



Maine
Department of
Education

IDEA Part B Annual Performance Report

Performance data, improvement activities,
and implementation on the State
Performance Plan indicators

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FFY 2011

July 1, 2011

through

June 30, 2012

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Part B State Annual Performance Report (APR) for FFY2011

The APR that follows presents the indicator performance in a consistent design that will enable the reader to follow the discussion and quickly determine specific details of the report. The indicators are presented on the OSEP defined template design for the APR for all indicators. In order to highlight key aspects of the report, font selections were used for specific data and passages. The chart below provides a legend for the formats used throughout the document.

Legend

<i>Measurable and Rigorous Target data are presented in each indicator in this style (Arial, 10 pt italic)</i>	
Actual performance/compliance data for FFY2010 are presented in each indicator in this font style (Arial, 10 pt)	
Statement from the Response Table	State’s Response
OSEP’s Response Letter and Table, received June 2011, requested a specific response in Maine’s February 1, 2012 APR for certain indicators. Responses are presented in side-by-side tabular form for each indicator requiring a response. (Times New Roman, 11 pt)	Maine’s response will appear in the typical font used in the body of the report narrative (Arial, 12 pt).

Some indicators update SPP Improvement Activities. Those changes are described in the “**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011**” section of the indicator narrative and have been edited into the SPP. The APR and the updated SPP will also be posted on the Maine Department of Education website located at URL <http://www.maine.gov/education/speced/spp/index.html> by February 22, 2013.

Part B State Annual Performance Report (APR) for FFY2011**Overview of the Annual Performance Report Development**

This Annual Performance Report (APR) is the seventh report of the progress toward the Measureable and Rigorous targets established in the State Performance Plan (SPP) on December 2, 2005. This APR reports improvement in a number of key indicators of the plan resulting from efforts in multiple program and support areas in the State of Maine.

Stakeholder Group Activities

The STATE ADVISORY PANEL was separated from the combined Part B and Part C advisory panel (MACECD) in the Spring of 2012, with recruitment efforts conducted for gubernatorial appointments for both the Part B State Advisory Panel and the Part C Interagency Coordinating Council by the current Governor (whose term began in January 2011). Up until March 2012, the combined advisory group provided guidance and support to the Maine Department of Education in implementing the State Performance Plan (SPP). Progress on the APR was shared with and reviewed by the full body of this group quarterly. As a group of dedicated volunteers with the best interests of children with disabilities age birth through 20 in mind, they were asked by the Maine Department of Education to look at the documents with a critical eye and assess what needed to be addressed in order to ensure accurate and adequate service delivery to the students receiving special education services in the State of Maine.

While the newly appointed Part C advisory board is underway at time of this writing, the appointments for the Part B panel have not yet been made. In light of this, in the first week of January 2013 the Department of Education distributed a draft of the APR to the Maine Administrators of Services for Children with Disabilities (MADSEC), the Maine Parent Federation (MPF), and the Disability Rights Center (DRC) which is Maine's protection and advocacy agency. The Department requested that they share the draft with their constituents and provide feedback for the Department's consideration by January 15, 2013. Feedback was submitted and incorporated into the draft, as appropriate.

Child Development Services System:

Child Development Services (CDS), the governmental entity that serves as an Intermediate Educational Unit (IEU) of the Maine Department of Education (MDOE), provides data and analysis for all of the Part C indicators and the Part B/619 indicators due to the symbiotic nature of CDS' relationship with the MDOE, described in state statute: The MDOE Commissioner, "shall establish and supervise the state intermediate educational unit. The state intermediate educational unit is established as a body corporate and politic and as a public instrumentality of the State for the purpose of conducting child find activities as provided in 20 United States Code, Section 1412 (a) (3) for children from birth to under 6 years of age, ensuring the provision of early intervention services for eligible children from birth to under 3 years of age and ensuring a free, appropriate public education for eligible children at least 3 years of age and under 6 years of age." MRSA 20- A§7209(3)

Over the last year CDS has again, encountered changes. In April 2012 the governance structure of CDS was changed to remove all regional site board of directors. Direct supervision became the responsibility of the CDS State IEU. The CDS State Director remained out on medical leave and in the fall of 2011, the Commissioner of Education named Cindy Brown as acting State Director. In the fall of 2012 Cindy was appointed CDS State Director. Within the fiscal year, the Opportunities regional site hired a new site director.

The nine regional site directors meet monthly, at the CDS State IEU located at the MDOE, for a Directors' Council meeting. The regional site directors facilitate the meetings. The meeting agendas include such topics as: procedures; regulations; and problem solving. Regular meetings provide opportunities for regional site directors to support one another. The CDS State IEU staff is invited to provide updates, technical assistance (TA), and answer any questions regional site directors may have. The CDS State IEU Leadership Team meets regularly to discuss a variety of topics including fiscal, policy, data, human resource and site performance across all areas.

The Case-e system is a web-based, State-level database which all regional sites access to provide the recording of child specific information relating to demographics, assessments, services, team meetings, Individual Family Service Plans (IFSPs), Individualized Education Plans (IEPs) insurance information, and billing. Case-e continues to undergo improvements which support our ongoing oversight of the interrelationship of the fiscal, data, and monitoring systems and supports data gathering for the APR.

Alignment with National Technical Assistance Resources:

CDS utilizes technical assistance, professional development and dissemination resources throughout the State to provide scientifically based materials and instruction to educators, parents and interested parties. All contractors providing technical assistance to regional sites in the State are aligned with, and engaging in, the services of national technical assistance centers to provide the most current practice available. All work done by contracted individuals must be consistent with Office of Special Education Programs (OSEP) SPP and APR indicators as well as Maine Unified Special Education Regulations (MUSER).

Additionally, CDS has requested assistance in the areas of eligibility timelines, unmet needs, least restrictive environments, Expanding Inclusive Opportunities, child outcomes, C to B transition, General Supervision System, APR assistance, and data analysis from the Northeast Regional Resource Center (NERRC), the National Early Childhood Technical Assistance Center (NECTAC), OSEP, Early Childhood Outcomes (ECO) Center, and the Data Accountability Center (DAC). CDS State IEU personnel participate in OSEP, NECTAC, and NERRC teleconferences as frequently as possible.

Maine Department of Education Office of Special Services contracts with technical assistance, professional development and dissemination resources throughout the

State to provide scientifically based materials and instruction to educators, parents and interested parties. Maine requested and received the award of the Enhanced Technical Assistance grant from NSTTAC to improve indicator B13 compliance. Maine has continued to work very closely with the Northeast Regional Resource Center (NERRC) this year to improve data systems, APR reporting consistency, and improvement actions developed during the Targeting Indicator Improvement activities begun in FFY2010.

Technical Assistance

Maine participated in the Targeting Indicator Improvement (TII) process facilitated by the Northeast Regional Resource Center (NERRC) during the summer of 2011. This intensive two-day structured process helped the State team members identify underlying performance drivers and barriers to improvement for APR indicators. As a result of the TII process, specific, prioritized action steps informed by indicator data and contributing factors were created to address the barriers to improved performance. Maine continues to report on progress checkpoints created through the TII process against action steps in future Annual Performance Reports.

Improvement and Corrective Action

The Maine Department of Education Office of Special Services implements a birth to twenty (B-20) General Supervision System to oversee all aspects of performance improvement, compliance monitoring, and correction of noncompliance. Evaluations and interventions focus on improving infant, toddler and school-age student outcomes. The process is designed to enhance partnerships among the MDOE Office of Special Services, Child Development Services (CDS) sites, LEAs, other educational and community agencies, service providers, and parents in implementing Part C and Part B of the Individuals with Disabilities Education Act (IDEA). These partnerships focus on early intervention and special education services and systems that directly impact results for children, and on the development and implementation of improvement strategies to address identified needs.

Maine coordinates improvement using an LEA-driven process founded on evidence-based decision-making and aligns with IDEA State Performance Plan compliance and performance indicators. This alignment supports a close relationship between special education improvement planning and other LEA or community improvement planning efforts.

Training and Plan Development

Work with LEAs during Program Review Monitoring, the Local Entitlement Application, the Child Count and other data collections, LEA Determination, and informal contact with Special Education Directors and staff have highlighted needs and opportunities for training and professional development. Department personnel and contactors review needs and find solutions either locally or among the national resources. Training on an informal level is provided by MDOE on a regular schedule using a distance technology to allow LEA staff to participate without the requirement to travel.

The process of improvement in the State continues to evolve. At the time of the origination of the SPP, LEAs understood very little of the requirements of the IDEA reauthorization of 2004. All data profiles, each revision of the SPP and APR, and all technical assistance documentation are posted on web pages on the Maine Department of Education website (Beginning at: <http://www.state.me.us/education/speced/spp/index.html>).

Determination Levels of LEAs

All LEAs receive and review on a yearly basis a letter with their determination status, the rubric “Local Determination Levels Assistance and Enforcement”, and the LEA profile. Data profile designs based on the school year 2010-2011 performance and compliance data were developed for each Local Educational Agency (LEA), including CDS sites and School Administrative Units, in the State. The profiles provide indicator-specific performance and compliance data to the LEA and to the public for use in program improvement. The LEA profiles are used as the basis for determinations of LEA program performance. Each indicator is evaluated for level of determination to provide the LEA with measurement-specific feedback on their implementation of IDEA with regard to the SPP indicators. The individual determinations are then used to develop an overall determination with respect to the requirements of the State Performance Plan (SPP) in one of the four required categories: Meets Requirements; Needs Assistance; Needs Intervention; or Needs Substantial Intervention. These determinations set the level of support and intervention provided and defined areas of require action and follow-up. Data profiles for Part B 619 were made public and posted on the CDS website:

(<http://www.maine.gov/education/speced/cds/monitoring/documents/FFY2008Determinations.pdf>). Data profiles for school-aged students are posted on the SPP website: (<http://www.maine.gov/education/speced/spp/profiles.html>)

Data System

Maine contracted with Infinite Campus to provide a statewide student data management system enhancement to the Maine Education Data Management System (MEDMS). Features and capabilities have significantly improved data reporting ease while providing increased performance, data backups, and integral data validations. This reporting year, data were provided from the enhanced MEDMS for the 2011-2012 school year. The data are valid and reliable and a number of external and internal validations and confirmations ensure complete and correct data entry. The Infinite Campus implementation of MEDMS provides a modern database system and industry standard forms designed to greatly simplify adapting the system to collect needed data. Reports of child count, discipline, assessment performance, personnel, exits, and student demographic information are all compiled from a single data source in the MEDMS Infinite Campus implementation. Additionally, the Infinite Campus implementation is integrated with Maine’s Longitudinal Data Grant (CFDA 84.372A) to ensure compatibility of the data system with the State’s future requirements and historical data stores.

Consolidation

During the 2006-2007 school year, LEAs across the State began conversations about developing partnerships with nearby school administrative units and regionalizing to achieve savings without adversely affecting students in the classroom, as required in legislation. These alignments and conversations have been guided in part by the data developed through the SPP process and the communities involved in consolidation activities have addressed educational and financial opportunities to improve services to all children. An expectation of the consolidation process was that LEAs would become larger as communities combine resources and identify with one another. This has helped compensate for Maine's declining enrollment by building larger service areas for the students educated in the newly defined regions, but it also changed the data associated with those students in a way that will compromise comparison of LEA percentages during the transition period. In the past year, however, several LEAs that had consolidated with others initiated the process to withdraw from those consolidated entities. Consolidation is likely to remain somewhat fluid for some time.

School Administrative Unit (SAU), Local Educational Agency (LEA), and District Maine Statute, 20-A MRSA Section 1(25) and (26) define school administrative district and school administrative unit. Throughout this APR, the terms SAU, LEA and district will be used interchangeably.

25. School administrative district. "School administrative district" means a state-approved unit of school administration, composed of one or more municipalities which must provide public education to all public school students in the district.
[1981, c. 693, §§5, 8 (NEW) .]

26. School administrative unit. "School administrative unit" means the State-approved unit of school administration and includes a municipal school unit, school administrative district, community school district, regional school unit or any other municipal or quasi-municipal corporation responsible for operating or constructing public schools, except that it does not include a career and technical education region. Beginning July 1, 2009, "school administrative unit" means the State-approved unit of school administration and includes only the following:

- A. A municipal school unit; [2007, c. 668, §1 (NEW).]
- B. A regional school unit formed pursuant to chapter 103-A; [2007, c. 668, §1 (NEW).]
- C. An alternative organizational structure as approved by the commissioner and approved by the voters; [2009, c. 580, §1 (AMD).]
- D. A school administrative district that does not provide public education for the entire span of kindergarten to grade 12 that has not reorganized as a regional school unit pursuant to chapter 103-A; [2007, c. 668, §1 (NEW).]
- E. A community school district that has not reorganized as a regional school unit pursuant to chapter 103-A; [2007, c. 668, §1 (NEW).]
- F. A municipal or quasi-municipal district responsible for operating public schools that has not reorganized as a regional school unit pursuant to chapter 103-A; [2011, c. 414, §2 (AMD).]

G. A municipal school unit, school administrative district, community school district, regional school unit or any other quasi-municipal district responsible for operating public schools that forms a part of an alternative organizational structure approved by the commissioner; and [2011, c. 414, §3 (AMD).]

H. A public charter school authorized under chapter 112 by an entity other than a local school board. [2011, c. 414, §4 (NEW).]
[2011, c. 414, §§2-4 (AMD) .]

Summary

The next page displays a brief summary of indicator performance to Maine’s State Performance Plan. The chart compares data presented in the FFY2010 Annual Performance Report, the targets for FFY2011, and indicator performance for FFY2011.

