%	5.3%	96.3%	3.7%	96.2%	3.8%	95.6%	4.4%	97.8%	2.2%	96.0%	4.0%	98.9%	1.1%	98.2%	1.8%
Total Perception of Change in Selves/Family	94.1%	5.8%	93.6%	6.4%	95.8%	4.3%	94.8%	5.2%	94.8%	5.2%	97.2%	2.8%	94.6%	5.4%	97.2%	2.9%	96.7%	3.3%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree.

Numerous families provided comments about the positive impact that they program had on their lives:

“Our service coordinator is absolutely amazing. She always listens, give us resources, and increases services as needed.”

“I learned a lot of stuff I never would have known and I'm grateful for that.”

“[The CDW staff] have given a lot of help. Since my girl was born, they taught me how to care for her and have given her therapy. The coordinator is very respectful and always explains everything to me. What I will miss most when my girl leaves the program will be how kind everyone is. I am very happy with the program. It has helped me a lot.”

“My service coordinator and I became close and we are still close. I love her. She is the best helper I've ever had.”

“[Our service coordinator] was amazing to work with at CDW. She explained everything to me, she was genuine, detailed, and helped us get into the preschool program for our son.”

“My coordinator was extremely helpful. She was hands on and answered any question I had. She was easily accessible and knowledgeable. She made sure I had all the services I needed. She was great and a pleasure to know.”

“Our physical therapist was beyond fantastic for my son. She pushed through on the days he was being difficult and got the job done. She legitimately cared and gave me fantastic tips and tricks to use at home.”

State Cluster 3: Families' Perceptions of Their Children's Development and Abilities

Families receiving CDW services were asked about any changes they had observed in their children since they began receiving services. This cluster was composed of four items: two of which asked families about improvement in the child's independence, skills, and abilities; one addressed individualization of services; and one addressed satisfaction with the changes the child has made. Families' responses for the four items in this cluster describing the “Perception of Change in Child” and the averaged responses for the cluster can be found in Table 19.

The “Perception of Development and Abilities in Child” of families completing to the survey was generally positive. The average of these responses indicates that 96.0% of families had a positive perception of change in their child. This perception level is similar compared to previous years. The four items in this cluster obtained favorable responses from 95.6% to 96.7% of families who responded to the survey this year.

Table 21. Cluster 3: Families’ Perceptions of Their Children’s Development and Abilities by Year

Cluster 3: Families’ Perceptions of Their Children’s Development and Abilities.	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
You feel that the services provided to your child and your family are individualized and change as your family’s needs change.	92.6%	7.4%	93.5%	6.4%	95.0%	5.0%	94.0%	6.0%	93.0%	7.0%	94.7%	5.3%	97.2%	2.8%	96.0%	4.0%	96.1%	3.9%
As a result of the Child Development Watch program, you see your child’s skills and abilities improving.	91.5%	8.6%	97.4%	2.6%	95.9%	4.1%	94.2%	5.8%	93.8%	6.2%	98.7%	1.3%	95.6%	4.4%	96.6%	3.4%	96.7%	3.3%
As a result of the Child Development Watch program, you see your child learning to do more things for her/himself.	90.6%	9.4%	95.0%	4.9%	94.4%	5.6%	93.4%	6.6%	92.8%	7.2%	96.4%	3.6%	95.2%	4.8%	96.2%	3.8%	95.6%	4.4%
You are satisfied with the changes your child has made since beginning the Child Development Watch program.	95.1%	4.9%	96.4%	3.5%	95.0%	5.0%	96.2%	3.8%	95.1%	4.9%	97.3%	2.7%	96.4%	3.6%	97.3%	2.7%	95.6%	4.4%
Total Overall Perception of Change-Child	92.5%	7.6%	95.6%	4.4%	95.1%	4.9%	94.5%	5.5%	93.7%	6.3%	96.8%	3.2%	96.1%	3.9%	96.5%	3.5%	96.0%	4.0%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree.

Many families reported that they have observed improvements in their child's skills as a result of their participation in the program:

"I appreciated all that Child Development Watch did for my son. He was released last year and came leaps and bounds with their support."

"From the beginning I was a little nervous about the program. However, after being introduced to our coordinator, it was a pleasant experience after that. My son excelled and decreased in his frustration level since he gained language skills. I am very appreciative."

"They cared a lot for my child and opened more doors for help for him. They left my child ready to leave the program."

"We were very pleased with the seemingly instant results that the program had on our son. He was not walking at around the age of 18 months, which was the biggest concern on our end. We got the ball rolling on the program and he began walking seemingly in no time. We also noticed increases in other gross and fine motor skills as a therapist worked with him regularly at his daycare."

"I can't thank Child Development Watch enough for the services they provided for my son. He went from a non-verbal two-year-old to an incredibly verbal three-year-old who won't stop talking. We will be forever grateful to them."

"It went really well and it really helped my son. I would recommend it to anyone!"

"Our ECE therapist from Easter Seals was absolutely wonderful. We saw huge improvements in our daughter thanks to her. We're very grateful she was our child's therapist."

"My son's speech therapist and ECE teacher that would come to our house were absolutely phenomenal!! They really helped him with his social and speech goals."

Most families expressed satisfaction with their child's progress. However, a few families indicated concerns that their child has not made as much progress as they expected:

"I am not impressed with [the program]. I don't know if the early intervention helped my child. I have mixed feelings."

"Our speech therapist was really nice but I don't feel like [my son] made as much progress with her as with another speech therapist at school."

"I will not say that the program did not help my child... but I will not say that all the changes were thanks to the program."

State Cluster 4: Families' Perceptions of Family-Program Relations

The fourth cluster of items assessed families' perceptions of their relationships with service providers and other staff members at CDW. This subscale was composed of 12 items including items that asked about how staff treated families, whether families felt respected by program staff, whether families felt they had the opportunity to discuss their needs and have their needs met, whether families know who they needed to speak with regarding their rights and any complaints or concerns they had, and whether they felt staff communicated effectively with them and coordinated services that they needed. Families' responses for the 12 items for this cluster on "Perception of Family-Program Relations" and the averaged responses for the cluster can be found in Table 20.

Overall, families reported positive family-program relationship experiences. On average, 94.6% of families reported positive family-program relations with the CDW staff. This satisfaction level is similar to the results from previous years (see Table 20).

