

**Cluster F – SPOE Performance Standards**  
**Holdback Report**  
**07/15/2008**  
**Reporting Period 1/1/08—6/30/08**

1.0

IFSPs will be developed with ED Team involvement at the meeting and EI services to meet the child's / family's outcomes will be provided in the child's natural environment, including the home and community settings in which children without disabilities participate.

Report	Since January, 2008, ED Team participation at IFSPs (both initial and annual) has been 91%																												
Narrative	Participation at IFSPs (both initial and annual) is at a moderately high and improving rate.																												
Explanation	We began tracking EDT participation at IFSPs in July 2007. At that time, we had 0% participation at IFSPs. Through memos and meetings with EDT members, we stressed the importance of IFSP attendance. With SPOE staff and EDT members help, we restructured ED Team assignments to create teams with one DT member and the understanding that DT members would make every attempt to attend IFSP meetings. This system has worked well, with specific days being set aside for IFSP participation. While there have been some glitches and reworking of the process, it continues to improve. The majority of missed meetings are the result of rescheduled meetings. A small number of EDT participations are via phone.																												
Plan	We will continue to track all EDT participation at IFSP meetings, identifying those areas where problems occur and attempt to restructure the process to improve their ability to attend.																												
Activities	<ul style="list-style-type: none"><li>Track EDT participation</li><li>Analyze data to identify areas / staff where participation presents a difficulty</li><li>Work with SPOE staff / EDT staff to improve attendance</li></ul>																												
Supporting Documentation	<table><thead><tr><th></th><th>IFSPs held</th><th>EDT Participation</th><th></th></tr></thead><tbody><tr><td>Jan-08</td><td>47</td><td>46</td><td>98%</td></tr><tr><td>Feb-08</td><td>13</td><td>11</td><td>85%</td></tr><tr><td>Mar-08</td><td>59</td><td>50</td><td>85%</td></tr><tr><td>Apr-08</td><td>57</td><td>51</td><td>89%</td></tr><tr><td>May-08</td><td>30</td><td>30</td><td>100%</td></tr><tr><td></td><td></td><td>Average</td><td>91%</td></tr></tbody></table> <div></div>		IFSPs held	EDT Participation		Jan-08	47	46	98%	Feb-08	13	11	85%	Mar-08	59	50	85%	Apr-08	57	51	89%	May-08	30	30	100%			Average	91%
	IFSPs held	EDT Participation																											
Jan-08	47	46	98%																										
Feb-08	13	11	85%																										
Mar-08	59	50	85%																										
Apr-08	57	51	89%																										
May-08	30	30	100%																										
		Average	91%																										

**2.0.1****The initial IFSP meeting will be held within 45 days of referral to the SPOE.**

<b>Report</b>	During this reporting period, one (1) IFSP went over 45 days, due to parent issue.
<b>Narrative</b>	This is a change over the last reporting period of zero (0) IFSPs over 45 days. This is the first example of a breach in a 45-day timeline in over 2 years within Cluster F. A "Reason For Delay" form was submitted to Ann Ruhmkorff and state consultant.
<b>Explanation</b>	The family completed intake and evaluation (after repeated attempts, cancellations by the family, disconnected phone, no-shows), but no-showed the IFSP meeting. Repeated messages were left with the family, but they did not respond to attempts to reschedule the IFSP. Sent letter to close for lack of participation and called St. Vincent referral source. No response from family after receiving letter from SPOE / IC. St. Vincent said they would contact the family and stress the critical need for First Steps services. Upon hearing from St. V's, family immediately agreed to complete IFSP. IC staffed with supervisor and it was determined that even though we had the documentation to close for lack of participation, St. V's assurance that the family would now participate and the difficulty in beginning the process over necessitated that we move forward and "strike while the iron is hot" and complete the initial IFSP while the family seems motivated to participate. The breach of the 45-day timeline is due to family issues.
<b>Plan</b>	We will continue to monitor those cases that approach a 45-day timeline and make individual decisions regarding how to deal with this issue.
<b>Activities</b>	<ul style="list-style-type: none"><li>• Continue weekly staffings with intake coordinators, monitoring 45-day timeline</li><li>• Individually staff those cases that close when letter is sent to ensure that every effort has been made to contact / reconnect with those families</li><li>• Continue to carefully document all intake activities, especially to show valid documentation for breach of the 45-day timeline</li></ul>
<b>Supporting Documentation</b>	See SPOE report on Average # days from Referral to IFSP (Summary), next page. See Reason for delay Form, next page.