Federal Fiscal Year 2011 Part B Annual Performance Report

Summary of Progress toward Maine’s State Performance Plan

SPP Indicator	FFY2010 Performance				FFY2011 Target				FFY2011 Performance			
1. Graduation Rate	65.1%				86%				66.02%			
2. Dropout Rate	5.5%				2.0%				5.02%			
3. Assessment	AYP Reading		56%		AYP Reading		98%		AYP Reading		40%	
	AYP Math				AYP Math				AYP Math			
	Participation Reading				Participation Reading				Participation Reading			
	97%				98%				97%			
	Participation Math				Participation Math				Participation Math			
	97%				98%				96%			
	Proficiency Reading				Proficiency Reading				Proficiency Reading			
	3 rd – 8 th		HS		3 rd – 8 th		HS		3 rd – 8 th		HS	
	31%		17%		75%		70%		34%		16%	
	Proficiency Math				Proficiency Math				Proficiency Math			
3 rd – 8 th		HS		3 rd – 8 th		HS		3 rd – 8 th		HS		
28%		15%		78%		66%		29%		15%		
4. Discipline	0.07%				1.55%				0.63%			
5. LRE (6-21)	Regular Class		55%		Regular Class		65%		Regular Class		55.9%	
	Self-Contained		10.8%		Self-Contained		9%		Self-Contained		10.8%	
	Separate		3.3%		Separate		3.1%		Separate		3.3%	
6. LRE (3-5)	Not Reported								67.9%		8.8%	
7. Developmental Outcomes (children age 3-5)		A	B	C		A	B	C		A	B	C
	1	54%	61%	54%	1	64%	67%	59%	1	51%	61%	59%
	2	36%	33%	48%	2	38%	36%	52%	2	40%	36%	57%
8. Parent Involvement	90%				91%				88%			
9. Disproportionality in Special Education	0%				0%				0%			
10. Disproportionality in Disability	0%				0%				0%			
11. Timeliness	88.2%				100%				88.5%			
12. Transition, age 3	92.9%				100%				95%			
13. Transition, age 16	47%				100%				60.4%			
14. Post-school outcomes	25%*	76.6%*	82.3%*		25.0%	76.6%	82.3%		17.4%	62.9%	68.6%	
15. Compliance Monitoring	71.2%				100%				84%			
16. Complaints	100%				100%				100%			
17. Hearings	100%				100%				100%			
18. Resolution Sessions	20%				58%				50%			
19. Mediations	73%				85%				69%			
20. Reporting	90%				100%				94.5%			

APR Template – Part B

Maine

Section 616(b)(2)(C)(ii)(I) of IDEA requires each State to report annually to the public on the performance of each local educational agency (LEA) located in the State on the targets in the State's performance plan. The following table is posted online with the APR and serves as public reporting and includes the target and performance of each LEA program for Indicators B6, B7, B8, B11 and B12 in FFY 2011 for children aged 3-5:

CDS Regional Sites	B6 Target	B7a Target SS1 & SS2:		B7b Target SS1 & SS2:		B7c Target SS1 & SS2:		B8 Target	B11 Target	B12 Target
	new	64%	38%	67%	36%	59%	52%	91%	100%	100%
Aroostook County	NR	28%	21%	36%	12%	19%	30%	100%	57%	100%
CDS Reach	NR	32%	25%	46%	39%	55%	58%	93%	86%	97%
CDS First Step	NR	54%	41%	69%	33%	58%	62%	NA	79%	95%
Two Rivers	NR	68%	62%	73%	67%	74%	73%	77%	95%	88%
Mid-coast Regional CDS	NR	69%	45%	34%	14%	58%	46%	NA	86%	96%
Opportunities	NR	53%	42%	69%	29%	71%	45%	95%	47%	97%
Project PEDS	NR	87%	76%	89%	51%	73%	76%	NA	93%	93%
Child Development Services Downeast	NR	30%	10%	59%	45%	52%	56%	NA	94%	105%
York County	NR	42%	21%	54%	21%	50%	33%	NA	55%	93%
State Totals	NR	51%	40%	61%	36%	60%	57%	91%	79%	95%

NA = data not available, see Indicator 8.

NR = Indicator 6 is new for FFY2011 so data are not reported publically for that indicator.

Public Reporting for FFY 2011:

Data for indicators B-7, B-8, B-11, and B-12 for CDS regional sites are located on the website in the document: <http://www.maine.gov/doe/specialed/support/spp/index.html>

Data for indicators B-1, B-2, B-4, and B-5 are located in the Education Data Warehouse at the link:

http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

Indicator B-3 data are located on the Maine Assessment websites at:

Grades 3 through 8 - http://www.maine.gov/education/mea/school_reports.htm

High School - http://www.maine.gov/education/mhsa/school_reports.htm

Data on compliance indicators (B-19, B-10, B-11, B-13, B-15, and B-20) is provided to each district using a data profiles that also is the basis of their annual determination for FFY2011 will be posted by May 1, 2013 on the website:

<http://www.maine.gov/education/speced/spp/profiles.html>

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 1: Percent of youth with IEPs graduating from high school with a regular diploma.

Measurement:

Data and calculations of graduation rate for students with disabilities are the same data and calculation as used for reporting to the Department under Title I of the Elementary and Secondary Education Act (ESEA).

The calculation method essentially asks: of the students who enter 9th grade in a given year (the "cohort"), what percentage of them received a diploma in four years or less? The formula accounts for students who transfer in and out, die, or emigrate over four years.

Maine determines the graduation rate as follows:

$$\left[\frac{\text{On-time graduates by year } x}{[(\text{first time 9}^{\text{th}} \text{ graders in year } x-4) + (\text{Transfers-In}) - (\text{Transfers-Out})]} \right] \times 100$$

This rate includes "Other Completers" as well as regular graduates in the denominator

Graduation Rate for 2011:

Total On-time Graduates 2010/11	Total First Time 9 th graders in 2007/08	Total Transfers-in	Total Transfers-out	Graduation Rate
1828	2952	1268	1451	66.02%

Percent = $[1828 / (2952 + 1268 - 1451)] * 100 = 66.02\%$

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
65.1%	86%	66.02%

Additional Information Required by the OSEP APR Response Table for this indicator (if applicable):

Statement from the Response Table	State’s Response
<p>In reporting data for this indicator in the FFY 2011 APR, States must use the same data they used for reporting to the Department under Title I of the ESEA, using the adjusted cohort graduation rate required under the ESEA.</p>	<p>Data and calculations of graduation rate for students with disabilities are the same data and calculation as used for reporting to the Department under Title I of the Elementary and Secondary Education Act (ESEA).</p>

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Graduation rate for FFY2011 improved from the rate reported in FFY2010. The FFY2011 rate did not meet the target.

Calculations and data for the 2010 graduates are the same as those used for reporting under Title I of the Elementary and Secondary Education Act (ESEA). Starting in 2008-09, Maine moved to the new federally-required method for calculating the graduation rate known as the Adjusted Cohort Graduation Rate, or ACGR, which shows the percentage of students who entered 9th grade and graduated within four years. The purpose of the federal requirement is to use the same method across states and to provide more consistency in reporting and comparisons across states. While this method is valuable for comparing schools and is an important piece of data, it does not tell a complete story. In particular, it does not reflect the students who graduate from high school in five or six years. It also does not include students who earn a GED.

For the graduation rate for the class of 2011, Maine compared the number of students who entered ninth grade for the first time four years earlier in the fall of 2007 and received a “regular” diploma upon their 2011 graduation. For this calculation the denominator contains the cohort of all first time ninth graders from four years earlier plus all transfers into this cohort minus all transfers out (e.g., death, moving to another state). The numerator contains only “regular” diploma recipients from the four year cohort.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 2: Percent of youth with IEPs dropping out of high school.

Measurement:

Data and calculations of the dropout rate for students with disabilities are the same data and calculation formerly used for reporting to the Department under Title I of the Elementary and Secondary Education Act (ESEA). Those data are no longer reported in the ESEA Consolidate State Performance Report, but are reported here in the same manner as previously reported to maintain comparability to past reported data.

The number students with IEPs dropping out of high school divided by the number of students with IEPs enrolled in high school.

Percent = [(# students with IEPs recorded as dropouts) ÷ (# students with IEPs secondary enrollment)] times 100

Percent = [(516/10246)]*100 = 5.04

Actual Target Data for FFY2011:

FFY2009 Performance	FFY2011 Target	FFY2011 Performance
5.5%	2.0%	5.04%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Dropout rate for FFY2011 improved from the rate reported in FFY2010. The FFY2011 rate did not meet the target.

The data presented for FFY2011 are complete and accurate; the data include dropouts and enrollment from all 132 public high schools in the State. Dropouts numbered 516 among 10,246 secondary students with IEPs, for a dropout rate of 5.04% using the calculation methods presented in the measurement description above and in the SPP.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 3: Participation and performance of children with IEPs on statewide assessments:

- A. Percent of the districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP/AMO targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

Measurement:

A. AYP percent = [(# of districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup) divided by the (total # of districts that have a disability subgroup that meets the State’s minimum “n” size)] times 100.

$AYP\ percent = [(58) / (145)] * 100 = 40$

B. Participation rate percent = [(# of children with IEPs participating in the assessment) divided by the (total # of children with IEPs enrolled during the testing window, calculated separately for reading and math)]. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

$Math = [(15,731) / (16,308)] * 100 = 96$

$Reading = [(15,753) / (16,308)] * 100 = 97$

Note: Included in the number of children with IEPs, but not in the participating students, are those students absent on the dates of administration.

C. Proficiency rate percent = ((# of children with IEPs enrolled for a full academic year scoring at or above proficient) divided by the (total # of children with IEPs enrolled for a full academic year, calculated separately for reading and math)].

Subject	Grades 3 through 8	High School	All IEP students
Math	$(4,093/13,911)*100 = 29$	$(266/1820)*100 = 15$	$(4,359/15,731)*100 = 28$
Reading	$(4,691/13,931)*100 = 34$	$(288/1,822)*100 = 16$	$(4,932/15,753)*100 = 32$

Actual Target Data for FFY2011:

FFY2009 Performance		FFY2010 Target		FFY2010 Performance	
AYP Reading	56%	AYP Reading	98%	AYP Reading	40%
AYP Math		AYP Math			
Participation Reading		Participation Reading		Participation Reading	
97%		98%		97%	
Participation Math		Participation Math		Participation Math	
97%		98%		96%	
Proficiency Reading		Proficiency Reading		Proficiency Reading	
3 rd – 8 th	HS	3 rd – 8 th	HS	3 rd – 8 th	HS
31%	17%	75%	70%	34%	16%
Proficiency Math		Proficiency Math		Proficiency Math	
3 rd – 8 th	HS	3 rd – 8 th	HS	3 rd – 8 th	HS
28%	15%	78%	66%	29%	15%

Public reports of assessment results are located at the following websites:

Grades 3 through 8 - http://www.maine.gov/education/mea/school_reports.htm

High School - http://www.maine.gov/education/mhsa/school_reports.htm

Documentation, descriptions, and data on all aspects of Maine’s Comprehensive Assessment System are available at <http://www.maine.gov/education/lsalt/index.htm>

Actual Target Data for FFY2011:

- A. *Percent of the LEAs with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup.*

Adequate Yearly Progress (AYP) is calculated annually for all schools (not districts) with student populations larger than 41. Determination of AYP of districts with a disability subgroup that meets the State’s minimum “n” size that meet the State’s AYP targets for the disability subgroup is accomplished by verifying that ALL eligible schools in the district meet AYP for BOTH reading and math performance for students with disabilities. In order to meet the AYP target for the subgroup, the district must have met ESEA benchmarks in BOTH reading and math in elementary, middle and high schools in the district. Targets and target data are therefore to be reported overall (reading and math), not separately for reading and math. The SPP targets have been adjusted to meet these requirements. Performance did not meet the target in FFY2011.

Year	Total Number of districts	Number of districts Meeting the “n” size	Number of districts that meet the minimum “n” size and met AYP for FFY2009	Percent of districts
FFY2011 (2011-2012)	181	145	58	40%

B. Participation rate for children with IEPs.

The participation rate for children with IEPs in the math assessment did not meet the target. The participation rate for children with IEPs in the reading assessment did not meet the target.

C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

The math proficiency rate for children with IEPs is below the target. In FFY2010 overall math proficiency was 26% compared with 28% this year, so the math proficiency rate improved overall. Rates for grades 3-8 improved while those for high school remained the same as last year. The reading proficiency rate for children with IEPs is below the target. In FFY2010 overall reading proficiency was 30% compared with 32% this year, so the reading proficiency rate improved overall. Rates for grades 3-8 improved from last year while those for high school slipped from last year.

Discussion of Data:

Data presented for participation and performance in this indicator are the same as formerly reported in the 618 data table 6, submitted this year via EDFacts (file specifications N004, N088, N175, N178, N179, N185, N188, N189, and N146). These data are validated during the initial reporting stages of the AYP process: counts of students are checked against the reported attending population on the tested date and confirmed by the Superintendent of the district; and scores are confirmed by Measured Progress using data validation rules contracted with the Maine Department of Education.

Maine has joined New Hampshire, Rhode Island and Vermont in the yearly development and administration of the New England Common Assessment Program (NECAP). This assessment is used by participating states to meet No Child Left Behind Act requirements for testing reading and math once each year from grade 3 through grade 8. The states also include a writing assessment administered at grades 5 and 8. The first NECAP administration in Maine began in October 2009. NECAP assesses the learning of NECAP Grade Level Expectations (GLEs), which are located at the NECAP Standards webpage (<http://www.maine.gov/education/necap/index.html>). NECAP is designed to assess learning from the prior year (teaching year) at the beginning of the next school year (testing year). Therefore, grades 2-7 reading and math are assessed at the beginning of grades 3-8. Maine's personalized alternate assessment program (PAAP) is now provided for students in grades 2-7 to align with this testing schedule.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Title IA works directly with school staff to review the participation and performance rates of all students, which includes students with IEPs. For schools experiencing challenges with participation rates, Title IA reviews current practices, provides technical assistance related to best practices, and works with the CIPS schools to create a plan for success. In order to help schools improve math and reading performance, Title IA starts by teaching staff how to conduct a review of annual assessment data, looking at gap analysis and trends. Title IA then assists the school in conducting a needs assessment and exploring root causes for poor performance.