Table 22. Cluster 4: Families’ Perceptions of Family-Program Relations by Year

Cluster 4: Families’ Perceptions of Family-Program Relationships	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family’s strengths, needs, and goals.	94.2%	5.8%	93.2%	6.8%	96.4%	3.60%	97.6%	2.4%	97.0%	3.0%	94.9%	5.1%	96.9%	3.1%	97.3%	2.7%	96.5%	3.5%
As part of the Child Development Watch program, you have been asked about your child’s strengths and needs, and your goals for him or her.	94.9%	5.1%	95.4%	4.6%	98.2%	1.80%	97.9%	2.1%	97.0%	3.0%	97.9%	2.1%	97.0%	3.0%	97.3%	2.7%	97.5%	2.5%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	96.6%	3.4%	92.2%	7.8%	96.0%	4.0%	95.1%	4.9%	95.3%	4.7%	96.5%	3.5%	97.8%	2.2%	98.8%	1.2%	94.5%	5.5%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	95.7%	4.3%	91.5%	8.5%	95.3%	4.7%	95.2%	4.8%	94.8%	5.2%	97.5%	2.5%	97.3%	2.7%	98.4%	1.6%	96.1%	3.9%
You feel that you receive up-to-date information about your child’s needs so that you can make decisions for him or her.	92.4%	7.7%	91.6%	8.4%	93.7%	6.3%	88.5%	11.5%	93.5%	6.5%	89.7%	10.3%	91.6%	8.4%	94.0%	6.0%	94.0%	6.0%
Your service coordinator is able to link you to services that you need.	93.5%	6.5%	92.5%	7.4%	96.4%	3.6%	90.3%	9.7%	93.5%	6.5%	92.6%	7.4%	92.6%	7.4%	93.4%	6.6%	93.5%	6.5%

Since being part of Child Development Watch you feel you are treated with respect.	98.0%	2.0%	96.5%	3.5%	99.1%	0.9%	98.2%	1.8%	98.7%	1.3%	97.4%	2.6%	98.5%	1.5%	99.3%	0.7%	97.5%	2.5%
The staff who assess your child's skills listen to you and respect you.	96.5%	3.6%	94.1%	5.9%	96.8%	3.2%	96.5%	3.5%	98.3%	1.7%	96.5%	3.5%	98.4%	1.6%	98.6%	1.4%	96.7%	3.3%
The staff explains your child's assessment results in words you can understand.	97.1%	2.9%	96.1%	3.9%	96.8%	3.2%	96.4%	3.6%	99.1%	0.9%	97.8%	2.2%	98.4%	1.6%	97.9%	2.1%	97.4%	2.6%
You are included in all planning and decisions for your child's program and services.	95.0%	5.0%	95.4%	4.6%	98.6%	1.4%	96.4%	3.6%	98.2%	1.8%	97.8%	2.2%	98.0%	2.0%	98.6%	1.4%	97.8%	2.2%
You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.	88.2%	11.8	85.6%	14.5%	87.1%	12.9%	87.1%	12.9%	87.9%	12.1%	88.9%	11.1%	84.9%	15.1%	91.1%	8.9%	85.5%	14.5%
You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program.	86.1%	13.9%	83.1%	16.9%	86.6%	13.4%	86.6%	13.4%	87.3%	12.7%	86.7%	13.3%	85.0%	15.0%	89.6%	10.4%	87.9%	12.1%
Total Perception of Family-Program Relations	93.7%	6.2%	92.1%	8.0%	95.1%	4.9%	93.8%	6.2%	95.1%	4.9%	94.5%	5.5%	94.7%	5.3%	96.2%	3.8%	94.6%	5.4%

Note: The "A" category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the "D" category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The "A" category for 2013-2018 includes: Strongly Agree, and Agree; the "D" category includes: Strongly Disagree, and Disagree

Many families reported having a positive relationship with the individuals working in program, including the therapists, educators, and service coordinators:

“Our coordinator was absolutely wonderful at keeping us updated and making sure our daughter had everything she needed to succeed. We are very grateful for the program and have seen our daughter improve so much since starting the program.”

“We were with the service for 3 years.... it was definitely sad to let them go!!! They became a part of our family! We appreciate each and one of the therapists that were given to us!!!! Thank you so much for your excellence service! If we could, we would love to keep them forever.”

“My coordinator is fantastic and goes above and beyond. My child adores his physical therapist and gets giddy when she shows up.”

“The therapists that my daughter had are awesome. They take in consideration that she may need a break or may not want to do what they want. They seem to really care for her and love her.”

“Child Development Watch is a great service. They really helped my family and kept the lines of communication open.”

“Everything has gone well. Our coordinator keeps us up to date and helps [our daughter] get reevaluated. She reached out to the school district for us. She has been so helpful.”

“Our experience was great. Our service coordinator kept us informed. We wouldn't be where we are without them.”

“[Our service coordinator] was awesome. She was super friendly. She called me right back and she answered all of our questions.”

“My caseworker that has been assigned to my son's case is very nice and supportive. She takes the time to reach out and discuss any concerns that I may have. I really do appreciate the extra support that I receive from CDW.”

Although many families shared positive comments about the program, other families reported some negative or mixed experiences within the program. Similar to previous years, several families reported having infrequent contact with their coordinator and/or their child's

therapists. The standard for service coordinators is to contact families once a month unless families have indicated otherwise. As recommended previously, we suggest adding questions to the survey to further investigate the frequency of contact between coordinators and families. Some of the comments shared by families follow:

"In the end we had a hard time hearing back from the coordinator and we heard more from the therapist than from the coordinator. We were supposed to set up appointments with the coordinator to get extra help before [our son] aged out and learn to deal with his diagnosis better but it was difficult to get in touch with the coordinator. The therapists were great overall, and we were very happy with the services they and the program provided. Our only issues were with the coordinator, but the services were great. If the coordinators could be trained differently it would make the program a lot better and give everyone a greater experience."

"The service providers were fantastic. They were coming every week, then biweekly, then monthly. At that point I didn't receive many updates by paper to see how she was doing. It was difficult for me to know what was going on at that point but she still was making progress. I would just like more frequent progress updates."

"I had three different coordinators. The first coordinator was amazing and made you feel like family. She took a leave of absence. The second coordinator was more absent. Then she left. Then the third one I only met once when we transitioned my daughter to school for the final meeting. She did an outstanding job."

"The coordinator that I have just shows up. She doesn't communicate very often with me."

"My service coordinator does not communicate with me regularly. I didn't speak to her in a year until I made an appointment. Things weren't completed. I wish it didn't take as long to get a response from them. I'm still waiting for services."

"I would like to have more communication with the service coordinator. The coordinator only sometimes calls me back when I call."

"I think that the service coordinators should communicate with families better. Typically communication is pretty infrequent."

"They didn't communicate with us often. I heard from my service coordinator maybe once every 5 months. Half the time we didn't even know if she would be at the meetings"

or not. It wasn't that CDW itself was bad - it just was that our coordinator was unresponsive. Our new coordinator is better and communicates better."

"[We need] better communication. Many times paperwork and appointments fall through the cracks."

"It is difficult to reach the office."

"In the beginning I had a hard time reaching out to my service coordinators. I switched coordinators several times. I still have difficulty contacting them."

"The first service coordinator was not great - the IFSP was totally wrong and was copied and pasted. She would not communicate with me. She would not call me back. Not a good experience. The second coordinator went above and beyond to make our experience great. It was a pleasant experience with her."