## Average # Days From Referral to IFSP (Summary)

### Criteria

Referral Date Range: 01/01/08 - 06/30/08

County: All Counties

Exclude Terminations Before: 06/01/08

Exclude Duplicates: No

County: Clay	<u>Min</u>	20	<u>Max</u>	41	<u>Avg</u>	35.1
County: Daviess	<u>Min</u>	18	<u>Max</u>	44	<u>Avg</u>	32.4
County: Greene	<u>Min</u>	0	<u>Max</u>	44	<u>Avg</u>	34.2
County: Knox	<u>Min</u>	27	<u>Max</u>	43	<u>Avg</u>	36.8
County: Martin	<u>Min</u>	0	<u>Max</u>	37	<u>Avg</u>	28.9
County: Owen	<u>Min</u>	29	<u>Max</u>	44	<u>Avg</u>	37.1
County: Parke	<u>Min</u>	28	<u>Max</u>	31	<u>Avg</u>	29.0
County: Putnam	<u>Min</u>	0	<u>Max</u>	43	<u>Avg</u>	26.1
County: Sullivan	<u>Min</u>	20	<u>Max</u>	41	<u>Avg</u>	32.0
County: Vermillion	<u>Min</u>	20	<u>Max</u>	41	<u>Avg</u>	30.6
County: Vigo	<u>Min</u>	0	<u>Max</u>	50	<u>Avg</u>	30.6
<b>Grand Total</b>	<u>Min</u>	0	<u>Max</u>	50	<u>Avg</u>	31.8



# REASON FOR DELAY OF IFSP

State Form 51312 (R3 / 3-05) / BCD 0089



Name of county <i>Wago</i>	Cluster number <i>F</i>
Name of child <i>Jonathan Sealey</i>	Date of birth (month, day, year) <i>7-31-08</i>
Date of referral (month, day, year) <i>4-9-08</i>	Due date of IFSP (month, day, year) <i>5-30-08</i> <del>5-30-08</del> <i>5-30-08</i>
Date IFSP held (month, day, year) <i>5-30-08</i>	Number of days from referral to IFSP <i>51</i>

Reason for delay: (check all that apply)

- ☒ Family  
☐ Intake / SPOE  
☐ OT ☐ ST ☐ DT ☐ OTHER (specify type): */*  
☐ Doctor

Give a detailed explanation for delay: (add pages if necessary)

*Intake evaluation scheduled & completed. IFSP scheduled 5<sup>th</sup> team arrived at family home - no one answered door. IC left note on door to call & reschedule, left message on voice mail same day. No contact by 5-16-08. IC to family - Dad stated grandmother having heart surgery - spending alot of time at hospital but he would have Mom call & reschedule. I informed of 45 day timeline & offered to schedule at their convenience. 5-21-08 no contact from family. 5-23-08 mailed letter to family to schedule IFSP or file would be closed but to still contact us. PC from St. Ann. Hosp. for update & called family. IC to family suggested IFSP.*

Signature of intake coordinator <i>Janice Sealey</i>	Date (month, day, year) <i>5-30-08</i>
Signature of family member <i>Janice Sealey</i>	Date (month, day, year) <i>6/3/08</i>

This form is to be placed in every file that has gone over the 45 day time limit.

Federal Regulations requiring the 45 day timeline:

303.321(e) Timelines for public agencies to act on referrals. (2) Within 45 days after it receives a referral, the public agency shall:

- Complete the evaluation and assessment activities in 303.322; and
- Hold an IFSP meeting, in accordance with 303.342

303.342(a) Meeting to develop initial IFSP timelines. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP must be conducted within the 45 day time period in 303.321(e).