During the Local Entitlement Applications process, LEAs are asked to implement plans on three performance indicators where statistically significant differences exist in identification in special education services, identification by disability, and placement in the least restrictive environment. The plans must address how the LEA expects to address the identification discrepancy, what steps will be taken to change procedures, practices or policies within the LEA to improve alignment with state averages, and how they will report the results.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 4: Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Measurement:

A. Percent = [(# of districts that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State)] times 100 = $[(0)/(150)]*100 = 0$

Maine also measures the rate of suspension and expulsion using a simple rate formula (data from Table 5, section 3A):

Percent = [(number of students with disabilities suspended or expelled for more than 10 days) divided by the (number of students with disabilities)] times 100 = $[(25)/(28,247)]*100 = 0.063$

State's definition of significant discrepancy for indicator 4A:

The following decision rules were used to determine if there was a significant discrepancy in the rates of suspensions/expulsions of children with disabilities:

- The district has to have a minimum of 10 students;
- The number of students suspended or expelled has to be greater than 1 student;
- For districts meeting the conditions above, a district has a significant discrepancy when its suspension/expulsion rate for students with disabilities is more than 3 standard deviations above the State's suspension/expulsion rate for all students with disabilities.

B. Percent = [(# of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of districts in the State)] times 100. = $[(0)/(150)]*100 = 0$

State's definition of significant discrepancy for Indicator 4B:

The following decision rules were used to determine if there was a significant discrepancy in the rate of suspensions/expulsions of children with disabilities by race or ethnicity:

- The district has to have a minimum of 10 students of any race/ethnicity;
- The number of students suspended or expelled has to be greater than 1 student with an IEP of any race/ethnicity;

- For districts meeting the conditions above, a district has a significant discrepancy when its suspension/expulsion rate for students with disabilities of any race or ethnicity is more than 3 standard deviations above the State’s suspension/expulsion rate for **all students** with disabilities.

Actual Target Data for FFY2011:

Indicator 4 subpart	FFY2010 Performance	FFY2011 Target	FFY2011 Performance
A	The number of districts with significant discrepancies = 0 Rate of suspensions and expulsions for greater than 10 days = 0.07%	<i>The number of districts with significant discrepancies = 0</i> <i>Rate of suspensions and expulsions for greater than 10 days = 1.55%</i>	The number of districts with significant discrepancies = 0 Rate of suspensions and expulsions for greater than 10 days = 0.09%
B	The number of districts with significant discrepancies = 0	<i>The number of districts with significant discrepancies by = 0</i>	The number of districts with significant discrepancies = 0

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Evaluation of data for Indicator 4A: Data from the 2010-2011 report of children with disabilities subject to disciplinary removal were examined to determine if significant discrepancies were occurring in the rates of long-term (>10 days) suspensions and expulsions. At that point in time, the districts in the State were configured as 150 entities. Each district was evaluated against the three criteria for significant discrepancies. No district was excluded from the analysis, but only 18 districts had more than one student suspended or expelled for more than 10 days. None of the districts exhibited a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days.

Evaluation of data for Indicator 4B: Data were further disaggregated by race and ethnicity. Each district was evaluated against the three criteria for significant discrepancies. No district was excluded from the analysis, but only 18 districts had more than one student suspended or expelled for more than 10 days. None of the districts exhibited a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days by race or ethnicity.

Performance met the targets for this indicator. No district exceeded the limit for significant discrepancy for rates of suspension/expulsion overall, or by ethnicity. The rate of suspension/expulsion of students with disability continues to be below the target.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 5: Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

Measurement:

- A. Percent = [(# of children with IEPs served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100 = $[(15789)/(28247)]*100 = 55.9$
- B. Percent = [(# of children with IEPs served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100 = $[(3004)/(28247)]*100 = 10.6$
- C. Percent = [(# of children with IEPs served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100 = $[(762+119+52)/(28247)]*100 = 3.3$

Data used in the calculations above were submitted in the February 2012 child count data in 618 data Table 3 (EDFacts Files N002, 089) for children ages 6 through 20. Maine does not serve children beyond the age of 20.

Actual Target Data for FFY2011:

	FFY2010 Performance	FFY2011 Target	FFY2011 Performance
A	55%	65%	56%
B	10.8%	9%	10.6%
C	3.3%	3.1%	3.3%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

The percentage of children served in the regular classroom, the percentage of students served in self-contained placements, and the percentage of children served in public or private separate schools, residential placements, or homebound or hospital placements did not meet the targets. However, both regular classroom placements and self-contained placement improved from FFY2010 results.

Local Entitlement Applications for 2011 included data for each LEA to consider regarding classroom placement. Those LEAs significantly below target values for multiple years evaluated their programs and requested funds based in part on the data. Maine contracts with technical assistance, professional development and dissemination resources throughout the State to provide scientifically based materials and instruction to educators, parents and interested parties. Training and

technical assistance provide clear and appropriate guidance about inclusion and supports for children with disabilities aligned with the intent to provide the least restrictive environment to meet students' educational needs.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Improvement activities have been reviewed and no changes have been made, however in anticipation of OSEP's implementation of Results Driven Accountability (RDA) the Department is exploring the most appropriate targets to be included in the new SPP.

Part B State Performance Plan (SPP) for 2005-2012

FAPE in the LRE

Indicator 6: Percent of children aged 3 through 5 with IEPs attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.

(20 U.S.C. 1416(a)(3)(A))

Measurement:

A. Percent = [(# of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

Note: The numerator (# of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) are those children reported in the February 1, 2012 - 618 data submission as “the child attends a Regular Early Childhood Program at least 10 hours per week” (row A1) and “the child attends a Regular Early Childhood Program less than 10 hours per week” (row B1). Data were submitted via ED Facts in accordance with specification N089.

CDS: $(1017+355)/2592*100 = 52.9$

School: $(1228+0)/1239*100 = 99.1$

B. Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

Note: The numerator (# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) are those children reported in the February 1, 2012 - 618 data submission as “Separate Class” (row C1), “Separate School” (row C2), and “Residential Facility” (row C3). Data were submitted via ED Facts in accordance with specification N089.

CDS: $(303+24+0)/2592*100 = 12.6$

School: $(1+9+0)/1239*100 = 0.8$

Overview of Issue/Description of System or Process:

Due to changes in the 618 State-reported data collection, this indicator has not been reported since the initial development of the State Performance Plan. The FFY2011 reporting year is the baseline year where data are reported for 2011-2012. As noted in the measurement description above, the data for this indicator are taken from specific elements of the ED Facts data submission N089 – Children with Disabilities (IDEA) Early Childhood. Those data were reported February 1, 2012.

Baseline Data for FFY 2011 (2011-2012):

Children age three through age five are educated in two separate systems in Maine. Child Development Services (CDS) provides early childhood services for children aged three up to school aged five using a variety of placements within Maine’s Early Care and Education System. Once school age five children are transitioned to kindergarten, they receive their education in schools. Since the environments establish settings and schedules that are significantly different from one another, Maine is setting targets for the two environments separately.

FFY2010 Performance	FFY2011 Target	FFY2011 Performance (baseline data)		
		CDS	52.9%	12.6%
Not Reported	No Target	School	99.1%	0.8%

Discussion of Baseline Data:

CDS has been collecting data in a manner consistent with the measurement requirement for many years in the data system. Service locations, service types, service duration, and service frequency are tracked in the data system for every child served by CDS. Translation of these data elements to the required measurement characteristics is done with a simple reporting query.

Many children begin their kindergarten education in school districts in the State. The early childhood settings defined in the 618 data collection are provided in a dropdown menu in Infinite Campus so the data on setting is accurately assigned to these children in the system. These two data sources (CDS and school) are combined to create the ED Facts data submission N089.

Baseline Data for FFY2011 and Targets for FFY 2012:

FFY	Measurable and Rigorous Target	
	CDS	School
2011 (2011-2012)	<p>Baseline data: 52.9% of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p> <p>Baseline data: 12.6% of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility</p>	<p>Baseline data: 99.1% of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p> <p>Baseline data: 0.8% of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility</p>
2012 (2012-2013)	<p>At least 53% of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p> <p>Fewer than 12.5% of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility</p>	<p>At least 99.2% of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p> <p>Fewer than 0.75% of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility</p>

Improvement Activities/Timelines/Resources (through 2012):

Improvement Activities	Timelines		Resources
	FFY11	FFY12	
CDS State IEU will monitor settings data to assure that children are served in the least restrictive environment.	X	X	CDS State IEU
Professional development will be provided to individuals who develop IEPs on strategies to get services needed to support children’s needs in least restrictive environments including the LRE decision tree.	X	X	CDS State IEU
Data personnel will continue to receive regular professional development to assure that the data sustains high accuracy regarding settings data definitions.	X	X	CDS State IEU
CDS State IEU and Regional Site Personnel will monitor and assess data collection methods, data definitions, and reporting requirements to ensure consistent and compatible criteria are applied for all children.	X	X	CDS State IEU
CDS State IEU will ensure the data system supports the reporting requirements per the OSEP Measurement Table.		X	CDS State IEU
State program and data personnel will monitor and assess data collection methods, data definitions, and reporting requirements to ensure consistent and compatible criteria are applied for all children in schools.		X	Special Services
Data personnel in the reporting sites will continue to receive regular professional development to assure that the data sustains high accuracy regarding settings’ data definitions.	X	X	Maine SLDS

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 7: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

Measurement: Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those preschool children who entered or exited the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of preschool children reported in progress category (c) plus # of preschool children reported in category (d) divided by [# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d)] times 100.

Summary Statement 2: The percent of preschool children who were functioning within age

expectations in each Outcome by the time they turned 6 years of age or exited the program.

Measurement for Summary Statement 2: Percent = # of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e) divided by [the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

Target Data and Actual Target Data for FFY 2011:

Targets and Actual Data for Preschool Children Exiting in FFY 2011 (2011-12)

Summary Statements	Actual FFY 2010 (% of children)	Actual FFY 2011 (% of children)	Target FFY 2011 (% of children)
Outcome A: Positive social-emotional skills (including social relationships)			
1. 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 exited the program. Formula: c+d/ a+b+c+d	54%	51%	64%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program. Formula: d+e/ a+b+c+d+e	36%	40%	38%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
1. 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 exited the program. Formula: c+d/ a+b+c+d	61%	61%	67%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program. Formula: d+e/ a+b+c+d+e	33%	36%	36%
Outcome C: Use of appropriate behaviors to meet their needs			
1. 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 exited the program. Formula: c+d/ a+b+c+d	54%	59%	59%
3. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program. Formula: d+e/ a+b+c+d+e	48%	57%	52%

Progress Data for Preschool Children FFY 2011:

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	22	3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	285	38%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	150	20%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	164	22%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	137	18%
Total	758	100%
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	12	2%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	249	33%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	225	30%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	178	23 %
e. Percent of children who maintained functioning at a level comparable to same-aged peers	97	13%
Total	761	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of children who did not improve functioning	17	2%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	189	25%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	125	16%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	177	23%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	254	33%
Total	762	100%

Data were collected from the State Child Outcome Summary Form (COSF) database for the reporting period of July 1, 2011 through June 30, 2012. Data excludes children with service less than six months, those missing entry or exit dates, children with no information about child’s progress at exit, and situations where entry and exit data generated impossible progress category combinations.

Public Reporting of APR data:

Site	Outcome A		Outcome B		Outcome C	
	SS 1	SS 2	SS 1	SS 2	SS 1	SS 2
Aroostook County	28%	21%	36%	12%	19%	30%
CDS Reach	32%	25%	46%	39%	55%	58%
CDS First Step	54%	41%	69%	33%	58%	62%
Two Rivers	68%	62%	73%	67%	74%	73%
Mid-coast Regional CDS	69%	45%	34%	14%	58%	46%
Opportunities	53%	42%	69%	29%	71%	45%
Project PEDS	87%	76%	89%	51%	73%	76%
Child Development Services Downeast	30%	10%	59%	45%	52%	56%
York County	42%	21%	54%	21%	50%	33%
State Total	51%	40%	61%	36%	59%	57%

Discussion of Summary Statements and a-e Progress Data for FFY 2011:

For Outcome Summary 7a; Summary Statement 1 the data demonstrate a decrease from 54% in FFY 2010 to 51% in FFY 2011. Target not met.

For Outcome Summary 7a; Summary Statement 2 the data demonstrate an increase from 36% in FFY 2010 to 40% in FFY 2011. Target met.

For Outcome Summary 7b; Summary Statement 1 the data demonstrate no increase or decrease from 61% in FFY 2010 to 61% in FFY 2011. Target not met.

For Outcome Summary 7b; Summary Statement 2 the data demonstrate an increase from 33% in FFY 2010 to 36% in FFY 2011. Target met.

For Outcome Summary 7c; Summary Statement 1 the data demonstrate an increase from 54% in FFY 2010 to 59% in FFY 2011. Target met.

For Outcome Summary 7c; Summary Statement 2 the data demonstrate an increase from 48% in FFY 2010 to 57% in FFY 2011. Target met.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011¹:

Maine has shown an increase in each summary statement other than Summary Statement s1 of Outcome A, for which there was a decrease, and B which reflected no change. It is thought that the decrease in Summary State 1, Outcome A is due to the reduction in children who had COSF's submitted to the CDS State IEU for review and processing. In FFY 2010, 1041 children were assessed in Outcomes A, 1043 in Outcome B and 1040 in Outcome C. In FFY 2011, 758 children were assessed in Outcomes A, 761 in Outcome B and 762 in Outcome C.

A variety of activities have occurred at both the State and regional site level to ensure preschool children demonstrate improved outcomes.

Activities initiated or required by the Child Development Services (CDS) State Intermediate Educational Unit (IEU) over the last year have included:

- CDS State IEU provided training on COSF forms through the training that occurred when the new standardized forms were rolled out.
- COSF's are reviewed at the State CDS IEU. Due to limited staffing in-depth review of forms did not occur as in the past.
- CDS State IEU provided revised Q and A information to the regional sites
- CDS State IEU will create an internal procedure to aid in reducing the number of children who have missing entry or exit dates, who have no information about progress at exit and to reduce those situations where entry and exit data generate impossible progress category combinations. Once procedure is defined reports will be generated monthly and will be provided to regional sites with action steps for completion.