"It can be VERY difficult to speak to someone on the phone at the office. They never answer and I have to keep leaving messages. It gets in the way especially if I'm at work and need to speak to someone. The office closes when I get off [work] and opens when I go in so when they don't answer in the middle of the day it's very difficult."

"They have done nothing but contacted me once a year for services that he should have had done when he was a child."

"My service coordinator hardly ever responded to emails, didn't return calls, and her voicemail was always full so you couldn't leave a message. Someone else had to take over."

Additionally, some families indicated frustration that they were not notified when their service coordinator changed:

"I had a hard time getting in touch with my coordinator. The original coordinator left and no one had called to notify me. It took me a month of calling until I was assigned to someone new. When I was assigned to someone else, they had phone issues and it was hard to get in contact with this new coordinator. Now I was switched to someone else."

"It was difficult communication-wise. My service coordinator was changed and I was not notified. I never knew who to talk to."

"I was never informed that the service coordinator changed. This happened twice. We were not informed about coordinator changes. My main issue is with the coordinators."

"My case worker had changed and no one notified me. The only reason I knew was that the therapist told me. They should let you know that the case worker changed."

Some families indicated concerns about comments made by CDW staff and/or therapists that made them feel uncomfortable or frustrated.

"At one point, I was told by a service coordinator that if I had private insurance why would I expect the state to pay for it. Why should that burden be placed on my family? It was a shocking comment. Part of the issue is that they looked at our family as privileged and they often seemed to make assumptions about us because we were not an at-risk population."

"The first service coordinator we had was very challenging and I don't think she worked with my wife's culture well. We were afraid to say something about it because we didn't want it to affect the services for our child."

"It has taken time to find an early developmental therapist who fits with our daughter. Most were extremely rude and wanted nothing to do with me wanting to know what was going on."

"When I first called to share my information, the lady that took my call was very rude and made it sound like my child's life is going to be so horrible because of his diagnosis. That was my only issue but it made me nervous to enroll him in the program. It made me worried about the service providers but everyone I met since her has been phenomenal."

A few families noted that they felt blamed or judged by CDW staff. Others indicated feeling as though their perspective was not taken into account. Some of these comments included:

"I had a situation with one of my child's OTs where they mocked me and showed where I was lying about his sensory issues. Sometimes [my son] does well and sometimes he doesn't and the OT made me feel like as a mom I was making things up or not saying the truth. It was humiliating! I did not know how to report that or to who I should be reporting it to."

“CDW tends to only see a child once in a two-hour time frame. When the parent says their opinion or input it should be taken into consideration. It feels like only the two-hour time frame is taken into consideration.”

“Become more educated in autism and maybe listen to mom when she says that there is a problem instead of judging mom. It would also help to understand how to identify red flags for developmental disabilities (what they were supposed to do but failed to do).”

“The first speech-therapist seemed very judgmental about my parenting. I asked for someone different and it improved.”

“Stop blaming mom for my son's severe autism and maybe have more training on how to identify the need for more help.”

One family indicated that they would appreciate if the staff took their family's culture and practice into account:

“I think it would be helpful for therapists to ask about the family's culture when planning lessons. For example, we do not celebrate Halloween and it would be nice for the therapist to ask about this when planning lessons.”

Multiple families indicated that language served as a barrier in the program. Many of these families indicated that additional interpreters are needed.

“The teacher who came did not speak Spanish and was not bilingual. Supposedly an interpreter would have to come twice a month but that did not happen. My English is not very good and I had questions to ask.”

“Bring more interpreters.”

“Have more people that speak the language.”

“[I would like to see] that they include more people who speak Spanish. But the program is very helpful for families. It has greatly helped my grandson.”

“Have more translators.”

State Cluster 5: Families' Perceptions of Decision-Making Opportunities

The fifth cluster of items focused on families' "Perception of Decision-Making Opportunities" when working with the CDW personnel. This subscale was composed of six items including items that asked if families felt that the goals of their children's Individual Family Service Plan (IFSP) were important and if family members were included in decision-making about programs and services for their child. The last two items referred to program transition. This program provides services to children 36 months and younger. These two items were answered the families whose children are 2 years or older. The "Transition Planning" section follows.

Families' responses for the six items of this cluster regarding the "Perception of Decision-Making Opportunities" and the averaged responses for the cluster can be found in Table 21. The "Perception of Decision-Making Opportunities" of families completing the survey was favorable. On average, 94.3% of families reported having a positive perception of decision-making opportunities. This perception level is very similar to the family perceptions reported the last two years.

Table 23. Cluster 5: Families’ Perceptions of Decision-Making Opportunities by Year

Cluster 5: Families’ Perceptions of Decision-Making Opportunities	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
You feel that you receive up-to-date information about your child’s needs so that you can make decisions for him or her.	92.4%	7.7%	91.6%	8.4%	93.7%	6.3%	88.5%	11.5%	93.5%	6.5%	89.7%	10.3%	91.6%	8.4%	94.0%	6.0%	94.0%	6.0%
The staff that assesses your child’s skills listens to you and respects you.	96.5%	3.6%	94.1%	5.9%	96.8%	3.2%	96.5%	3.5%	98.3%	1.7%	96.5%	3.5%	98.4%	1.6%	98.6%	1.4%	96.7%	3.3%
You are included in all planning and decisions for your child’s program and services.	95.0%	5.0%	95.4%	4.6%	98.6%	1.4%	96.4%	3.6%	98.2%	1.8%	97.8%	2.2%	98.0%	2.0%	98.6%	1.4%	97.8%	2.2%
You think the goals and objectives of your child’s Individualized Family Service Plan are important.	97.2%	2.9%	98.7%	1.3%	99.5%	0.5%	98.2%	1.8%	98.7%	1.3%	99.1%	0.9%	98.8%	1.2%	100.0%	0.0%	97.8%	2.2%
You feel part of the process of making plans for what your child will be doing after leaving Child Development Watch.	83.3%	16.7%	90.5%	9.5%	80.6%	19.4%	82.0%	18.0%	84.5%	15.5%	83.4%	16.6%	87.4%	12.6%	92.0%	8.0%	91.1%	8.9%
The Child Development Watch staff and your family have talked about what will happen when your child leaves this program.	81.5%	18.5%	84.3%	15.7%	86.2%	13.8%	81.6%	18.4%	86.9%	13.1%	80.6%	19.4%	91.4%	8.6%	84.6%	15.4%	88.6%	11.4%
Total Perception of Family Decision-Making Opportunities	90.8%	9.2%	92.0%	8.0%	91.2%	8.8%	90.5%	9.5%	93.4%	6.6%	91.2%	8.8%	94.3%	5.7%	94.6%	5.4%	94.3%	5.7%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree.

Most families reported positive perceptions regarding decision-making opportunities and the evaluation process. Some favorable comments from families included:

“All the staff was great and I felt very comfortable around them. I am very confident in what to look for and how to care for my child now.”