**2.0.2**

**EI files will not be closed and reopened in order to avoid the 45-day timeline. SPOEs must document (in the EI file) why each reopened file was closed and reopened and submit log to the state.**

<b>Report</b>	During this reporting period, 11 children were closed and reopened. None were closed to avoid the 45-day timeline.
<b>Narrative</b>	This is a new performance standard and there is no baseline data.
<b>Explanation</b>	Of these 11 children: 1 was a newborn hearing screen and closed to allow lag time for diagnostic scheduling 3 family declined because child was currently in hospital 3 were not eligible at the initial referral 2 family too overwhelmed with other family issues at this time 1 family declined and physician rereferred 1 family never responded to repeated attempts at contact, physician rereferred
<b>Plan</b>	We will continue to monitor these cases. Each closing is staffed with the supervisor.
<b>Activities</b>	<ul style="list-style-type: none"><li>• Continue staffing of new referrals</li><li>• Identify sufficient documentation for all closures</li><li>• Track close and reopens</li></ul>
<b>Supporting Documentation</b>	See spreadsheet on next page.

Cluster F

Child Id	Last Name	First Name	Referral Date	Termination Date	Termination Code	Status	Notes
130003423	ADAMS	SOPHIA	04/21/08	4/30/08	27	T	Closed UNHS until audiologist will schedule then reopen
130003455	ADAMS	SOPHIA	05/01/08		0	A	Audiologist would not schedule until auth in computer, reopened to schedule; child passed hearing eval.
130003515	DIETSCH	LANCE	05/09/08	5/12/08	2	T	Family declined because child was hospitalized
130003533	DIETSCH	LANCE	06/10/08		0	A	Family recontacted First Steps after child was released from hospital
130003442	EGY	MICHELLE	04/30/08	5/5/08	2	T	Family declined because child was hospitalized; Family said they would recontact First Steps when child was released; IC put in her tickler file to monitor
130003527	EGY	MICHELLE	06/04/08		0	A	2nd referral came from Healthy Families and was data entered and sent even though IC was closely working with the family
130003152	HUMFLEET	JALINN	01/09/08	2/11/08	6	T	Child not eligible
130003530	HUMFLEET	JALINN	06/06/08		0	A	Mother re-referred because of ongoing gross motor concerns
130003311	MICKELSON	LAWRENCE	03/10/08	3/24/08	2	T	Referral from pediatrician; Mother declined as family was too busy
130003418	MICKELSON	LAWRENCE	04/23/08		0	A	OSC in family for sibling and encouraged M to consider moving forward with First Steps
130003250	OWENS	KAYDEN	01/28/08	2/5/08	2	T	Family declined
130003332	OWENS	KAYDAN	02/19/08	4/22/08	5	T	Primary care physician re-referred; Child passed hearing evaluation.
130003451	PHILLIPS	ELIJAH	05/06/08	6/2/08	2	T	No response from family to repeated attempts to contact (phone & letter)
130003559	PHILLIPS	ELIJAH	06/11/08		0	A	Physician re-referred
130003155	RAMOS	ALONDRA	01/10/08	2/8/08	6	T	Not eligible
130003472	RAMOS	ALONDRA	05/14/08		0	A	OSC discussed concerns with parent and together they re-referred
130003156	RAMOS	ELENA	01/10/08	2/8/08	6	T	Not eligible
130003473	RAMOS	ELENA	05/14/08		0	A	OSC discussed concerns with parent and together they re-referred
130003246	RIAN	MACKENZIE	02/05/08	3/25/08	27	T	Family put original referral on hold due to the birth of a new baby
130003556	RIAN	MACKENZIE	06/23/08		0	A	Family recontacted SPOE when ready to move forward
130003341	RICKARD	CADENCE	03/24/08	4/9/08	2	T	Declined original referral as child was hospitalized
130003407	RICKARD	CADENCE	04/17/08		0	A	Riley NICU re-referred at time of child's discharge

### 3.0

**Each IFSP will contain a completed transition page.**

Report	Based on documentation from the Onsite visit, 6/4/08, 100% of IFSPs completed at initial and at annual had a transition page.																																																																																																																																																																																																																																																																																																																																															
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Explanation	Completion of transition pages in the IFSP has been a topic of several staff meetings / staff trainings with both intake coordinators and ongoing service coordinators. It is the practice of this cluster to include in all IFSPs the transition dates (30 month referral, 90-270 day meeting window) for the life of the child in First Steps services. This information is helpful regardless of whether the child will be in the program for 6 months or 30 months. Staff is encouraged to discuss transition at any face-to-face meeting with families in order to support families in understanding transitions both within the First Steps system and transitions out of the First Steps system.																																																																																																																																																																																																																																																																																																																																															
Plan	Monitoring of initial and annual IFSPs will continue on a regular / ongoing basis. Issues identified will be addressed in both individual staffing times and group staff meetings.																																																																																																																																																																																																																																																																																																																																															
Activities	<ul style="list-style-type: none"><li>Continue to include 30 month transition date / 90-270 transition meeting window on all referral forms</li><li>Continue ongoing review of intake / annual IFSPs.</li></ul>																																																																																																																																																																																																																																																																																																																																															
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A primary care physician signature for the IFSP will be obtained in a timely manner which allows services to start within 30 days.