In an effort to increase the number of children with improved outcomes, CDS State IEU will do an in-depth monitoring of child outcomes during the FFY 2012. Also, CDS State IEU has requested technical assistance through the Early Childhood Outcomes Center to create a professional development plan in the spring of FFY 2012 which may include site specific training to regional sites.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012

Improvement activities have been reviewed by CDS State IEU and MACECD and no changes have been made.

¹ In an effort to reduce reporting burden, in the FFY 2011 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2010; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2011; and b) results indicators where the State has met its FFY 2011 target. 3) May provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: FAPE in the LRE

Indicator 8: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

Measurement:

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100. **$[(83+213)/(91+245)]*100= 88$**

Note: A total 91 Part B 619 survey responses were received with 83 favorable. A total 245 Part B school-aged survey responses were received with 213 favorable.

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
90%	91%	88%

CDS Public Reporting Data (Part B 619):

Site Name	Number Favorable	Total Responses	% Favorable
CDS Aroostook	11	11	100.0%
CDS Reach	26	28	92.9%
CDS Opportunities	18	19	94.7%
CDS Two Rivers	10	13	76.9%
CDS Other (not specified)	18	20	90.0%
CDS all responses	83	91	91.2%

Note: CDS parent involvement data are collected from parents of children in the sites involved in the program review monitoring process for the year. Parents of children in the four sites reviewed for FFY2011 received surveys. Their responses are tallied by site. Responses from twenty parents could not be attributed to a specific site, but were received from parents of children in one of the four sites reviewed.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2011:

The percentage of parents with a child receiving special education services who reported that schools facilitated parent involvement as a means of improving services and results for children with disabilities did not meet the target. Surveys were mailed first class mail to parents of students with disabilities in LEAs and CDS sites; 5,724 surveys were mailed to parents of Part B children. A total of 336 responses were received for a response rate of 5.9%. The data were electronically captured from each of the surveys.

Maine contracted with the Maine Parent Federation (MPF) for the 2011-2012 due to a lack of sufficient resources within MDOE. MPF contacted the Child Development Services State Office and LEAs specified by the Department to obtain parent contact information. MPF administered three types of surveys (Part C - birth to 2, Part B 619 for ages 3-5, and Part B school-age 5-20) along with a cover letter from CDS/MDOE. The Part B 619 and the Part B school-aged results are reported in the indicator 8 response of the APR. After the initial administration, MPF reviewed the strengths and weaknesses of the survey administration process with the Department and made recommendations to the Department for improving the process of survey administration.

The analysis of respondent representation was performed. The data collected are representative of the populations in Maine school districts overall in the percentage of ethnic groups, grades, and gender represented in the survey responses. The percentage of students of each gender, grade, and ethnicity/race represented in the survey responses are within 3% of the corresponding percentages in the Statewide population of students with disabilities. Additionally, the percentage responses from parents were proportionately representative of the school districts populations of their students with IEPs.

Response rates for the parent survey this year were disappointing. The Office of Special Services hiring process for an EDUCATION SPECIALIST II: SPP/APR Coordinator is underway, and the Coordinator's duties will include refining the kind of feedback on parent involvement we want the SAUs to help us obtain from parents and the way we can best obtain it, as the Coordinator will be working directly with schools and with assigned Indicator Teams.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed by CDS State IEU, Department of Education Office of Special Services, and MACECD and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Disproportionate Representation

Indicator 9: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Measurement:

Percent = [(# of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State)] times 100 = [(0)/(150)]*100 = 0

State’s definition of disproportionate representation:

Disproportionate representation is defined as statistically significant difference between the identification rates of students with disabilities by ethnic proportion and the ethnic proportional representation overall within the district. A statistically significant difference is defined as representation three times the standard deviation estimate higher or lower than the district proportion for the specific subgroup population. See the SPP for this indicator for a detailed description of the analysis of disproportionate representation.

If a district is identified as having disproportionate representation, a review of the policies, practices and personnel (those associated with the student’s IEP) must be done to determine that the district appropriately identified the student for special education services. “Inappropriate identification” would be any non-compliance in the IEP process that resulted in the student being identified incorrectly.

Actual Target Data for FFY2010:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
0% of districts will have disproportionate representation	0% of districts will have disproportionate representation	0% of districts will have disproportionate representation

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Maine’s examination of disproportionate representation includes all districts with greater than 10 students in ANY racial and ethnic group this includes all seven ethnic groups (American Indian, Native Hawaiian or other Pacific Islander, Asian, Black, Caucasian, and Hispanic or Latino, two or more races) for each disability. The analysis presents population sensitive confidence intervals that are then use to detect subgroup proportions that are significantly different than the proportion mean for the population. The examination of disproportionate representation includes assessment of both overrepresentation and under-representation of racial and ethnic groups in special education and related services.

In the case of disproportionate representation, the district proportions for ethnic representation are compared to the district special education proportions; if the

special education proportion is significantly different than the district overall proportions, then the district is identified for additional review.

Reporting year	Number of districts with ethnic proportions outside the estimated confidence intervals	Number of districts found to have disproportionate representation that is the result of inappropriate identification
FFY2011	0	0

District profiles used as the basis for determination include a compliance measure for disproportionate representation in special education identification and related services. For the purposes of determination, noncompliance with this (or any compliance indicator) results in a maximum overall determination of Needs Assistance.

Additional Information Required by the OSEP APR Response Table for this indicator (if applicable):

Statement from the Response Table	State’s Response
In its FFY 2011 APR, the State must report the number of districts that did not meet the State-established minimum “n” size requirement.	No district is excluded from the analysis of disproportionate representation of racial and ethnic groups in special education and related services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Disproportionate Representation

Indicator 10: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

Measurement:

Percent = [(# of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State)] times 100 = $[(0)/(150)] * 100 = 0$

State’s definition of disproportionate representation:

Disproportionate representation is defined as statistically significant difference between the identification rates of students with disabilities by ethnic proportion and the ethnic proportional representation overall within the district. A statistically significant difference is defined as three times the standard deviation estimate for the specific subgroup population. See the SPP for this indicator for a detailed description of the analysis of disproportionate representation.

If a district is identified as having disproportionate representation, a review of the policies, practices and personnel (those associated with the student’s IEP) must be done to determine that the district appropriately identified the student for special education services. “Inappropriate identification” would be any noncompliance in the IEP process that resulted in the student being identified incorrectly.

Actual Target Data for FFY2010:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
0% of districts will have disproportionate representation	0% of districts will have disproportionate representation	0% of districts will have disproportionate representation

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Maine’s examination of disproportionate representation includes all districts with greater than 10 students in ANY racial and ethnic group; seven ethnic groups (American Indian, Native Hawaiian or other Pacific Islander, Asian, Black, Caucasian, and Hispanic or Latino, two or more races) for each disability. The analysis presents population sensitive confidence intervals that are then used to detect subgroup proportions that are significantly different than the proportion mean for the population. The examination of disproportionate representation includes assessment of both overrepresentation and under-representation of racial and ethnic groups in specific disability categories. In the case of disproportionate representation in specific disability categories, the Statewide proportions for ethnic representation are compared to the district special education disability category

proportions; if the special education proportion is significantly different than the State overall proportions, the district is identified for additional review.

For FFY2011, five districts in the State meet the minimum population requirements; one district in six specific disabilities (Autism, Emotional Disabilities, Multiple Disabilities, Other Health Impairment, Specific Learning Disability, and Speech and Language Impairment), the other four only in one disability (Speech and Language Impairment). Population values in all other disabilities fail to meet the minimum population requirements. No districts show possible disproportionate representation of students in specific disabilities (Multiple Disabilities, Other Health Impairment, Specific Learning Disability, and Speech and Language Impairment). No districts exhibit disproportionate representation that is statistically significant; therefore, none is a result of inappropriate identification.

District profiles used as the basis for determination include a compliance measure for disproportionate representation in specific disability categories. For the purposes of determination, noncompliance with this (or any compliance indicator) results in a maximum overall determination of Needs Assistance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / Child Find

Indicator 11: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

Measurement:

- a. # of children for whom parental consent to evaluate was received².
- b. # of children whose evaluations were completed within 60 days (or State-established timeline).

Percent = [(b) divided by (a)] times 100 = $[(900+3956)/(1145+4475)]*100 = 86.4$

Note: 05-071 Chapter 101, Maine Unified Special Education Regulation (page 36) establishes timelines for initial evaluation in section V.1.A.(3)(a)(i) as follows: "To determine whether a child is a child with a disability (as defined in 20 USC 1402) within 60 calendar days of receiving parental consent for the evaluation for children ages 3-5 in the Child Development Services System and within 45 school days of receiving parental consent for the evaluation for children 5-20 years of age under the responsibility of the public school system".

Actual Target Data for FFY2011 (Ages 3-21)::

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
88.2%	100%	86.4%

Section I – Early Childhood (3 to 5)

Actual Target Data for Children 3-5 years of age for FFY 2011:

79%

Data were collected from the State database (Case-e) for all children for the reporting period of July 1, 2011 through June 30, 2012. Data were verified through comparison

² States are encouraged, but not required, to include in their data for Indicator 11 all children for whom consent to conduct an initial evaluation was received during FFY 2011, whether or not the timeline for completing the evaluation elapsed during FFY 2011. States are further encouraged to describe in their APR how they treated, in their data for Indicator 11, children for whom consent to conduct an initial evaluation was received during FFY 2011, but the timeline for completing the evaluation elapsed after the end of FFY 2011.

with monthly compliance reports generated and submitted by regional sites. Findings of noncompliance are made based on this data.

Children Evaluated Within 60 Days (or State-established timeline):

a. Number of children for whom parental consent to evaluate was received	1145
b. Number of children whose evaluations were completed within 60 days (or State-established timeline)	900
Percent of children with parental consent to evaluate, who were evaluated within 60 days (or State established-timeline) (Percent = [(b) divided by (a)] times 100)	79%

Account for children included in (a) but not included in (b):

Reason	Children
CDS (no delay reason was given and/or delay was caused on a part of regional site/ staff)	228
Provider	17

There were no children for whom consent was received in FFY 11 but the timeline did not end until the following FFY.

Indicate the range of days beyond the timeline and provide reasons for the delays:

Site	LessThan30	30_To_59	60_To_89	90_OrMore	Total
All Sites	141	51	20	33	245

Public reporting of APR Data:

Site	%
Aroostook County	57%
CDS Reach	86%
CDS First Step	79%
Two Rivers	95%
Mid-coast Regional CDS	86%
Opportunities	47%
Project PEDS	93%
Child Development Services Downeast	94%
York County	55%
State Total	79%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011³:

While Maine did not reach its target, the State has increased the level of compliance for children ages 3-5 since the FFY 2010 year (68%).

Although not yet meeting target, Child Development Services (CDS) as a system has shown significant growth in ensuring timelines are met for children. A variety of activities have occurred at both the State and regional site level to ensure eligible children aged 3-5 receive an evaluation and initial IEP meeting within required timelines. In addition to the activities listed below, personnel from the CDS State IEU, including some regional site staff, participated in national and state focused technical assistance activities. Technical assistance was received from the Northeast Regional Resource Center (NERRC) and the Early Childhood Technical Assistance Center (NECTAC) through webinars, phone conversations, and a review of information posted on websites. Pertinent information was shared with regional site directors via email, at their monthly Director's Council meetings, or through the Lunch and Learn format. Lunch and Learn sessions occur on a weekly basis, are about an hour long, and are available to regional site personnel via teleconference. Each week a different topic is addressed.

Activities initiated or required by the CDS State Intermediate Educational Unit (IEU) over the last year included:

- The CDS State IEU reviewed compliance reports submitted by the regional sites monthly and compared them to the compliance reports and data compiled at the State office. If there were discrepancies in the data, a conversation occurred with the regional site director to determine the conflict. Also, the reports were reviewed monthly at the regional site director's council meeting.
- Each regional site that received a finding of noncompliance or continued to have an open area of noncompliance was required to submit a Corrective Action Plan (CAP) to the CDS State IEU for approval. When submitting data to the CDS State IEU for verification of correction, the data submitted were reviewed and verified using the data system or through a file review. For findings that were child-specific, the CDS State IEU reviewed the child's file through the data system as well as the file located at the regional site, to ensure the child subsequently had an evaluation/ assessment and an IEP was developed, even though later than the timeline.
- Maine participated in the Targeting Indicator Improvement (TII) process facilitated by NERRC during the summer of 2011. This intensive two-day structured process helped the State team members identify underlying performance drivers and barriers to improvement for APR indicators. As a result of the TII process, specific, prioritized

³ In an effort to reduce reporting burden, in the FFY 2011 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2010; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2011; and b) results indicators where the State has met its FFY 2011 target. 3) May provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

action steps informed by indicator data and contributing factors were created to address the barriers to improved performance. Maine continues to report on progress checkpoints created through the TII process against action steps in future Annual Performance Reports.