“Even having an early childhood background, I still learned a lot through CDW. They were helpful in the assessment. I was so thankful for the team of professionals to help me address his social-emotional needs.”

“From the very beginning it was so extraordinarily helpful. We had a tiny child and we didn't know what was going to happen or what he was going to need. They were with us every step of the way. Our service coordinator was incredible. She was on top of everything and responded quickly. She helped tremendously during the transition out of CDW, which could have been a scary transition. My child benefitted so much from this. This is the reason the he caught up to the place that he's at.”

“I always felt comfortable speaking up if there were concerns. We loved [our service coordinator].”

“I think it was a great experience, and I suggest it to anyone who is having concerns about their child. I was taken aback at first by the name and I was concerned about my son's involvement. However, they made me feel comfortable and gave me skills I could use at home. The assessment process went very well. The speech therapist was very helpful in giving me ways to teach my son. I am so grateful for the experience in the program.”

“They have been very understanding and really care about your needs. They help you and they don't stop giving you resources, which is something that I love.”

“They are always on my side. They always try to help me. They fought for my daughter to help her.”

Some families provided suggestions to improve the evaluation process:

“If possible maybe the parent should have an individual meeting with the person who is working with the child after they have assessed the child to give the parent feedback on how to handle certain situations.”

“I wish there were some places closer for the assessment. We had to drive to Dover for the autism assessment.”

“Once they hit 3 maybe having them tested again would be helpful.”

“I think overall the information given all at once was overwhelming. However, the rest of the process was pretty smooth.”

Transition Planning

Of the families responding to the survey, 215 families indicated that their children were two years or older, 40 families indicated their children were younger than 2 years old, and 28 families did not answer this question. The families with children two years or older completed the questions in this section. Their responses are included in clusters 5 and 6. The first question related to transition plans was “The Child Development Watch staff and your family have talked about what will happen when your child leaves this program,” 88.6% of these families indicated that they agreed with such statement, which is a slightly larger proportion compared to last year. Similarly, 91.1% of the families agreed they felt part of the process of making plans for what their children will be doing after leaving CDW, which is a similar proportion compared to previous years. These two items historically have been some of the lowest-rated items on the survey and were identified as an area for improvement in previous years. The results of the current survey suggest that CDW staff should continue engaging in these conversations with families to further increase positive perceptions in this area.

Some families indicated that they have had a positive experience when transitioning out of the CDW program:

“Child Development Watch was very helpful for both of my children. They made the transition to pre-k very easy and smooth.”

“Everything went really well. Our social worker did a great job organizing and keeping me informed. They transitioned her easily into the school system. [My daughter] got what she needed.”

“When we got home from China, I knew my son needed lots of services. Child Development watch was the link to provided all the services my son needed to make growth. They helped us so much and helped us make a smooth transition from Child Development Watch to an IEP in our school district when the time was right.”

However, other families indicated some challenges regarding the transition process.

“They need a lot more education. The caseworker from CDW didn't even know how the autism program at the school worked.”

“Transition from CDW to Red Clay School District was very unorganized and our coordinator with CDW was very judgmental, rude and did not listen to us as parents very well.”

“The program has helped us a lot but I would like to know more about when it was finished, and what will happen, because I don't feel prepared for when it happens.”

“After our son aged out, our coordinator left CDW. We did not have a contact for follow up questions. ”

State Cluster 6: Perception of Program Accessibility and Receptiveness

The sixth cluster of items asked families receiving CDW services about their “Perception of Program Accessibility and Responsiveness.” This subscale was comprised of nine items including questions asking families about the ease with which they were able to find the program and enroll their child, satisfaction with the services they were receiving, and their understanding of their legal rights within the program. Families’ responses for the nine items in this cluster of the “Perception of Program Accessibility and Responsiveness” and the averaged responses for the cluster can be found in Table 22.

Families completing the survey had an overall favorable response to this cluster. The average of this set of items shows that 94.7% of families had a positive perception of program accessibility and responsiveness. This perception level is comparable to results from 2009-2017.

Table 24. Cluster 6: Perception of Program Accessibility and Receptiveness by Year

Cluster 6: Perception of Program Accessibility and Receptiveness	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
It was easy to find out about Child Development Watch.	88.4%	11.6%	88.4%	11.6%	92.0%	8.0%	91.3%	8.7%	94.8%	5.2%	96.5%	3.5%	92.3%	7.7%	94.2%	5.8%	93.9%	6.1%
It was easy for you to become involved with Child Development Watch.	91.0%	9.0%	94.2%	5.8%	97.3%	2.7%	95.9%	4.1%	97.4%	2.6%	97.4%	2.6%	96.2%	3.8%	95.5%	4.5%	95.0%	5.0%
Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.	96.6%	3.4%	92.2%	7.8%	96.0%	4.0%	95.1%	4.9%	95.3%	4.7%	96.5%	3.5%	97.8%	2.2%	98.8%	1.2%	94.5%	5.5%
The program communicates with you in a way that is sensitive to your culture and your ethnic group.	95.7%	4.3%	91.5%	8.5%	95.3%	4.7%	95.2%	4.8%	94.8%	5.2%	97.5%	2.5%	97.3%	2.7%	98.4%	1.6%	96.1%	3.9%
You are getting the services listed in the IFSP.	98.4%	1.5%	97.3%	2.7%	96.7%	3.3%	93.9%	6.1%	97.3%	2.7%	97.2%	2.8%	95.6%	4.4%	97.4%	2.6%	97.3%	2.7%
You are satisfied with the services your child and family are receiving.	94.1%	6.0%	94.7%	5.3%	95.9%	4.1%	93.2%	6.8%	94.2%	5.8%	98.2%	1.8%	96.4%	3.6%	96.7%	3.3%	96.0%	4.0%
You have received written information about your family's rights (e.g. due process, procedural safeguards).	96.8%	3.3%	95.1%	4.9%	95.3%	4.7%	94.4%	5.6%	97.4%	2.6%	96.9%	3.1%	91.0%	9.0%	97.9%	2.1%	96.3%	3.7%
You feel you understand your family's legal rights within your child's program.	92.4%	7.6%	92.9%	7.1%	96.3%	3.7%	94.3%	5.7%	95.3%	4.7%	95.6%	4.4%	95.7%	4.3%	96.8%	3.2%	94.8%	5.2%
The Child Development Watch staff and your family have talked about what will happen when your child leaves this program.	83.3%	16.7%	84.3%	15.7%	86.2%	13.8%	81.6%	18.4%	85.1%	14.9%	80.6%	19.4%	91.4%	8.6%	84.6%	15.4%	88.6%	11.4%
Total Perception of Program Accessibility and Receptiveness	92.7%	7.3%	92.1%	7.9%	94.6%	5.4%	92.9%	7.1%	94.6%	5.4%	95.2%	4.8%	94.9%	5.1%	95.6%	4.4%	94.7%	5.3%

Note: The "A" category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the "D" category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The "A" category for 2013-2018 includes: Strongly Agree, and Agree; the "D" category includes: Strongly Disagree, and Disagree.