Report	In a random review of 40 intake files, 10 per intake coordinator), the average number of days from IFSP to receipt of Physician's signature on Section 8 of the IFSP was 6 days.																																																																																																																																																																								
Narrative	This number is slightly higher than the last reporting period (Holdback January 15, 2008), yet is within the framework to allow for services to start within 30 days.																																																																																																																																																																								
Explanation	Intake coordinators and ongoing service coordinators submit the appropriate documentation to the physician, requesting signature. The signature is returned via fax to the SPOE office. (We do have two physicians who will not use faxes and staff take necessary paperwork by their offices and pick up signed paperwork at a later time. This has been successful and proved more efficient / more timely than working through the mail.																																																																																																																																																																								
Plan	Review of this information will be used in individual staffing and ongoing staff meetings with all staff to discuss any issues that might arise with specific doctors or issues that might be related to the organizational skills of staff.																																																																																																																																																																								
Activities	<ul style="list-style-type: none"><li>Continue internal chart audits, documenting days from IFSP completion to receipt of physician's signature</li><li>Identify the differences in individual coordinators average days of IFSP completion to signature receipt to see if some staff have better luck at quick signature turnaround</li><li>Work with doctor's office(s) to ensure that holidays do not disrupt the ability for children to receive services because of lack of a physician's signature.</li></ul>																																																																																																																																																																								
Supporting Documentation	<div>Physician's Signature on IFSP Intake</div> <table><thead><tr><th>Child ID#</th><th>IFSP date</th><th>Sign. Date</th><th># Days</th><th>Child ID#</th><th>IFSP date</th><th>Sign. Date</th><th># Days</th></tr></thead><tbody><tr><td>130003045</td><td>12/20/07</td><td>01/02/08</td><td>13</td><td>130002906</td><td>10/10/07</td><td>10/18/07</td><td>8</td></tr><tr><td>130003028</td><td>11/29/07</td><td>12/04/07</td><td>5</td><td>130003070</td><td>12/20/07</td><td>01/06/08</td><td>17</td></tr><tr><td>130002990</td><td>11/12/07</td><td>11/28/07</td><td>16</td><td>130003055</td><td>12/18/07</td><td>01/03/08</td><td>16</td></tr><tr><td>130002992</td><td>11/15/07</td><td>11/20/07</td><td>5</td><td>130003035</td><td>12/14/07</td><td>12/14/07</td><td>0</td></tr><tr><td>130003114</td><td>01/28/08</td><td>02/05/08</td><td>8</td><td>130003083</td><td>12/20/07</td><td>12/21/07</td><td>1</td></tr><tr><td>130003149</td><td>02/07/08</td><td>02/22/08</td