- In July 2012 at the OSEP Leadership Conference CDS State IEU Staff, NERRC and NECTAC representatives met to organize a technical assistance opportunity to regional site directors to address the understanding of OSEP requirements related to verification of correction of noncompliance and corrective action plans and to discuss factors contributing to local and state performance on specific APR indicators. The technical assistance opportunity occurred in August 2012. Specific focused training occurred on indicators C1, C7, C8, B11 and B12.
- NERRC provided onsite technical assistance in September 2012 with the CDS State Leadership Team and the regional site directors. Within the two days of conversation a great deal of time was spent reviewing and assessing the local contributing factors for indicators C7, C8 and B11. The activities will continue through other indicators throughout the year.
- Acknowledging the uniformity and guidance around the implementation of the Part B early childhood special education and related services regulations, CDS State IEU staff began the process to create a uniform, system wide set of forms and file organization in the fall of 2010. Input was sought from regional site directors, case managers, and the two CDS regional sites who piloted the project.
- Full implementation of the uniform set of forms and file organization was September 2011. CDS regional site staff was provided with training. Form revision suggestions are solicited from regional site staff on an annual basis. Forms are updated annually as needed.
- A very detailed Part B/ 619 process chart and procedure document has been provided to all regional sites that also indicates where the forms need to be used. A training webinar was conducted to discuss and provide an opportunity for questions and answers on the process and forms.
- Based on the FFY 2011 APR data all sites who receive an FFY 2012 finding will be required to complete an activity with their staff using the local contributing factors documents available through NECTAC and the Investigative Questions in the resources found on the Right Idea website. Regional sites will be required to share their determinations with the CDS State IEU and develop a plan to address their determinations.
- On May 2 and 3, 2012 Susan Hayes and Susan Marks from NERRC provided on-site technical assistance to CDS State IEU Staff. Over the course of the two days, CDS staff and NERRC:
 - o Reviewed all outstanding uncorrected findings of noncompliance (both Part C and B/619).
 - o Reviewed correction efforts/corrective actions taken to date with regional sites related to these findings of noncompliance.
 - o Analyzed the effectiveness of existing correction efforts and corrective actions.
 - o Explored additional progressively stringent corrective actions/sanctions including those employed by other states.

- Strategized how best to apply these new corrective actions to regional sites with outstanding noncompliance.
- Developed a plan (including specific corrective actions or sanctions to be utilized, timelines, staff responsibilities for follow-up, and communication to regional sites) to implement new corrective actions with regional sites to ensure correction of all outstanding noncompliance.
- Re-evaluated the process for verifying correction of noncompliance to see what overall improvements could be made to ensure future timely correction of any new findings of noncompliance.
- Convened a conference call with CDS State IEU Team, NERRC, representatives from OSEP and the regional site directors and regional site team leaders to discuss the importance of ensuring the correction of noncompliance.

One of the outcomes of the two-day work was a documented plan of action to address remaining areas of noncompliance and to provide continued technical assistance to the CDS State IEU and regional sites.

As part of this two-day meeting, the Maine CDS state team, NERRC, and representatives from OSEP spoke with CDS regional site directors and program leads through the scheduled May 3, 2012 "Lunch and Learn" teleconference about the importance of correction of noncompliance and the State's plan for ensuring this happens in a timely manner going forward.

Since the May technical assistance the CDS State IEU and NERRC have had several follow up calls to review data.

Regional site activities-

- Instituted a tickler system with the office operation manager (OOM) to monitor when Parental Consent to Evaluate forms are sent to families and when they are returned.
- OOM issues caseload lists twice a month to case managers, the Part B team leader and the regional site director indicating timeline statues. Trainings on timelines were provided to Part B case managers by the Part B team leader in March and April of 2012.
- One case manager is assigned to handle all referrals and coordinate all activities related to eligibility. The case manager receives administrative support in sending out information, following up on paperwork, and scheduling meetings.
- Worked diligently to secure a larger pool of contracted providers to complete evaluations.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator for 3-5: 68%

1) Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011)	4
2) Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	2
3) Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	2

Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4) Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	2
5) Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	2
6) Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance for FFY 2010 have been subsequently corrected.

Verification of Correction of FFY 2010 noncompliance (either timely or subsequent):

Prior to considering any finding from FFY 2010 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing 34 CFR §§300.301(c)(1), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

Through Case-e, CDS was also able to verify that an evaluation and initial IEP meeting were conducted for each child aged 3-5 for whom consent was received, although late.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs. For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required technical assistance, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable):

1. Number of remaining FFY 2009 findings noted in OSEP’s June 2012 FFY 2010 APR response table for this indicator	0
2. Number of remaining FFY 2009 findings the State has verified as corrected	0
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2009 findings:

There were no remaining uncorrected FFY 2009 findings of noncompliance noted in OSEP’s June 2012, FFY 2009 APR response table for this indicator.

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

There were no remaining uncorrected FFY 2009 findings of noncompliance noted in OSEP’s June 2012, FFY 2009 APR response table for this indicator.

Correction of Any Remaining Findings of Noncompliance from FFY 2007 (if applicable):

1. Number of remaining FFY 2007 findings noted in OSEP’s June 2012 FFY 2010 APR response table for this indicator	4
2. Number of remaining FFY 2007 findings the State has verified as corrected	4
3. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2007 findings:

Prior to considering any finding from FFY 2007 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing 34 CFR §§300.301(c)(1), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007:

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

Through Case-e, CDS was also able to verify that an evaluation and initial IEP meeting were conducted for each child aged 3-5 for whom consent was received, although late.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs. For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required technical assistance, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Section II - School Aged (6 to 20)

Actual Target Data for School Aged (6-20) for FFY2011:

88.4%

Data were collected by each LEA monitored submitting a self-assessment of 15% of files based on current SAU population to the DOE. LEAs are select for monitoring on a six year rotation ensuring each LEA is monitored one in every six years. The data were collected during the spring of 2012.

Children Evaluated Within 60 Days (or State-established timeline):

a. Number of children for whom parental consent to evaluate was received	4475
b. Number of children whose evaluations were completed within 60 days (or State-established timeline)	3956
Percent of children with parental consent to evaluate, who were evaluated within 60 days (or State established-timeline) (Percent = [(b) divided by (a)] times 100)	88.4

Range of days beyond timeline:

Range of days beyond the 45 school day timeline was one to ten days.

Reason for delay:

The most common reason for delay was parental request for rescheduling of the IEP meeting. District personnel attempt to accommodate parent involvement in the meeting to provide the highest possible support to the student and the team, but occasionally exceed the timeline in the process. In remote areas, difficulty in scheduling contracted providers caused a delay in scheduling an IEP meeting.

There were no children for whom consent was received in FFY 11 but the timeline did not end until the following FFY.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:

During program review monitoring in FFY2011, 10 of 24 LEAs were found non-compliant to the 45 school day timeline requirement. However, the file level compliance within the LEAs is very high (88.4% - 3956 files compliant of 4475 reviewed). All non-compliant documents were found in 14 of the 24 LEAs reviewed. Each of the LEAs was required to create a corrective action plan within 60 calendar days of the letter of findings. MDOE has verified that each LEA with noncompliance reflected in the FFY 2009 data the State reported for this indicator (1) is correctly implementing 34 CFR §300.301(c)(1) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). The plans have been submitted to the Maine Department of Education, have been reviewed, and approval granted. Progress to those corrective action plans is being monitored by the program review staff to ensure correction is timely and meets the OSEP Memorandum 09-02 requirements. Immediate action was taken in every non-compliant LEA to ensure that evaluations were completed for all students with timeline violations; data have been reviewed by program review personnel to verify the evaluations were completed in every case. Corrective action plans submitted were required to address the cause for evaluations not completed within timelines, and all

plans did address the requirement. Completion of the corrective actions is required to be submitted in writing with evidence or assurance of implementation of the planned corrections. Determinations for the FFY2011 indicators included the indicator 11 noncompliance indication, which will result in a “Needs Assistance” determination at best for each of the 14 LEAs with findings. The determination response for indicator 11 noncompliance required each LEA to review a representative sample of files for initial timeline compliance using more recent files (updated data) to ensure the corrective actions implemented in response to their findings of noncompliance this year have resulted in files compliant to the timeline requirement.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator for 6-21: 95%

1) Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011)	10
2) Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	7
3) Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	3

Correction of FFY2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4) Number of FFY2010 findings not timely corrected (same as the number from (3) above)	3
5) Number of FFY2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	3
6) Number of FFY2010 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

For FFY2010 findings that remain uncorrected MDOE has provide technical assistance to the LEAs on what is monitored, how to correct the outstanding finding and the steps taken to verify the correction. LEAs with outstanding findings were required to update their Corrective Action Plan (CAP). Since timeline noncompliance cannot be retroactively corrected, the LEAs were required to ensure the evaluations are complete for the two incidents where timelines were exceeded, and also submit subsequent data on new evaluations.

Verification of Correction of Remaining FFY 2010 findings:

Prior to considering any finding from FFY 2010 corrected, MDOE verified that each LEA with noncompliance: (1) was correctly implementing 34 CFR §§300.301(c)(1), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through desk audit; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Specifically, to verify that each LEA was correctly implementing the requirements, MDOE reviewed subsequent updated data and verified subsequent data submitted through LEA self-assessments. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to account for all instances of noncompliance identified through self-assessments and other monitoring procedures; identify the level, location, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.

Correction of FFY2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

1) Number of FFY2009 findings not corrected in FFY2010 APR (from the table of FFY2009 noncompliance – row (6) shown in the FFY2010 APR)	2
2) Number of FFY2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	2
3) Number of FFY2009 findings <u>not</u> verified as corrected [(7) minus (8)]	0

Actions Taken if Noncompliance Not Corrected:

Zero findings from the FFY2009 program review cycle remain open. The original noncompliance has been corrected. ~~but MDOE Program Review personnel are working with the LEA to subsequently verify correction using updated data.~~

Verification of Correction of Remaining FFY 2009 findings:

MDOE verified that each LEA with noncompliance: (1) was correctly implementing 34 CFR §§300.301(c)(1), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through desk audit; and (2) had corrected each individual case of noncompliance, unless the child **was** no longer within the

jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of FFY 2009 findings of noncompliance:

Specifically, to verify that each LEA was correctly implementing the requirements, MDOE reviewed subsequent updated data and verified subsequent data submitted through LEA self-assessments. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to account for all instances of noncompliance identified through self-assessments and other monitoring procedures; identify the level, location, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.

Additional Information Required by the OSEP APR Response Table for this indicator (if applicable):

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2011 APR, that the State is in compliance with the timely initial evaluation requirement in 34 CFR §300.301(c)(1). Because the State reported less than 100% compliance for FFY 2010, the State must report on the status of correction of noncompliance identified in FFY 2010 for this indicator.</p>	<p>Status of correction of noncompliance identified in FFY2010 is described in detail in the narrative sections below. While data do not demonstrate compliance, they demonstrate progress toward compliance. Maine reports on the correction of noncompliance identified in the “Correction of FFY 2010 Findings of Noncompliance (if applicable)”: sections above. All 2010 noncompliance has been corrected.</p>
<p>The State must demonstrate, in the FFY 2011 APR, that the remaining two uncorrected noncompliance findings identified in FFY 2009 and the remaining four uncorrected noncompliance CDS findings identified in FFY 2007 were corrected.</p>	<p>All but one longstanding areas of noncompliance have been verified as corrected per the requirements of OSEP Memo 09-02. The one remaining is a school age LEA.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each LEA with remaining noncompliance identified in FFY 2009,</p>	<p>CDS reports on the verification of correction of noncompliance identified in FFY2007 and FFY 2010 consistent with OSEP Memorandum 09-02 in the “Correction of</p>

Statement from the Response Table	State’s Response
<p>each LEA with remaining noncompliance identified in FFY 2007, and each LEA with noncompliance identified in FFY 2010 for this indicator: (1) are correctly implementing 34 CFR §300.301(c)(1) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) have completed the evaluation, although late, for any child whose initial evaluation was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02). In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>Remaining FFY 2007 and FFY 2010 Findings of Noncompliance (if applicable):” sections above.</p>
<p>OSEP is concerned about the State’s failure to correct longstanding noncompliance from FFY 2007. The State must take the steps necessary to ensure that it can report, in the FFY 2011 APR that it has corrected the remaining four findings identified in FFY 2007. If the State cannot report in the FFY 2011 APR that this noncompliance has been corrected, the State must report in the FFY 2011 APR: (1) the specific nature of the noncompliance; (2) the State’s explanation as to why the noncompliance has persisted; (3) the steps that the State has taken to ensure the correction of each finding of the remaining findings of noncompliance, and any new or different actions the State has taken, since the submission of its FFY 2010 APR, to ensure such correction; and (4) any new or different actions the State will take to ensure such correction.</p>	<p>All but one longstanding areas of noncompliance have been verified as corrected per the requirements of OSEP Memo 09-02.</p>
<p>If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.</p>	<p>MDOE and the CDS IEU have reviewed the improvement activities, with input from stakeholders. No changes were made.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

MDOE and the CDS IEU have reviewed the improvement activities, with input from stakeholders. No changes were made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 12: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

Measurement:

- a. # of children who have been served in Part C and referred to Part B (LEA notified pursuant to 637(a)(9)(A)) for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services.
- e. # of children who were referred to Part C less than 90 days before their third birthdays.

Percent = [(c) divided by (a - b - d - e)] times 100 = **[(490) divided by (561-1-6-38)*100 = 95**

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
92.9%	100%	95%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Data were collected from the State database (Case-e) for all children for the reporting period of July 1, 2011 through June 30, 2012 and verified and corrected by the regional sites. Findings of noncompliance are made based on this data.

Actual State Data (Numbers)

a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.	561
b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday	1
c. # of those found eligible who have an IEP developed and implemented by their third birthdays	490

APR Template – Part B

Maine

d. # for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	6
e. # of children who were referred to Part C less than 90 days before their third birthdays.	38
# in a but not in b, c, d, or e.	26
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays Percent = [(c) / (a-b-d-e)] * 100	95%

Account for Children Included in a, but not in b, c, d, or e:

Indicate the range of days beyond the third birthday and the reasons for the delays:

Site	Days_1_To_29	Days_30_To_59	Days_60_To_89	Days_90_Plus
All	13	9	10	32

Reason for the delays:

Reason for Delay	Count
CDS (no delay reason was given and/or delay was caused by regional site/ staff)	64

Public Reporting APR Data:

Site	%
Aroostook County	100%
CDS Reach	97%
CDS First Step	95%
Two Rivers	88%
Mid-coast Regional CDS	96%
Opportunities	97%
Project PEDS	93%
Child Development Services Downeast	105%
York County	93%
State Total	95%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011⁴:

Maine did not reach its target for FFY 2011 but did increase from FFY 2010 year (93%) and FFY 2009 (92%).