Although families generally reported positive perceptions about this cluster, some families indicated concerns that there was a significant delay in getting an evaluation or getting services started for their child. Other families indicated concerns about shortages in therapists. A few of these comments are below.

"You need more SLPs. Our first SLP was wonderful. The second was not a great fit. Unfortunately due to no other SLPs being available, I was unable to switch therapists without my child having a therapy gap."

"We are still waiting for certain services to start (physical therapy) and they seem to drop the ball a lot."

"My child needs a speech evaluation (in addition to receiving physical therapy) and I have felt like I have fallen through the cracks from the service coordinator to the agency... Sometimes it seems easier just to try to set up services on my own."

"I am truly grateful for all of the services. However, getting the initial evaluation was difficult. It took a long time. They wouldn't call me back a lot. Besides, that I have nothing but praise for the program."

"It took 5 months to get services started - numerous phone calls etc. to get into the program. I wouldn't hear back when I left voicemails or it would take a long time. I gave up. Two doctors pushed me to try again. So I tried again but still took multiple times. It was multiple meetings before services were started. It was months that it took to get started. The process getting started was frustrating."

"[Our service coordinator] did not pay attention to us and it took a while to fill out our information, waiting almost a year waiting for her to contact us."

"They didn't want to give him services and he needed speech. It took 10 months for him to get [an evaluation]. At that point he was only 2 months away from being in the school district. It took me months and months for me to fight and try to get services. The school district ended up having to pick up the slack. However, this should have been helped by CDW."

"Waiting list for speech therapy was long."

Some families reported that they wished their children could have received more therapy and services within the program:

"It would have been more helpful to have more speech therapists, when my son went in and he only saw her 3 times in 6 months, if it wasn't for the special education teacher, he wouldn't have had made progress so just more speech therapists and just helping out a little more. Other than that it was amazing."

"I would have liked more sessions for speech therapy."

"I wish there [were] more hours for the in house services as well the community should work on creating a more resource center for parents and their kids."

"My child's is still non verbal; as a result I wish two things were available locally: 1. More individualized Speech Therapy at home outside of what is provided in school. 2.

Decreased wait time for ABA therapy (I've been on a wait list since January of this year)."

One family provided indicated that although they were satisfied with the services they wish the location in which the services were provided could be changed:

"I think having the option for my child to receive speech therapy at a location away from home would've benefited her more. Being at home she wanted to do her own thing and not necessarily engage [with the speech pathologist]. If we were able to switch to therapy at a center if would've helped her a great deal."

Another family reported that they wished CDW linked them to resources when they moved out of state:

"We would have stayed in the program indefinitely, but unfortunately we were not allowed to continue once we moved to Pennsylvania... We were very happy with the 8 months or so that he spent in the program. But we do feel a little shortchanged in that we were immediately dropped once we changed our address. Again, I suppose this is a State of Delaware thing? We realize that there are similar programs in PA, but we have not sought any out in the intervening months. We believe our son is on the proper trajectory. I realize this is a free program, but it would have been nice to have some kind of supervised transfer or "handover" to an agency in another state if chose to go that route."

State Cluster 7: Perception of Quality of Life

The seventh cluster of items asked families receiving CDW services about their "Perception of Quality of Life." This subscale included three items that examined families' perceptions of their child and family's quality of life as a result of participation in CDW, having information to help the child develop and learn, and feeling that the services were useful to

their family. Families' responses for the three items in the "Perception of Quality of Life" cluster and the averaged responses for the cluster can be found in Table 23.

The "Perception of Quality of Life" for the families completing the survey was positive. The calculation of this set of questions shows that 97.0% of families had a positive perception of quality of life since their participation in CDW. This perception level is comparable to the perceptions reported by families from previous years.

Regarding families' perceptions of the quality of life improvements, the following comments were made:

"I'm very, very happy with the services that my daughter has received. We have seen improvement in our skills and my husband and I have learned so much about how to help her as well."

"We were very happy with all of the services we received through Child Development Watch. Our son grew leaps and bounds because of the interventions he received and he is now on the path to success alongside his peers. Thank you so much for all of your support of our family."

Table 25. Cluster 7: Perception of Quality of Life by Year

Cluster 7: Perception of Quality of Life	2009		2010		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
Since being part of Child Development Watch you feel your child’s quality of life has improved.	94.5%	5.5%	98.2%	1.8%	97.2%	2.8%	94.5%	5.5%	96.0%	4.0%	98.2%	1.8%	93.3%	6.7%	96.7%	3.3%	97.8%	2.2%
Since being part of Child Development Watch you feel your family’s quality of life has improved.	90.7%	9.3%	91.8%	8.2%	95.7%	4.3%	92.3%	7.7%	90.9%	9.1%	96.8%	3.2%	94.7%	5.3%	95.7%	4.3%	96.6%	3.4%
As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.	95.2%	4.7%	94.4%	5.6%	96.3%	3.7%	93.4%	6.6%	94.8%	5.2%	97.4%	2.6%	94.1%	5.9%	95.7%	4.3%	96.7%	3.3%
Total Perception of Quality of Life	93.6%	6.4%	94.9%	5.0%	96.4%	3.6%	93.4%	6.6%	93.9%	6.1%	97.5%	2.5%	94.0%	6.0%	96.0%	4.0%	97.0%	3.0%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree.

State Cluster 8: Perception of Social-Emotional Development

The eighth cluster of items asked families receiving CDW services about their “Perception of Social-Emotional Development.” This cluster includes two items examining families’ perceptions of awareness of social-emotional development and knowledge of social emotional development.

Families’ responses for the two items in the “Perception of Social-Emotional Development” cluster and the averaged responses for the cluster can be found in Table 24. These items were added in 2015, so a comparison cannot be made to years before 2015. The “Perception of Social-Emotional Development” for the families completing the survey was positive. The calculation of this set of questions shows that 96.9% of families had a positive perception of social-emotional development as a result of participation in CDW, which is comparable to last year’s survey results.

Table 26. Cluster 8: Perception of Social-Emotional Development by Year

Cluster 8: Perception of Social-Emotional Development	2015		2016		2017		2018	
	A	D	A	D	A	D	A	D
You are more aware of information related to the social emotional development of infants and toddlers	89.5%	10.5%	94.1%	5.9%	95.7%	4.3%	96.7%	3.3%
You are more knowledgeable about the social emotional development of children.	90.7%	9.3%	91.6%	8.4%	95.3%	4.7%	97.1%	2.9%
Total Perception of Social-Emotional Development	90.1%	9.9%	92.9%	7.2%	95.5%	4.5%	96.9%	3.1%

Note: The “A” category for 2015-2018 includes: Strongly Agree and Agree; the “D” category includes: Strongly Disagree and Disagree. Two items found on the 2015 and 2016 surveys (“You have received literature on the social emotional development of children” and “You have received resources to support your child’s social emotional development”) were not included within the current survey. As a result, the total score was recalculated for 2015 and 2016 so that the scores could be compared to the 2017 and 2018 surveys.