><td>15</td><td>130003024</td><td>12/07/07</td><td>12/11/07</td><td>4</td></tr><tr><td>130003186</td><td>03/06/08</td><td>03/11/08</td><td>5</td><td>130002836</td><td>09/19/07</td><td>09/20/07</td><td>1</td></tr><tr><td>130003317</td><td>04/23/08</td><td>04/29/08</td><td>6</td><td>130002876</td><td>09/12/07</td><td>09/13/07</td><td>1</td></tr><tr><td>130003025</td><td>11/12/07</td><td>11/19/07</td><td>7</td><td>130003008</td><td>11/19/07</td><td>11/19/07</td><td>0</td></tr><tr><td>130002973</td><td>11/08/07</td><td>11/16/07</td><td>8</td><td>130002944</td><td>11/08/07</td><td>11/09/07</td><td>1</td></tr><tr><td>130003056</td><td>12/13/07</td><td>12/17/07</td><td>4</td><td>130003064</td><td>12/20/07</td><td>01/04/08</td><td>15</td></tr><tr><td>130002933</td><td>11/08/07</td><td>11/13/07</td><td>5</td><td>130003066</td><td>12/18/07</td><td>12/20/07</td><td>2</td></tr><tr><td>130002934</td><td>11/09/07</td><td>11/12/07</td><td>3</td><td>130003252</td><td>03/20/08</td><td>03/25/08</td><td>5</td></tr><tr><td>130003052</td><td>12/21/07</td><td>12/21/07</td><td>0</td><td>130003105</td><td>01/23/08</td><td>01/31/08</td><td>8</td></tr><tr><td>130003023</td><td>12/06/07</td><td>12/10/07</td><td>4</td><td>130003210</td><td>03/06/08</td><td>03/11/08</td><td>5</td></tr><tr><td>130003040</td><td>12/06/07</td><td>12/07/07</td><td>1</td><td>130003076</td><td>01/08/08</td><td>01/10/08</td><td>2</td></tr><tr><td>130003003</td><td>11/26/07</td><td>11/26/07</td><td>0</td><td>130003039</td><td>12/19/07</td><td>12/21/07</td><td>2</td></tr><tr><td>130002985</td><td>11/15/07</td><td>11/16/07</td><td>1</td><td>130003022</td><td>12/07/07</td><td>12/10/07</td><td>3</td></tr><tr><td>130002984</td><td>11/15/07</td><td>11/16/07</td><td>1</td><td>130003049</td><td>12/19/07</td><td>12/27/07</td><td>8</td></tr><tr><td>130003254</td><td>03/20/08</td><td>03/24/08</td><td>4</td><td>130003007</td><td>11/30/07</td><td>12/18/07</td><td>18</td></tr></tbody></table> <div>Average days IFSP to Physician's signature - Intake6</div>	Child ID#	IFSP date	Sign. Date	# Days	Child ID#	IFSP date	Sign. Date	# Days	130003045	12/20/07	01/02/08	13	130002906	10/10/07	10/18/07	8	130003028	11/29/07	12/04/07	5	130003070	12/20/07	01/06/08	17	130002990	11/12/07	11/28/07	16	130003055	12/18/07	01/03/08	16	130002992	11/15/07	11/20/07	5	130003035	12/14/07	12/14/07	0	130003114	01/28/08	02/05/08	8	130003083	12/20/07	12/21/07	1	130003149	02/07/08	02/22/08	15	130003024	12/07/07	12/11/07	4	130003186	03/06/08	03/11/08	5	130002836	09/19/07	09/20/07	1	130003317	04/23/08	04/29/08	6	130002876	09/12/07	09/13/07	1	130003025	11/12/07	11/19/07	7	130003008	11/19/07	11/19/07	0	130002973	11/08/07	11/16/07	8	130002944	11/08/07	11/09/07	1	130003056	12/13/07	12/17/07	4	130003064	12/20/07	01/04/08	15	130002933	11/08/07	11/13/07	5	130003066	12/18/07	12/20/07	2	130002934	11/09/07	11/12/07	3	130003252	03/20/08	03/25/08	5	130003052	12/21/07	12/21/07	0	130003105	01/23/08	01/31/08	8	130003023	12/06/07	12/10/07	4	130003210	03/06/08	03/11/08	5	130003040	12/06/07	12/07/07	1	130003076	01/08/08	01/10/08	2	130003003	11/26/07	11/26/07	0	130003039	12/19/07	12/21/07	2	130002985	11/15/07	11/16/07	1	130003022	12/07/07	12/10/07	3	130002984	11/15/07	11/16/07	1	130003049	12/19/07	12/27/07	8	130003254	03/20/08	03/24/08	4	130003007	11/30/07	12/18/07	18
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## 5.0