A variety of activities have occurred at both the State and regional site level to ensure all children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. In addition to the activities listed below, personnel from the Child Development Services (CDS) State Intermediate Educational Unit (IEU), including some regional site staff participated in national and state focused technical assistance (TA) activities. TA was received from the Northeast Regional Resource Center (NERRC) and the Early Childhood Technical Assistance Center (NECTAC) through webinars, phone conversations, and review of information posted on websites. Pertinent information was shared with regional site directors via email, at their monthly Director's Council meetings, or through the Lunch and Learn format. Lunch and Learns sessions occur on a weekly basis, are about an hour long, and are available to regional site personnel via teleconference. Each week a different topic is addressed.

Activities initiated or required by the CDS State IEU over the last year have included:

- The CDS State IEU developed an electronic focus audit form specific to transition that is used within monitoring visits. The audit form has also been made available to regional sites to use in staff training, when doing self-assessments, and as a training tool with staff.
- Participated in TA opportunities related to transition, as provided by OSEP.
- Discussed the importance of the transition requirements at the monthly Director's Council meeting. At the Director's Council meetings regional site directors were encouraged to communicate best practice ideas and the barriers they were encountering at their regional sites.
- Each regional site that received a finding of noncompliance or continued to have an open area of noncompliance was required to submit a Corrective Action Plan (CAP) to the CDS State IEU for approval. When submitting data to the CDS State IEU for verification of correction, the data submitted were reviewed and verified using the data system or through a file review. For findings that were child-specific, the CDS State IEU reviewed the child's file through the data system as well as the file located at the regional site to ensure the child's IEP was implemented by their third birthday.
- In July 2012 at the OSEP Leadership Conference CDS State IEU Staff, NERRC and NECTAC representatives met to organize a technical assistance opportunity

⁴ In an effort to reduce reporting burden, in the FFY 2011 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2010; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2011; and b) results indicators where the State has met its FFY 2011 target. 3) May provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

to regional site directors to address the understanding of OSEP requirements related to verification of correction of noncompliance and corrective action plans and to discuss factors contributing to local and state performance on specific APR indicators. The TA opportunity occurred in August 2012. Specific focused training occurred on indicators C1, C7, C8, B11 and B12.

- NERRC provided onsite technical assistance in September 2012 with the CDS State Leadership Team and the regional site directors. Within the two days of conversation, a great deal of time was spent reviewing and assessing the local contributing factors for indicators C7, C8, B11, and B12. The activity will continue through other indicators throughout the year.
- CDS State IEU staff provided on site TA to some regional sites on transition requirements as well as provided Lunch and Learns to all regional sites.
- Based on the FFY 2011 APR data all sites who receive an FFY 2012 finding will be required to complete an activity with their staff using the local contributing factors documents available through NECTAC and the Investigative Questions in the resources found on the Right Idea website. They will be required to share their determinations with the CDS State IEU and develop a plan to address their determinations.
- On May 2 and 3, 2012 Susan Hayes and Susan Marks from NERRC provided onsite technical assistance to CDS State IEU Staff. Over the course of the two days, CDS staff and NERRC:
 - o Reviewed all outstanding uncorrected findings of noncompliance (both Part C and B/619).
 - o Reviewed correction efforts/corrective actions taken to date with regional sites related to these findings of noncompliance
 - o Analyzed the effectiveness of existing correction efforts and corrective actions.
 - o Explored additional progressively stringent corrective actions/sanctions including those employed by other states.
 - o Strategized how best to apply these new corrective actions to local sites/LEAs with outstanding noncompliance.
 - o Developed a plan (including specific corrective actions or sanctions to be utilized, timelines, staff responsibilities for follow-up, and communication to local sites/LEAs) to implement new corrective actions with local sites/LEAs to ensure correction of all outstanding noncompliance.
 - o Re-evaluated the process for verifying correction of noncompliance to see what overall improvements could be made to ensure future timely correction of any new findings of noncompliance.
 - o Convened a conference call with CDS State IEU Team, NERRC, representatives from OSEP and the regional site directors and regional site team leaders to discuss the importance of ensuring the correction of noncompliance.

One of the outcomes of the two-day work was a documented plan of action to address remaining areas of noncompliance and to provide continued technical assistance to the CDS State IEU and regional sites.

As part of this two-day meeting, the Maine CDS state team, NERRC, and representatives from OSEP spoke with CDS regional site directors and program leads through the scheduled May 3, 2012 "Lunch and Learn" teleconference about the importance of correction of noncompliance and the State's plan for ensuring this happens in a timely manner going forward.

Since the May TA the CDS State IEU and NERRC have had several follow up calls to review data.

Activities completed by regional sites:

- Regional site director and team leader provided an in house training to Part C and Part B Staff.
- On-going meeting related to Part C to Part B transition process, including a topic-specific training held on January 18, 2012 which included the regional site Part C and Part B therapist, teachers and case managers. Part C and Part B case managers meet at least once a month to maintain consistent communication and effective scheduling for all C to B transitions.
- One sites Part B and Part C teams met to outline duties and responsibilities for individuals to provide a more compliant transition process.
- One site has dedicated one Part B case manager to perform duties as a Transition Coordinator for Part C to B transitions for all children within their site.

Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance in its FFY 2010 APR):

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 93%

1) Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011)	2
2) Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	1
3) Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4) Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	1
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5) Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
6) Number of FFY 2010 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance for FFY 2010 have been subsequently corrected.

Verification of Correction (either timely or subsequent):

Prior to considering any finding from FFY 2010 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing 34 CFR §§300.124(b) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

Through Case-e, CDS was also able to verify that each child referred by Part C, prior to age 3, who were found eligible for Part B, had an IEP developed, although late.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs. For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable)

1. Number of remaining FFY 2009 findings noted in OSEP’s June	2
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2010 FFY 2010 APR response table for this indicator	
2. Number of remaining FFY 2009 findings the State has verified as corrected	2
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2009 findings:

Prior to considering any finding from FFY 2009 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing 34 CFR §§300.124(b) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009:

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

Through Case-e, CDS was also able to verify that each child referred by Part C, prior to age 3, who were found eligible for Part B, had an IEP developed, although late.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs. For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Correction of Any Remaining Findings of Noncompliance from FFY 2008 or Earlier (if applicable)

1. Number of remaining FFY 2008 findings noted in OSEP's June 2010 FFY 2010 APR response table for this indicator	1
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2. Number of remaining FFY 2008 findings the State has verified as corrected	1
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Verification of Correction of Remaining FFY 2008 findings:

Prior to considering any finding from FFY 2008 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing 34 CFR §§300.124(b) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

Through Case-e, CDS was also able to verify that each child referred by Part C, prior to age 3, who were found eligible for Part B, had an IEP developed, although late.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs. For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Additional Information required by the June 20, 2011 OSEP APR Response Table for this indicator:

Statement from the Response Table	State's Response
The State must demonstrate, in the FFY 2011 APR,	CDS reports on the correction of

Statement from the Response Table	State’s Response
<p>that the State is in compliance with the early childhood transition requirements in 34 CFR §300.124(b). Because the State reported less than 100% compliance for FFY 2009, the State must report on the status of correction of noncompliance identified in FFY 2010 for this indicator.</p>	<p>noncompliance identified in FFY 2010 in the “Correction of Remaining Findings of Noncompliance (if applicable):” section above.</p>
<p>The State must demonstrate, in the FFY 2011 APR, that the remaining two uncorrected noncompliance findings identified in FFY 2009 and the remaining one uncorrected noncompliance finding identified in FFY 2008 were corrected.</p>	<p>CDS reports on the correction of noncompliance identified in FFY 2009 and FFY 2008 in the “Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable):”, and “Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):” sections above.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each LEA with remaining noncompliance identified in FFY 2009, the LEA with remaining noncompliance identified in FFY 2008, and each LEA with noncompliance identified in FFY 2010 for this indicator: (1) are correctly implementing 34 CFR §300.124(b) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) have developed and implemented the IEP, although late, for any child for whom implementation of the IEP was not timely, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>CDS reports on the verification of correction of noncompliance identified in FFY 2009 and FFY 2008 in the “Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable):”, and “Correction of Remaining FFY 2008 Findings of Noncompliance (if applicable):” sections above.</p>
<p>OSEP is concerned about the State’s failure to correct longstanding noncompliance from FFY 2008. The State must take the steps necessary to ensure that it can report, in the FFY 2011 APR that it has corrected the one remaining finding identified in FFY 2008. If the State cannot report in the FFY 2011 APR that this noncompliance has been corrected, the State must report in the FFY 2011 APR: (1) the specific nature of the noncompliance; (2) the State’s explanation as to why the noncompliance has persisted; (3) the steps that the State has taken to ensure the correction of each finding of the remaining findings of</p>	<p>All longstanding areas of noncompliance have been verified as corrected per the requirements of OSEP Memo 09-02.</p>

Statement from the Response Table	State’s Response
<p>noncompliance, and any new or different actions the State has taken, since the submission of its FFY 2010 APR, to ensure such correction; and (4) any new or different actions the State will take to ensure such correction.</p>	
<p>If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.</p>	<p>Improvement activities have been reviewed by CDS State IEU and MACECD and no changes have been made.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed by CDS State IEU and MACECD and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 13: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

Measurement:

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100 = [(2671)/(4421)]*100 = 60.4

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
47%	100%	60.4%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Program review monitoring this year continued the previously established increased focus on transition elements during its review of districts. The data reflect a significant opportunity for improvement that is being address in multiple activities. The State Personnel Development Grant has a significant portion of its professional development devoted to a goal addressing the transition planning, supports and documentation required in the development of appropriate Individualized Education Programs (IEPs). Additionally, the Maine Department of Education is using distance technologies, webinars, and direct contacts to provide technical assistance to school personnel to ensure timely correction of transition noncompliance findings.

The Office of Special Services has established new standards for this year for reporting transition services, providing technical assist webinars, group calls, 1:1 calls with LEAs to discuss and clarify requirement\,s, which improved performance considerably. The

SPDG grant has enabled the State to acquire the award of the Enhanced TA grant from NSTTAC to assist with B13 compliance.

Correction of Remaining FFY2010 Findings of Noncompliance (if applicable)

Level of compliance (actual target data) state reported for FFY2010 for this indicator:
47%

1) Number of findings of noncompliance the State made during FFY2010 (the period from July 1, 2010 through June 30, 2011)	24
2) Number of FFY2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	19
3) Number of FFY2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	5

Correction of FFY2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):

4) Number of FFY2010 findings not timely corrected (same as the number from (3) above)	5
5) Number of FFY2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	5
6) Number of FFY2010 findings <u>not</u> verified as corrected [(4) minus (5)]	0

Actions Taken if Noncompliance Not Corrected:

For FFY2010 findings that remain uncorrected MDOE has provide technical assistance to the LEAs on what is monitored, how to correct the outstanding finding and the steps taken to verify the correction. LEAs with outstanding findings were required to update their Corrective Action Plan (CAP). Since transition plan information can be corrected, the LEAs are were required to convene an IEP meeting to revise the plans to meet the requirements for those incidents where transition plans were found to be incorrect. Those that remain open have failed to adequately correct the transition plans AND demonstrate subsequent correction with new evidence.

Verification of Correction of Remaining FFY2010 findings:

Prior to considering any finding from FFY2010 corrected, MDOE verified that each LEA with noncompliance: (1) was correctly implementing 34 CFR §§300.320(b) and 300.321(b), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through desk audit; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the

LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY2010:

Specifically, to verify that each LEA was correctly implementing the requirements, MDOE reviewed updated data and verified data submitted through LEA self-assessments. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to: account for all instances of noncompliance identified through self-assessments and other monitoring procedures; identify the level, location, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.

Additional Information required by the June 20, 2011 OSEP APR Response Table for this indicator:

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2011 APR, that the State is in compliance with the secondary transition requirements in 34 CFR §§300.320(b) and 300.321(b). Because the State reported less than 100% compliance for FFY 2010, the State must report on the status of correction of noncompliance identified in FFY 2010 for this indicator.</p>	<p>Although performance in FFY2011 did not meet the target, significant progress was made since FFY2010. Correction of FFY2010 noncompliance is discussed in the tables above.</p>
<p>The State must demonstrate, in the FFY 2011 APR that the remaining nine uncorrected noncompliance findings identified in FFY 2009 were corrected.</p>	<p>All FFY2009 findings of noncompliance were corrected.</p>
<p>When reporting on the correction of noncompliance, the State must report, in its FFY 2011 APR, that it has verified that each LEA with remaining noncompliance identified in FFY 2009, and each LEA with noncompliance identified in FFY 2010 for this indicator: (1) are correctly implementing 34 CFR §§300.320(b) and 300.321(b) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) have corrected each</p>	<p>Discussion of the correction of noncompliance and actions taken are included in the narrative above. Prior to considering any finding from FFY2009 corrected, MDOE verified that each LEA with noncompliance: (1) was correctly implementing 34 CFR §§300.320(b) and 300.321(b), (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through</p>

Statement from the Response Table	State’s Response
<p>individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>desk audit; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).</p> <p>Specifically, to verify that each LEA was correctly implementing the requirements, MDOE reviewed updated data and verified data submitted through LEA self-assessments. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.</p> <p>In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to: account for all instances of noncompliance identified through self-assessments and other monitoring procedures; identify the level, location, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.</p>
<p>If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.</p>	<p>Maine Department of Education, Office of Special Services staff and the stakeholder group have reviewed the improvement activities for indicator 13.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Maine Department of Education, Office of Special Education staff and the stakeholder group have reviewed the improvement activities for indicator 13.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Indicator 14: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

Measurement:

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100 = ~~data not available~~ **[(193)/(1109)]*100 = 17.4**

B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100 = ~~data not available~~ **[(193+505)/(1109)]*100 = 62.8**

C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100 = ~~data not available~~ **[(193+505+63)/(1109)]*100 = 68.5**

The actual number of “leavers” who are:	Numbers
1. Enrolled in higher education within one year of leaving high school;	193
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);	505
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);	13
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	50

Actual Target Data for FFY2011:

FFY2010 Performance			FFY2011 Target			FFY2011 Performance		
A.	B.	C.	A.	B.	C.	A.	B.	C.
25.0%	76.6%	82.3%	25.1%	76.6%	82.3%	17.4%	62.9%	68.6%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Data for the exiters in 2010-2011 are not yet available. Maine Department of Education is working with Maine Office of Information Technology and Maine Department of Labor to develop a dataset that will provide all of the necessary data. We anticipate the data will be available to respond to the correction and clarification request in April 2013.