State Clusters Summary

In general, the families receiving CDW services that responded to the survey reported positive perceptions about the services they and their children received. Aggregating eight clusters resulted in an overall positive response rate of 95.8%. This rate is very similar to the overall rates from prior years.

Table 24 summarizes the eight cluster scores and presents aggregate scores. This table includes 2011 total percentages found in a summary report (Salt, 2011). This year all clusters presented favorable responses; the range of positive rating is from 94.3% to 97.0% (see table below). Based on these results, it seems that families continue to have very favorable opinions about the CDW program and services.

Table 27. Cluster Summary

Clusters Summary	2009		2010		2011		2012		2013		2014		2015		2016		2017		2018	
	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D	A	D
Cluster 1: Overall Satisfaction	95.5%	4.5%	96.2%	3.8%	99.1%	0.9%	96.4%	3.6%	95.2%	4.8%	95.9%	4.1%	98.1%	1.9%	96.6%	3.4%	97.5%	2.5%	96.5%	3.5%
Cluster 2: Perception of Change in Selves/ Family	94.1%	5.8%	93.6%	6.4%	97.9%	2.1%	95.8%	4.3%	94.8%	5.2%	94.8%	5.2%	97.2%	2.8%	94.6%	5.4%	97.2%	2.9%	96.7%	3.3%
Cluster 3: Perception of Change in Child	92.5%	7.6%	95.6%	4.4%	98.4%	1.6%	95.1%	4.9%	94.5%	5.5%	93.7%	6.3%	96.8%	3.2%	96.1%	3.9%	96.5%	3.5%	96.0%	4.0%
Cluster 4: Perception of Family-Program Relations	93.7%	6.2%	92.1%	8.0%	96.9%	3.1%	95.1%	4.9%	93.8%	6.2%	95.1%	4.9%	94.5%	5.5%	94.7%	5.3%	96.2%	3.8%	94.6%	5.4%
Cluster 5: Perception of Family Decision-Making Opportunities	90.8%	9.2%	92.0%	8.0%	96.1%	3.9%	91.2%	8.8%	90.5%	9.5%	93.4%	6.6%	91.2%	8.8%	94.3%	5.7%	94.6%	5.4%	94.3%	5.7%
Cluster 6: Perception of Program Accessibility and Receptiveness	92.7%	7.3%	92.1%	7.9%	96.1%	3.9%	94.6%	5.4%	92.9%	7.1%	94.6%	5.4%	95.2%	4.8%	94.9%	5.1%	95.6%	4.4%	94.7%	5.3%

Cluster 7: Perception of Quality of Life	93.6%	6.4%	94.9%	5.0%	98.3%	1.7%	96.4%	3.6%	93.4%	6.6%	93.9%	6.1%	97.5%	2.5%	94.0%	6.0%	96.0%	4.0%	97.0%	3.0%
Cluster 8: Perception of Social- Emotional Development	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90.1%	9.9%	92.9%	7.2%	95.5%	4.5%	96.9%	3.1%
Total	93.3%	6.7%	93.8%	6.2%	97.5%	2.5%	94.9%	5.1%	93.6%	6.4%	94.5%	5.5%	95.1%	4.9%	94.8%	5.3%	96.1%	3.9%	95.8%	4.2%

Note: The “A” category for 2012 and before includes: Very Strongly Agree, Strongly Agree, and Agree; the “D” category includes: Very Strongly Disagree, Strongly Disagree, and Disagree. The “A” category for 2013-2018 includes: Strongly Agree, and Agree; the “D” category includes: Strongly Disagree, and Disagree. For Clusters 1 and 8, items on previous surveys from 2009-2016 were removed from the 2017 and 2018 surveys in an effort to condense the survey. As such, the total scores for Clusters 1 and 8 were recalculated for previous years (2009-2016) with these items removed. The previous years’ scores were recalculated so that the total scores could be compared to the 2017 and 2018 total scores. The Total score also was recalculated.

Section 4: Conclusions

Overall, the results of the 2018 Child Development Watch (CDW) Family Survey indicated that most families were satisfied with CDW services. Within the survey, the majority of families indicated that they perceive these services as helpful both to their children and to themselves. The results from the 2018 survey are comparable to the survey results from previous years. In general, most families continue to report that they are satisfied with the CDW program and that they perceive these services as accessible, responsive to their needs, and instrumental in supporting their children's progress. More specifically, results of the current year's survey indicates that the majority of parents consider Delaware's Birth to Three Early Intervention System to have had positive effects on their children's development, their families' knowledge about ways to support their children, and their families' abilities to meet the needs of their children. Additionally, many families shared their gratitude toward the program, including their service coordinator and the therapists that work with their children.

Since 2006, Federal Outcome measures have been part of the Family Survey results. These three outcomes: "Families Know Their Rights," "Families Effectively Communicate Their Children's Needs," and "Families Help Their Children Develop and Learn" allow comparisons between Delaware and other states. We found positive ratings with averages of 92.2%, 96.1%, and 96.7% in 2018, respectively.

Differences in perceptions based on families' races/ethnicities varied depending on the outcome. For the first and third Federal Outcomes ("Families Know Their Rights" and "Families Help Their Children Develop and Learn," respectively), families reporting two or more races responded the most positively, and families reporting "other" race responded the least favorably. Within the second Federal Outcome ("Families Effectively Communicate Their Children's Needs"), families identifying as Asian reported the least favorable perceptions, and families reporting two or more races responded the most favorably. No considerable differences in opinions emerged when comparing families from the northern and southern regions of Delaware with regard to the second and third Federal Outcomes. For the first Outcome, families from Northern Delaware responded slightly more positively.

Consistent with reports from previous years, we used the cluster structure to present state outcome measures, combining survey items into eight clusters. In general, families participating in the CDW program reported having very favorable perceptions about the program. The overall cluster average was 95.8% of families reporting positive opinions. The eight clusters were rated very similarly to one another (family decision-making opportunities: 94.3%; family-program relations: 94.6%; program accessibility and receptiveness: 94.7%; change in child: 96.0%; overall satisfaction: 96.5%; change in selves/family: 96.7%; social-

emotional development: 96.9%; quality of life: 97.0%). The difference between the highest rated cluster (quality of life: 97.0%) and the lowest rated cluster (family decision-making opportunities: 94.3%) was only 2.7% and therefore was not a considerable difference.