**The SPOE will initiate transition activities for children referred to First Steps at thirty (30) months of age or older and will convene a transition meeting in conjunction with the IFSP.**

Report	In the review of charts for the 6/4/08 Quality Review, 20% of those files reviewed (5 of 25) were for children who were referred after 29 months of age. Of those 5 files, 100% showed documentation of the appropriate transition activities, including transition meeting with the IFSP.																																																																																																																																																			
Narrative	Results of this standard are the same as the 1/15/08 Holdback report.																																																																																																																																																			
Explanation	When completing our referral form, support staff includes information for the intake coordinator on the following issues: day 45, 30-month transition date, 90-270 days transition meeting window. For those children who come in at 32 months or older, a note is included that says: "Child is 32 months (or older) – Complete full transition." For children who enter at 29 – 32 months, the intake coordinator is instructed to complete 30-month transition paperwork.																																																																																																																																																			
Plan	<p>We will continue to track and monitor this issue. With individual staffing with intake coordinators, the supervisor now notes on the staffing spreadsheet those children who are 28/29 months or older at referral.</p> <p>Staff have been instructed to complete transition for <i>all</i> children who enter the program at 30 months or older.</p>																																																																																																																																																			
Activities	<ul style="list-style-type: none"><li>• Monitor referrals through individual staffing with intake coordinators</li><li>• Track progress</li><li>• Audit completed intake charts to ensure all documentation is present</li></ul>																																																																																																																																																			
Supporting Documentation	<table><tr><td colspan="7">Cluster F - Intakes</td></tr><tr><td colspan="7"><b>ANSWER FREQUENCY</b></td></tr><tr><td colspan="7">Total Responses: 30</td></tr><tr><td colspan="7">Date: 8/10/08</td></tr><tr><td>Questions</td><td colspan="6">Answer - Totals</td></tr><tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>CP income is documented,</td><td>25</td><td>2</td><td>3</td><td></td><td></td><td></td></tr><tr><td>Insurance consent, suppl form, card copy or HH</td><td>28</td><td>1</td><td>1</td><td></td><td></td><td></td></tr><tr><td>CP acceptance form signed &amp; dated</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Parents rights/consent to proceed signed/dated</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Reciprocal consents signed/dated</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Eligibility form complete</td><td>16</td><td></td><td>14</td><td></td><td></td><td></td></tr><tr><td>documentation supports eligibility</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>PHS signed/dated</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>If &gt;29 mos, LEA notice documented</td><td>5</td><td></td><td></td><td>25</td><td></td><td></td></tr><tr><td>10 day WPN</td><td>29</td><td></td><td>1</td><td></td><td></td><td></td></tr><tr><td>Service &gt;51% in NE</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>If no, justification complete</td><td></td><td></td><td></td><td>30</td><td></td><td></td></tr><tr><td>Transition checklist/outcomes complete</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>IFSP MD signature &amp; date</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>IFSP services stated within 30 days</td><td>26</td><td>1</td><td>3</td><td></td><td></td><td></td></tr></table>	Cluster F - Intakes							<b>ANSWER FREQUENCY</b>							Total Responses: 30							Date: 8/10/08							Questions	Answer - Totals							1	2	3	4	5	6	CP income is documented,	25	2	3				Insurance consent, suppl form, card copy or HH	28	1	1				CP acceptance form signed & dated	30						Parents rights/consent to proceed signed/dated	30						Reciprocal consents signed/dated	30						Eligibility form complete	16		14				documentation supports eligibility	30						PHS signed/dated	30						If >29 mos, LEA notice documented	5			25			10 day WPN	29		1				Service >51% in NE	30						If no, justification complete				30			Transition checklist/outcomes complete	30						IFSP MD signature & date	30						IFSP services stated within 30 days	26	1	3			
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<b>6.0</b> <b>SPOE will electronically disseminate the Part B child find activity information semi-annually per State instruction.</b>			
<b>Report</b>	18-month referral information on 129 First Steps children was sent to all nine (9) of our LEAs in May, 2008.		
<b>Narrative</b>	This is the first time to include this in a holdback report. There is no existing baseline data, except that we have complied with this standard all other times we have received the information from the state.		
<b>Explanation</b>	When the database is received, we sort by LEA. Then each page of names for an LEA is saved as a PDF file and emailed to the Director of Special Education.		
<b>Plan</b>	We will continue to comply with this request, submitting to LEAs as information is received in our SPOE.		
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Receive 18-month data base from state</li> <li>• Sort by LEA</li> <li>• Double-check that there has been no change in SpEd. Director</li> <li>• Email / fax to each SpEd Director the information for children in their coop region.</li> </ul>		
<b>Supporting Documentation</b>	<b>18-month Referral Information - Sent 5/08</b>		
	<b>LEA</b>	<b>Director</b>	<b>No. of Child Info Sent</b>
	Clay Community Schools	Rhonda Lawrence	12
	Covered Bridge Sp. Ed. District	Jeff Blake	46
	Daviess-Martin SpEd. Coop	Mary Rodimel	15
	Forest Hills SpE. Coop.	Kelly Walsh	7
	Greene-Sullivan SpEd Coop	Patty Weinheimer	12
	Knox Co. SpEd Coop	Saundra Lange	15
	Old National Trail SpEd Coop	Nancy Holsapple	14
	Orange-Lawrence-Jackson-Martin Joint Services	Janie Jones	4
	West Central Indiana SpEd Coop	Tom Barth	4