Data for the exiters in 2010-2011 was provided to the National Student Clearinghouse and the Maine Department of Labor. These organizations evaluated those data for subsequent employment and education experiences. The results for the 2010-2011 exiting students did not meet the targets.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2010:

Data collection from various agencies beyond the Maine Department of Education has presented challenges. Many of the issues that contribute to the problem of accurate data collection have been identified and will be addressed during the coming year. Beyond that, various programmatic initiatives are underway that should contribute to stronger performance against the identified targets they include: the Department's receipt of the State Personnel Development Grant in 2011. One of the primary goals of that grant is to focus on training SAUs in the development of high quality post-secondary transition plans in student IEPs. The training will focus on developing post-secondary transition plans that are compliant but also achieve high-quality outcomes for students with disabilities. The Maine Department of Education has received an award from the National Secondary Transition Technical Assistance Center (NSTTAC) for two years of intensive technical assistance designed to improve post-secondary planning for students with disabilities. The Department has hired a State Performance Plan/Annual Performance Report Coordinator to provide technical assistance and professional development to SAUs to improve post-secondary outcomes, as well as other indicators, for students with disabilities. The Maine Department of Education has testified in support of L.D. 1452 "An Act To Provide Integrated Community-Based Employment and Customized Employment for Persons with Disabilities." The Department has collaborated with the Maine Department of Labor and Maine Department of Health and Human Services to support this bill which will strengthen our efforts to help students with disabilities become employed in community-based or customized settings. The bill

requires all agencies working with people with disabilities to focus on Employment First initiatives.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 15: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Target data for FFY2011– the percent shown in the last row of the Indicator 15 Worksheet [column (b) sum divided by column (a)] sum times 100 [(47/56 X 100) = 83.9

(Indicator 15 Worksheet included within the text of this indicator below)

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
71.2%	100%	83.9%

PART B INDICATOR 15 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of youth with IEPs graduating from high school with a regular diploma.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
2. Percent of youth with IEPs dropping out of high school.				
14. Percent of youth who had IEPs, are no longer in secondary school and who	Dispute Resolution: Complaints,	0	0	0

APR Template – Part B

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
have been competitively employed, enrolled in some type of postsecondary school or training program, or both, within one year of leaving high school.	Hearings			
3. Participation and performance of children with disabilities on statewide assessments.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
7. Percent of preschool children with IEPs who demonstrated improved outcomes. (Pre-school only)	Dispute Resolution: Complaints, Hearings	0	0	0
4A. Percent of districts identified as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
4B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of children with IEPs aged 6 through 21 - educational placements.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of preschool children aged 3 through 5 – early childhood placement.				

APR Template – Part B

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
9. Percent of districts with disproportionate representation of racial and ethnic groups in special education that is the result of inappropriate identification.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.	Dispute Resolution: Complaints, Hearings	0	0	0
11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	14	14 (4 CDS, 10 School Age)	9 (2 CDS, 7 School Age)
	Dispute Resolution: Complaints, Hearings	0	0	0
12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2 (CDS)	1 (CDS)
	Dispute	0	0	0

APR Template – Part B

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Resolution: Complaints, Hearings			
13. Percent of youth aged 16 and above with IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition service needs.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	24	24 (School Age)	19 (School Age)
	Dispute Resolution: Complaints, Hearings	0	0	0
Other areas of noncompliance: Findings of noncompliance related to implementation of Maine's Unified Special Education Regulation	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
Due process Complaint Investigations (from FFY2010 Table 7)	Dispute Resolution: Complaints, Hearings	13	13 (School Age)	13 (School Age)
Other areas of noncompliance:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3 (CDS)	2 (CDS)
	Dispute Resolution: Complaints, Hearings	0	0	0
Other areas of noncompliance:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Resolution: Complaints, Hearings			
			56 (9 CDS) (47 School Age)	44 (5 CDS) (39 School Age)
Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.			(b) / (a) X 100 =	78.6%

Section I – CDS Early Childhood Programs (3 to 5)

Describe the process for selecting CDS Programs for Monitoring:

The Child Development Services (CDS) State Intermediate Educational Unit (IEU) monitors all regional sites annually through the State data system. In addition to monitoring through the State data system, the CDS State IEU members of the B-20 GSST complete onsite visits to half of the regional sites per year. Pursuant to MUSER (Section XIII), “...representatives of the Commissioner shall collect data and report on every SAU program at least once during the six year period of the State’s Performance Plan”. Regional site compliance visits for FFY2010 included Project Peds, Downeast, Midcoast Regional, First Step, and York; FFY 2011 included Aroostook, Reach, Two Rivers and Opportunities. In the most recent version of MUSER (May 10, 2012) Section XIII-General Supervision System includes five subsections:

1. Department Approval,
2. General Supervision System Priorities,
3. General Supervision System Activities,
4. Approval/ Enforcement, and
5. Public Access.

The rule can be found at <http://www.maine.gov/sos/cec/rules/05/071/071c101.doc>.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011⁵⁽¹⁾:

⁵ In an effort to reduce reporting burden, in the FFY 2011 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2010; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2011; and b) results indicators where the State has met its FFY 2011 target. 3) May provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

The major focus of FFY 2011 was ensuring all regional sites corrected long standing areas of noncompliance. As of submission of this report all new and longstanding CDS findings have been corrected.

One of the challenges of correcting noncompliance occurred when CDS regional sites were consolidated in July 2010. With guidance from OSEP it was determined that it was the responsibility of receiving sites to correct findings of noncompliance that were previously opened. OSEP required that if a regional site received one or more child(ren) from a regional site that had closed, the finding of noncompliance must be corrected by the receiving regional site. As a result, multiple regional sites may have received the same finding. For example: Site A closed. Those children became the responsibility of Site XYZ and Site ABC. Both Site XYZ and Site ABC must demonstrate correction before the finding from Site A can be considered closed.

A variety of activities have occurred at both the State and regional site level to ensure that general supervision practices are in place. In addition to the activities listed below, personnel from the CDS State IEU, including some regional site staff participated in national and state focused technical assistance (TA) activities. TA was received from the Northeast Regional Resource Center (NERRC) and the Early Childhood Technical Assistance Center (NECTAC) through webinars, phone conversations, and review of information posted on websites. Pertinent information was shared with regional site directors via email, at their monthly Director's Council meetings, or through the Lunch and Learn sessions. Lunch and Learns sessions occur on a weekly basis, are about an hour long, and are available to regional site personnel via teleconference. Each week a different topic is addressed. In addition to the TA received from NERRC and NECTAC, the CDS State IEU team had several conversations with its OSEP Part C State Contact.

Activities initiated or required by the CDS State IEU over the last year have included:

- On May 2 and 3, 2012 Susan Hayes and Susan Marks from NERRC provided onsite technical assistance to CDS State IEU Staff. This provided time to:
 - o Review all outstanding uncorrected findings of noncompliance (both Part C and B/619)
 - o Review correction efforts/corrective actions taken to date, with regional sites related to these findings of noncompliance
 - o Analyze the effectiveness of existing correction efforts and corrective actions
 - o Explore additional progressively stringent corrective actions/sanctions including those employed by other states
 - o Strategize how best to apply these new corrective actions to regional sites with outstanding noncompliance
 - o Develop a plan (including specific corrective actions or sanctions to be utilized, timelines, staff responsibilities for follow-up, and communication to regional sites) to implement new corrective actions with regional sites to ensure correction of all outstanding noncompliance

- Re-evaluate the process for verifying correction of noncompliance to see what overall improvements can be made to ensure future timely correction of any new findings of noncompliance
- Convene a conference call with CDS State IEU Team, NERRC, representatives from OSEP and the regional site directors and regional site team leaders to discuss the importance and requirement and responsibility for ensuring the correction of noncompliance.

One of the outcomes of the two day work was a documented plan of action to address remaining areas of noncompliance and to provide continued technical assistance to the CDS State IEU and regional sites.

As part of this two-day meeting, the Maine CDS state team, NERRC, and representatives from OSEP also spoke with CDS regional site directors and program leads through the scheduled May 3, 2012 "Lunch and Learn" teleconference about the importance of correction of noncompliance and the State's plan for ensuring this happens in a timely manner going forward.

Since the May TA the CDS State IEU and NERRC have had several follow up calls to review data.

- Maine participated in the Targeting Indicator Improvement (TII) process facilitated by NERRC during the fall of 2011. This intensive two-day structured process helped State team members identify underlying performance drivers and barriers to improvement for APR indicators. As a result of the TII process, specific, prioritized action steps informed by indicator data and contributing factors were created to address the barriers to improved performance. As part of the TII process, progress checkpoints have been created to review action steps and progress will be reported in future Annual Performance Reports. The indicators Maine selected to focus on in this work are C9 and B15. Most of the work and action planning has been specific to CDS due to the make-up of the TII group.
- In July 2012 at the OSEP Leadership Conference CDS State IEU Staff, NERRC and NECTAC representatives met to organize a technical assistance opportunity for regional site directors to address the understanding of OSEP requirements related to verification of correction of noncompliance and corrective action plans and to discuss factors contributing to local and state performance on specific APR indicators. The TA opportunity occurred in August 2012. Specific focused training occurred on indicators C1, C7, C8, B11 and B12.
- NERRC provided onsite technical assistance in September 2012 with the CDS State IEU Leadership Team and the regional site directors. Within the two days of conversation a great deal of was spent on reviewing and assessing the local contributing factors for indicators C7, C8 and B11. The activity will continue through other indicators throughout the year.
- The CDS State IEU Policy Manager and Data Distinguished Educator (DE) continue to serve as members of the State Birth-20 General Supervision System

(B-20 GSST) team. The two named persons guide and complete all monitoring activities for the CDS State IEU with assistance from the CDS State IEU Leadership Team when necessary.

- The CDS State IEU has participated in all monthly Director Council meetings and each month has discussed findings of noncompliance and correction of noncompliance procedures; provided guidance on OSEP Memo 09-02; provided information obtained through OSEP TA webinars and OSEP Conferences. Regional site directors and staff are more aware of the requirements and expectations of General Supervision.
- Over the last year the Data Distinguished Educator has maintained a database of all areas of noncompliance. The system documents when the finding was made, when it was corrected, and if within a year of identification. The information has been shared with regional site directors and NERRC.
- Each regional site that received a finding of noncompliance or continued to have an open area of noncompliance was required to submit a Corrective Action Plan (CAP) to the CDS State IEU for approval. When submitting data to the CDS State IEU for verification of correction the data submitted were reviewed and verified using the data system or through a file review. For findings that were child-specific, the CDS State IEU reviewed the child’s file through the data system as well as the file located at the regional site to ensure the child was provided the needed requirement.

Activities completed by regional sites:

- Corrective Action Plans were reviewed and discussed at a variety of times throughout the year.
- Completed a file audit in June 2012 to monitor compliance.
- Regional site directors shared Letters of Findings, Letters of Correction, and information distributed by the CDS State IEU to their staff.

Note: For this indicator, report data on the correction of findings of noncompliance the State identified in FFY 2010 (July 1, 2010 through June 30, 2011) and verified as corrected as soon as possible and in no case later than one year from identification.

Timely Correction of FFY 2010 Findings of Noncompliance (corrected within one year from identification of the noncompliance) – CDS Programs:

<p>1) Number of findings of noncompliance the State identified in FFY 2010 (the period from July 1, 2010 through June 30, 2011) (Sum of Column a on the Indicator B15 Worksheet for CDS programs (the additional findings are included in the tables below for school age LEAs))</p>	<p>9</p>
<p>2) Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet for CDS programs)</p>	<p>5</p>

3) Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	4
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FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance and/or Not Corrected):

4) Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	4
5) Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	4
6) Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Verification of Correction for findings of noncompliance identified in FFY 2010 (either timely or subsequent):

Prior to considering any finding from FFY 2010 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing the specific regulatory requirements (IDEA and MUSER) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

For timeline specific requirements, CDS also verified that the action occurred, although late. For other requirements, CDS verified correction for each child.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that

contributed to the noncompliance to revise those policies, procedures, or practices and submit Corrective Action Plans (CAP). For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Actions Taken if Noncompliance Not Corrected

All findings of noncompliance for FFY 2010 have been subsequently corrected.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable) -

CDS Programs:

1. Number of remaining FFY 2009 findings noted in OSEP’s FFY 2010 APR response table for this indicator (These findings are those made in CDS programs. The additional findings, made for school age LEAs, are reported below.)	3
2. Number of remaining FFY 2009 findings the State has verified as corrected	3
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance for FFY 2009 have been subsequently corrected.

Verification of Correction of FFY 2009 findings (either timely or subsequent)

Prior to considering any finding from FFY 2009 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing the specific regulatory requirements (IDEA and MUSER) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2009 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

For timeline specific requirements, CDS also verified that the action occurred, although late. For other requirements, CDS verified correction for each child.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.). For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Correction of Any Remaining Findings of Noncompliance identified in FFY 2008 (if applicable) – CDS Programs:

1. Number of remaining FFY 2008 findings noted in OSEP’s June 2012 FFY 2010 APR response table for this indicator (All finding were made in CDS Programs)	12
2. Number of remaining FFY 2008 findings the State has verified as corrected	12
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected [(1) minus (2)]	0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance for FFY 2008 have been subsequently corrected.