Section 5: Recommendations

Program Recommendations

Within the 2018 survey, the majority of families reported feeling very satisfied with the services their child and family received. This is very similar to the results from previous years. This suggests that CDW continues to meet the needs of most of families who receive services and supports. Despite the general positive perceptions, some families reported dissatisfaction with particular components of the program. Recommendations for how to improve these program areas are found in the paragraphs below. Many of these recommendations have been provided in the past based on similar concerns provided by parents. As a result, CDW is encouraged to continue their efforts to improve these particular areas of the program.

This year, of the eight clusters, the cluster assessing family decision-making opportunities was the least favorably perceived. This cluster also was the least favorable from the prior year survey. However, it should be noted that this cluster was nevertheless rated very positively by the majority of families participating in the survey (94.3%). Consistent with last year, the lowest rated items assessed: (1) if CDW staff talked with families about what will happen when their child leaves the program, and (2) if families felt part of the process of making plans for their child after leaving CDW. Thus, to improve parents' perceptions of this cluster, CDW is encouraged to continue devoting efforts to support children's transition out of the CDW program. The need for clear communication to families about options for children once they leave the CDW program and consistency in providing this information to families is essential. CDW is encouraged to provide additional training to the service coordinators about the transition and how they should facilitate this process with the family and the school. It may be helpful to create an informational packet that can be given to families with children age two or older to provide them with more information about the transition process and options. Additionally, it may be helpful for service coordinators to reach out to the school districts in their respective counties to learn more about programs and services that are offered by the schools.

Consistent with previous years, several families expressed concerns about the frequency of communication from their service coordinators. According to comments provided by families, many parents/guardians received no response when attempting to communicate with

their coordinator, and other families waited long periods of time to receive a response. Additionally, several families indicated that they had to initiate the communication with their service coordinator. We continue to recommend that CDW examine how frequently communication occurs between coordinators and families as well as the barriers to timely communication with parents. CDW also may wish to survey families to better understand how often parents want or expect to be contacted by their service coordinator and the best method to communicate with them (e.g., phone calls, text messages, emails, etc.).

Beyond the frequency of communication, some families noted concerns about the quality or content of the communication from service coordinators, therapists, or other staff members. For example, some families indicated that interactions with CDW staff made them feel uncomfortable, frustrated, judged, or blamed. Therefore, CDW is encouraged to provide additional training to service coordinators and other CDW staff to support effective, collaborative communication strategies and to encourage their sensitivity and empathy toward families.

Some families indicated that they were dissatisfied with the length of time it took for an evaluation to occur or for services to begin. Several families reported that it took a few months before their child began to receive the services that they needed. As a result, CDW is encouraged to brainstorm solutions that would decrease the delay in evaluations or services for children. Additionally, CDW should ensure that service coordinators are carefully and directly explaining any potential delays with evaluations or service delivery with families so that they have a clear expectation of the timeline.

Similar to other years, some families indicated uncertainty about knowing who to speak to if they felt that their legal rights were not being addressed. Additionally, some families reported that they did not know who to contact regarding questions and concerns about the program. CDW should ensure that every family is provided with specific information about their legal rights as parents/guardians. These rights should be regularly reviewed with families so that they understand them. Families also should be provided with up-to-date contact information (e.g., phone numbers and email addresses) for the individuals working at CDW who should be approached with any concerns or questions. Additionally, it would be helpful if CDW provided this contact information on the CDW website so that families can easily access this information.

Several families commented that CDW did not inform them that their service coordinator had changed. If families' service coordinators are changed, parents/guardians should be contacted about this change immediately through multiple formats (e.g., phone call, mailed letter, or email). Families should be provided with the updated contact information for their new coordinator. Additionally, it would be helpful if the new coordinator would reach out

to the family within a short period of time to introduce him/herself and build a relationship with the child and family.

This year, multiple families commented that it was difficult for them to communicate with the CDW staff due to language barriers. Several parents/guardians noted that interpreters were not commonly provided, which negatively impacted their ability to ask questions and gain information. As such, CDW should consider how staff members could communicate with non-English speaking families more effectively. For example, CDW may wish to recruit additional staff members who are bilingual or make additional efforts to provide translators. CDW also should ensure that written information provided to families is translated to ensure families' understanding.

Survey Administration Recommendations

As noted in previous reports, it is recommended that CDW provide families' email addresses so that families can be emailed a link to the survey in addition to receiving a mailed postcard and a phone call. Sending families an invitation to complete the survey via email would likely further increase the completion rate of the survey. Research has found that participation in web-based surveys is thought to be easy for frequent computer users (Israel, 2011). Additionally, it is recommended that CDW provide the phone number for each parent/guardian participating in the program. A considerable number of phone numbers were disconnected (71 total) or incorrect (15 total). If provided with more than one phone number for a child, we may have better able to reach the family using an additional number.

As recommended in previous years, we continue to encourage CDW coordinators to be engaged in the data collection. They can participate in two different ways. First, it would be helpful for them to assist in informing families about the survey. In the event that phone numbers or addresses are not updated, service coordinators are the only method for administering the survey. Second, we would like coordinators to consider keeping paper copies of the survey and envelopes to take advantage of any opportunity to administer the survey confidentially. The current version of the survey does not explicitly address the relationship between coordinators and families, and coordinators would only be asked to provide the survey and a prepaid envelope. This would preserve the integrity of the research.

Last year, an incentive was added to encourage families' participation in the survey. The incentive continued to be used in the 2018 administration of the survey. Before completing the survey, families were informed that ten \$50 Amazon gift cards were being raffled off to families who participated. The majority of families expressed enthusiasm about participating in this raffle. It is likely that the addition of this incentive was a considerable reason for families

choosing to participate in the survey. As a result, CDW is encouraged to continue including this incentive for future years.

Although the survey has been streamlined in previous years, the survey continues to be rather lengthy, which has been associated with a lower survey response rate in research (Herberlien & Baumgartner, 1978; Steele, Schwendig & Kilpatrick, 1992; Yammarino, Skinner & Childers, 1991). Therefore, we continue to recommend that CDW further examine the survey to see if it can be shortened. Fewer questions and less cumbersome wording might increase the response rate.

Recommendations Summary

Within this report, several recommendations have been presented for CDW to consider if administering this survey in future years. The following bullet points summarize a few of the recommendations that have been provided.

- Consistent with previous years, several families reported having infrequent contact with their service coordinators. Some families also reported that their service coordinators did not respond to their communication attempts. As a result, it is recommended that CDW more thoroughly examine how often family-coordinator communication occurs as well as barriers to frequent communication. Additionally, some families reported that their interactions with CDW staff made them feel frustrated, uncomfortable, blamed, or judged. Therefore, it is recommended that CDW provide additional training for their staff about effective communication strategies that promotes collaboration, empathy, and sensitivity.
- Several families who do not speak English as their first language indicated that language barriers impacted their ability to give and receive information in the program. As such, CDW should involve interpreters whenever possible and should ensure that materials provided to families are translated in multiple languages.
- CDW is encouraged to further develop their efforts to support children's transition out of the CDW program. In addition to providing families with additional information about this transition and the options that each family has, CDW should consider providing more training to service coordinators about this process. We encourage CDW to work closely with school districts to support a smooth transition.
- CDW is encouraged to brainstorm ways to reduce the length of time that families wait before an evaluation occurs or before services can begin for their child. CDW also should provide families with an estimated timeline for when services may begin.
- It would be beneficial to add families' email addresses to the contact information database. Providing CRESA with email addresses would allow us to email families the direct link to the survey, which they could complete at a convenient time. Additionally,

we encourage CDW to provide the phone number for each parent/guardian that participates in the program.

- CDW is encouraged to continue including the gift card incentive in future administrations of the survey. Many families expressed enthusiasm about the raffle.

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Appendix

Child Development Watch Survey

Dear Family Member:

Child Development Watch (CDW) is very interested in your opinions and thoughts about the services provided to your child. As you answer the questions on this survey, please think about your child who receives services from Child Development Watch. You do not need to put your name on this form. You may leave questions blank that you feel do not apply to you. Please feel free to add comments to your answers.

Individuals who complete this survey will be entered into a drawing for a \$50 Amazon gift card. Ten gift cards will be given away. At the end of the survey, you can provide your email address if you are interested in entering the drawing. Participation in the drawing is voluntary.

Thank you for your time!

1. Please indicate your PIN number for your survey: _____
2. How are you related to the child participating in Child Development Watch (e.g., mother, grandfather, etc.)?
 - Parent
 - Grandparent
 - Guardian
 - Other (please indicate: _____)
3. Is your child a boy or a girl?
 - Boy
 - Girl
4. Has the child been in the Child Development Watch program at least 6 months?
 - Yes
 - No

5. How did you find out about Child Development Watch?

- Your child's doctor
- Hospital or NICU
- A community agency you receive services from
- Community outreach/education presentation
- Child care provider/preschool
- A neighbor or friend
- A family member
- On-line or print media (e.g., website, news story)
- Already knew about CDW/ found out myself
- Other: _____

6. Child Development Watch includes comments and statements in their reports that reflect the experiences of families. Is Child Development Watch permitted to use any of the opinions that you share in this survey to be reported anonymously to the state of Delaware?

- Yes
- No

Please indicate how much you agree with the following statements about Child Development Watch in general:

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
7	It was easy to find out about Child Development Watch.					
8	It was easy for you to become involved with Child Development Watch.					
9	As part of the Child Development Watch program, you feel you have the opportunity to discuss your family's strengths, needs, and goals.					
10	As part of the Child Development Watch program, you have been asked about your child's strengths and needs, and your goals for him or her.					
11	You feel that you receive up-to-date information about your child's needs so that you can make decisions for him or her.					
12	Your service coordinator is able to link you to services that you need.					
13	You feel that the services provided to your child and your family are individualized and change as your family's needs change.					
14	Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs.					
15	The program communicates with you in a way that is sensitive to your culture and your ethnic group.					
16	You are more aware of information related to the social emotional development of infants and toddlers.					
17	You are more knowledgeable about the social emotional development of children.					

18. *If you disagree or strongly disagree with Q10, please tell us what type of information you need so that you can make decisions for your child.*

19. *If you disagree or strongly disagree with Q12, how can the program make the services more individualized and change as your family's needs change?*

20. *If you disagree or strongly disagree with Q14, how can the program communicate with you in a way that is more sensitive to your culture and ethnic group?*

Please indicate how much you agree with the following statements about Child Development Watch in general:

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
21	Since being part of Child Development Watch you are more able to get your child the services that he or she needs.					
22	Since being part of Child Development Watch you feel you are treated with respect.					
23	Since being part of Child Development Watch you feel your child's quality of life has improved.					
24	Since being part of Child Development Watch you feel your family's quality of life has improved.					
25	As a result of the Child Development Watch program, you feel that you have information you can use on a daily basis with your child to help him/her develop and learn.					
26	You feel that the Child Development Watch services are useful to your family.					

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
27	As a result of the Child Development Watch program, you see your child's skills and abilities improving.					
28	As a result of the Child Development Watch program, you see your child learning to do more things for her/himself.					
29	Since being part of Child Development Watch you feel that you have more of the knowledge you need to best care for your child.					
30	As a result of the Child Development Watch program, you have learned ways to help your child develop and learn skills for use at home.					

31. *If you disagree or strongly disagree with Q27, please tell us what additional knowledge you feel you need to best care for your child.*

Please indicate how much you agree with the following statements about developing an Individualized Family Service Plan (IFSP):

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
32	The staff that assesses your child's skills listens to you and respects you.					
33	The staff explains your child's assessment results in words you can understand.					
34	You are included in all planning and decisions for your child's program and services.					
35	You think the goals and objectives of your child's Individualized Family Service Plan are important.					
36	You are getting the services listed in the Individualized Family Service Plan.					
37	You are satisfied with the services your child and family are receiving.					

Please indicate how much you agree with the following statements about the services you have received:

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
38	You are satisfied with the changes your child has made since beginning the Child Development Watch program.					
39	You have received written information about your family's rights (e.g. due process, procedural safeguards).					
40	You feel you understand your family's legal rights within your child's program.					
41	You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed.					
42	You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the program.					

43. How old is the child?

- 0 to 24 months
 older than 24 months

If the child is 2 years old or older, please indicate how much you agree with the following statements about Planning for Transition from the Birth to Three Program:

		Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
44	The Child Development Watch staff and your family have talked about what will happen when your child leaves this program.					
45	You feel part of the process of making plans for what your child will be doing after leaving Child Development Watch.					

46. Is there anything else you would like us to know about your experience with Child Development Watch, including whether there are additional services, information, and/or assistance that might help you better care for your child (including supports for your family)?

47. What is your zip code?

48. How many people live in your household?

_____ Adults
_____ Children

49. What county do you live in?

- New Castle
- Kent
- Sussex

50. Are you Hispanic, Latino, or of other Spanish origin?

- Yes
- No

51. How would you describe your race? (Please check all that apply)

- Caucasian
- African American
- Asian
- Other _____

52. Is your child who is in CDW of a different race or ethnicity than you?

- Yes
- No

If your child is a different race/ethnicity than you, please answer the following questions:

53. Is your child who has been in CDW Hispanic, Latino, or of other Spanish origin?

- Yes
- No

54. How would you describe this child's race? (Please check all that apply)

- Caucasian
- African American
- Asian
- Other _____

55. Which of the following category best describes your family's income? Please include income from all sources.

- \$20,000 or below
- Between \$20,001 and \$30,000
- Between \$30,001 and \$40,000
- Between \$40,001 and \$50,000
- Between \$50,001 and \$100,000
- Above \$100,000
- Don't know/Decline to answer

This concludes the survey.

If you are interested in entering the drawing to win one of ten \$50 Amazon gift cards, please provide your email address below. Entering the drawing is voluntary and therefore is not required.

We thank you for answering these questions.