Verification of Correction of FFY 2008 findings (either timely or subsequent):

Prior to considering any finding from FFY 2008 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008 (including any revisions to

general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

For timeline specific requirements, CDS also verified that the action occurred, although late. For other requirements, CDS verified correction for each child.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.). For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

Correction of Any Remaining Findings of Noncompliance identified in FFY 2007 (if applicable) – CDS Programs:

4. Number of remaining FFY 2007 findings noted in OSEP’s June 2012 FFY 2010 APR response table for this indicator (All finding were made in CDS Programs)	19
5. Number of remaining FFY 2007 findings the State has verified as corrected	19
6. Number of remaining FFY 2007 findings the State has NOT verified as corrected [(1) minus (2)]	0

Actions Taken if Noncompliance Not Corrected:

All findings of noncompliance for FFY 2007 have been subsequently corrected.

Verification of Correction of FFY 2007 findings (either timely or subsequent):

Prior to considering any finding from FFY 2007 corrected, CDS State IEU verified that each regional site with noncompliance: (1) was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on updated data such

as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the regional site, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2007 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):

Specifically, to verify that each regional site was correctly implementing the requirements, CDS State IEU reviewed subsequent updated data from Case-e, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program.

For timeline specific requirements, CDS also verified that the action occurred, although late. For other requirements, CDS verified correction for each child.

In addition to verifying correction according to the OSEP 09-02 Memorandum, CDS State IEU also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, location (regional site), and root cause(s) of all noncompliance; and require any regional site with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit CAPs.). For all long standing areas of noncompliance found prior to FFY 2010 CDS State IEU provided the regional site with their CAP rather than allowing the regional site to write their own improvement activities. These activities ranged from providing staff training, attending required TA, submitting monthly reports to the CDS State IEU and completing CAP check in calls with the CDS State IEU.

School Age (6-20)

Describe the process for selecting LEAs for Monitoring:

LEAs are select for monitoring on a six year rotation ensuring each LEA is monitored one in every six years. The data were collected during the spring of 2012.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011^{6[1]}:

⁶ In an effort to reduce reporting burden, in the FFY 2011 APR, States: 1) Are not required to provide an explanation of: a) progress; b) no change in actual target data from the data for FFY 2010; or c) slippage if the State meets its target. 2) Are not required to discuss improvement activities for: a) compliance indicators where the State reports 100% compliance for FFY 2011; and b) results indicators where the State has met its FFY 2011 target. 3) May

Program review staff work with LEAs to correct outstanding corrective actions. The corrective action plans submitted when the finding of noncompliance was made requires the LEA to define the immediate correction of noncompliance. In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to account for all instances of noncompliance identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, LEA, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit Corrective Action Plans (CAP).

Timely Correction of FFY 2010 Findings of Noncompliance (corrected within one year from identification of the noncompliance) (School Age LEAs):

1) Number of findings of noncompliance the State identified in FFY 2010 (the period from July 1, 2010 through June 30, 2011) (Sum of Column a on the Indicator B15 Worksheet for School Age LEAs (the additional findings are included in the tables above for CDS Programs))	47
2) Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet for school age LEAs)	39
3) Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	8

FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance and/or Not Corrected):

4) Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	8
5) Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	8
6) Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)]	0

Verification of Correction for findings of noncompliance identified in FFY 2010 (either timely or subsequent):

provide one set of improvement activities for the entire APR as long as the Improvement Activities are indexed back to reference the relevant indicators.

Prior to considering any finding from FFY 2010 corrected, MDOE verified that each LEA with noncompliance: (1) was correctly implementing the specific regulatory requirements (IDEA and MUSER) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Actions Taken if Noncompliance Not Corrected:

Zero findings from the FFY2010 program review cycle remain open. The original noncompliance has been corrected.

Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable) (School Age LEAs):

1. Number of remaining FFY 2009 findings noted in OSEP's FFY 2010 APR response table for this indicator	11
2. Number of remaining FFY 2009 findings the State has verified as corrected	11
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected [(1) minus (2)]	0

Actions Taken if Noncompliance Not Corrected:

Specifically, to verify that each LEA was correctly implementing the requirements, MDOE reviewed subsequent updated data provided by the LEA, performed on-site file reviews, and verified subsequent data submitted through regional site self-assessments and compliance reports submitted by each regional site. The time period for which each program was required to demonstrate 100% compliance varied based on the level of noncompliance identified in the program. ~~The two remaining findings have been corrected, but the LEAs have not yet provide updated data demonstrating correction of the noncompliance.~~ Data demonstrating correction of remaining noncompliance has been received. All remaining findings have been corrected.

Verification of Correction of FFY 2009 findings (either timely or subsequent)

Prior to considering any finding from FFY 2009 corrected, MDOE verified that each LEA with noncompliance: (1) was correctly implementing the specific regulatory requirements (IDEA and MUSER) (i.e., achieved 100% compliance) based on updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

In addition to verifying correction according to the OSEP 09-02 Memorandum, MDOE also complied with the requirements to account for all instances of noncompliance

identified through its database as well as on-site monitoring and other monitoring procedures; identify the level, LEA, and root cause(s) of all noncompliance; and require any LEA with policies, procedures, or practices that contributed to the noncompliance to revise those policies, procedures, or practices and submit Corrective Action Plans (CAP).

Additional Information required by the June 28, 2012 OSEP APR Response Table for this indicator:

Statement from the Response Table	State’s Response
<p>The State must demonstrate, in the FFY 2011 APR, that the remaining 14 findings of noncompliance identified in FFY 2009, and the remaining 12 findings of noncompliance identified in FFY 2008, and the remaining 19 findings of noncompliance identified in FFY 2007, that were not reported as corrected in the FFY 2010 APR, were corrected.</p>	<p>All CDS longstanding areas of noncompliance have been corrected (FFY 2009 =3, FFY 2008 = 12, FFY 2007 = 19). Nine of the eleven All eleven longstanding areas of noncompliance remain from FFY2009 to be closed have been corrected for school age LEAs.</p>
<p>The State must review its improvement activities and revise them, if appropriate, to ensure they will enable the State to provide data in the FFY 2011 APR, demonstrating that the State timely corrected noncompliance identified by the State in FFY 2010 in accordance with 20 U.S.C. 1232d(b)(3)(E), 34 CFR §§300.149 and 300.600(e), and OSEP Memo 09-02. OSEP is concerned about the State’s failure to correct longstanding noncompliance from FFY 2008 and FFY 2007. The State must take the steps necessary to ensure that it can report, in the FFY 2011 APR that it has corrected the remaining 12 findings identified in FFY 2008 and the remaining 19 findings identified in FFY 2007. If the State cannot report in the FFY 2011 APR that this noncompliance has been corrected, the State must report in the FFY 2011 APR: (1) the specific nature of the noncompliance; (2) the State’s explanation as to why the noncompliance has persisted; (3) the steps that the State has taken to ensure the correction of each finding of the remaining findings of noncompliance, and any new or different actions the State has taken, since the submission of its FFY 2010 APR, to ensure such correction; and (4) any new or different actions the State will take to ensure such correction.</p>	<p>Improvement activities have been reviewed by CDS State IEU and MACECD and no changes have been made.</p>
<p>When reporting on correction of findings of noncompliance in the FFY 2011 APR, the State must report that it verified that each LEA with noncompliance identified in FFY 2010 and each LEA with remaining noncompliance identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through</p>	<p>All CDS longstanding areas of noncompliance have been corrected (FFY 2009 =3, FFY 2008 = 12, FFY 2007 = 19). The State verified that each LEA with noncompliance identified in FFY 2010 and each LEA with remaining noncompliance identified in FFY 2009: (1) is correctly</p>

Statement from the Response Table	State’s Response
<p>on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction. In addition, in reporting on Indicator 15 in the FFY 2011 APR, the State must use the Indicator 15 Worksheet.</p>	<p>implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02.</p>
<p>Further, in responding to Indicators 11, 12, and 13 in the FFY 2011 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>CDS and MDOE report on the verification of correction of noncompliance identified in FFY 2010 and FFY 2009 consistent with OSEP Memorandum 09-02 in the “Correction of Remaining FFY 2010 Findings of Noncompliance (if applicable):” and “Correction of Remaining FFY 2009 Findings of Noncompliance (if applicable):” sections above.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed by CDS State IEU, MDOE, and MACECD and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 18: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

Measurement:	
Table 7 data, section C	
SECTION C: Due Process Complaints	
(3) Total number of due process complaints filed	48
(3.1) Resolution meetings	4
(a) Written settlement agreements reached through resolution meetings	2
(3.2) Hearings fully adjudicated	2
(a) Decisions within timeline (include expedited)	0
(b) Decisions within extended timeline	2
(3.3) Due process complaints pending	3
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing)	43
Percent = [(3.1(a) divided by 3.1)] times 100 = [(2/4)*100 = 50	

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
20%	58%	50%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Only four cases went to resolution session, two resulted in settlement agreements. This measure did not meet the target, but improved from FFY2010.

The Department of Education Due Process Office (DPO) produced “Resolution Sessions, A Guide for Parents and Educators” to help parents and educators better understand the resolution session as one of the ways to resolve special education disputes. The handbook is provided to parties involved in a parentally-requested due process hearing.

The due process website has been significantly upgraded this year to provide a number of new documents and technical assistance to the public. The resolution session document and forms are available electronically on the due process website: <http://www.state.me.us/education/speced/dueprocess/index.htm>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 19: Percent of mediations held that resulted in mediation agreements.

Measurement:
Table 7 data, section B

SECTION B: Mediation Requests	
(2) Total number of mediation requests received through all dispute resolution processes	104
(2.1) Mediations held	54
(a) Mediations held related to due process complaints	22
(i) Mediation agreements related to due process complaints	11
(b) Mediations held not related to due process complaints	32
(i) Mediation agreements not related to due process complaints	26
(2.2) Mediations pending	0
(2.3) Mediations withdrawn or not held	50

Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100 = [(11+26)/54]*100 = 69$

Actual Target Data for FFY2011:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
73%	85%	69%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

This measure did not meet the target.

When a dispute resolution request is received for a complaint investigation, hearing or expedited hearing, and the initiating party has indicated an unwillingness to participate in mediation, DPO staff follow up with the initiating party to discuss the benefits of mediation. Information is provided on: the difference between mediation and an IEP meeting; the expertise, knowledge and objectivity of the mediators on the DPO roster; the wide scope of issues that can be mediated; and the constructive/positive effect participation in mediation can have on the communication between the parties.

The mediation handbook is available electronically on the due process website: <http://www.state.me.us/education/speced/dueprocess/index.htm>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.

Part B State Annual Performance Report (APR) for FFY2011

Monitoring Priority: Effective General Supervision Part B / General Supervision

Indicator 20: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Measurement: See Indicator 20 Scoring Rubric

Actual Target Data for FFY2010:

FFY2010 Performance	FFY2011 Target	FFY2011 Performance
90%	100%	94.5%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage, if the State did not meet its target, that occurred for FFY2011:

Maine is submitting most of its 618 data via ED Facts, but submitted Table 7 using EMAPS. Data validation is conducted prior to data submission using the ED Facts file format checker to ensure that files conform to the required specification. Reports have been developed to permit review of year-to-year changes in data in anticipation of clarification requests or to highlight where data notes may be necessary. These steps have improved data quality and have prepared the State to resolve data issues before the data are submitted.

Part B Indicator 20 Data Rubric (continued on next page)

Part B Indicator 20 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1		1
2	1		1
3A	1	1	2
3B	1	1	2
3C	1	1	2
4A	1	1	2
4B	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
14	1	1	2
15	1	1	2
18	1	1	2
19	1	1	2
		Subtotal	38
APR Score Calculation	Timely Submission Points - If the FFY 2011 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total – (Sum of the subtotal and Timely Submission Points) =		43.00

Part B Indicator 20 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Data Note Requests	Total
Child Count Due Date: 2/1/12	1	1	1	1	4
Personnel Due Date: 11/7/12	1	1	1	N/A	3
Ed. Environments Due Date: 2/1/12	1	1	1	1	4
Exiting Due Date: 11/7/12	0	1	1	N/A	2
Discipline Due Date: 11/7/12	0	1	1	N/A	2
State Assessment Due Date: 12/19/12	1	NA	NA	N/A	1
Dispute Resolution Due Date: 11/7/12	1	1	1	N/A	3
MOE & CEIS Due Date: 5/1/12	1	1	NA	N/A	2
				Subtotal	21
618 Score Calculation			Grand Total (Subtotal X 1.87)=		39.27

Indicator #20 Calculation	
A. APR Grand Total	42.00
B. 618 Grand Total	39.27
C. APR Grand Total (A) + 618 Grand Total (B) =	81.27
	Total N/A in APR
	0
	Total N/A in 618*
	9
	Base
	86
D. Subtotal (C divided by Base) =	0.945
E. Indicator Score (Subtotal D x 100) =	94.50

* Note any cell marked N/A will decrease the denominator by 1 for APR and 2.045 for 618

NOTE: The April, 2013 summary from OSEP reflected OSEP's changes to this chart. Maine's changes to the SPP and APR documents, in response/clarification to OSEP's summary, may affect this chart.

Additional Information required by the June 28, 2012 OSEP APR Response Table for this indicator:

Statement from the Response Table	State’s Response
<p>The State must review its improvement activities and revise them, if necessary, to ensure they will enable the State to provide data in the FFY 2011 APR, demonstrating that it is in compliance with the timely and accurate data reporting requirements in IDEA sections 616 and 618 and 34 CFR §§76.720 and 300.601(b). In reporting on Indicator 20 in the FFY 2011 APR, the State must use the Indicator 20 Data Rubric.</p>	<p>Maine experienced several issues during the submission of data for discipline and exits during the fall of 2011. New procedures and oversight processes have been established by the EDFacts coordinator and the Part B data manager to ensure timely completion of the EDFacts submissions. All submissions for the 2011-2012 files submitted fall of 2012 were completed on the required schedule providing valid, reliable and accurate data.</p>

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2011:

Improvement activities have been reviewed and no changes have been made.