**Files for all enrolled children will contain documentation, including the AEPS, to support eligibility as determined by a multidisciplinary ED team using the AEPS in accordance with state eligibility guidelines.**

<b>Report</b>	Based on information from the Quality Review, 6/4/08, 100% of all intake files had appropriate documentation, including the AEPS form, to support eligibility by a multidisciplinary ED team and in accordance with state eligibility guidelines.
<b>Narrative</b>	This number is consistent with that included in the previous mid-year report (1/15/08).
<b>Explanation</b>	Intake coordinators staff weekly with their supervisor to review documentation for eligibility of new children, especially any child whose eligibility is dependent on Informed Clinical Opinion. Intake / Ongoing service coordinators have been trained to review AEPS / supporting scores to ensure that the narrative matches with Indiana's eligibility criteria. In the event questions arise, IC / OSC have been instructed to contact the ED Team members for additional clarification. All documentation is included in the child's official EI record. Additionally, internal audits ensure that all necessary and appropriate documentation is present in the file.
<b>Plan</b>	Ongoing staffing with supervisor will continue. Staff will have review training on reading the assessment documentation and appropriately using same during Eligibility Determination meetings.
<b>Activities</b>	<ul style="list-style-type: none"> <li>Continue to staff cases and conduct internal audits</li> <li>Include issues on weekly staff meeting agenda</li> </ul>

Supporting  
Documentation

Cluster F - Intakes											
<b>ANSWER FREQUENCY</b>											
Total Response							30				
Date:							6/16/08				
Questions	Answer - Totals										
	1	2	3	4	5	6	YES				
CP income is documented,	25	2	3				83.33%				
Insurance consent, suppl form, card copy or HH	28	1	1				93.33%				
CP acceptance form signed & dated	30						100.00%				
Parents rights/consent to proceed signed/dated	30						100.00%				
Reciprocal consents signed/dated	30						100.00%				
Eligibility form complete	16		14				53.33%				
documentation supports eligibility	0	30	0	0	0	0	100.00%				
PHS signed/dated	30						100.00%				
If >29 mos, LEA notice documented	5			25			16.67%				
10 day WPN	29		1				96.67%				
Service >51% in NE	30						100.00%				
If no justification complete				30							
Transition checklist/outcomes complete	30						100.00%				
IFSP MD signature & date	30						100.00%				
IFSP services stated within 30 days	26	1	3				86.67%				

Cluster F - Annual Review											
<b>ANSWER FREQUENCY</b>											
Total Response							28				
Date:							6/16/08				
Questions	Answer - Totals										
	1	2	3	4	5	6	YES				
IFSP completed prior to expiration	28						100.00%				
CP income documented	28						100.00%				
Insurance consent, suppl form, card copy or HH card o	28						100.00%				
CP acceptance form signed and dated	28						100.00%				
Parents rights/consent to proceed signed/dated	28						100.00%				
Reciprocal consent signed/dated	28						100.00%				
Eligibility form completed	16		12				57.14%				
Documentation supports eligibility	0	28	0	0	0	0	100.00%				
10 day WPN for IFSP meeting	28						100.00%				
Transition checklists/outcomes completed	28						100.00%				
Services >51% in NE	28						100.00%				
If not, justification complete				28							
MD signature/date on IFSP	28						100.00%				
All new services within 30 days of IFSP/change page d	24		4				85.71%				

**8.0**

**The SPOE will ensure accurate and timely data entry within 10 days of the receipt of applicable documentation. Supporting documentation must be located within the early intervention file for the child to support data entry.**

<b>Report</b>	Based on a review of data entry for the reporting period, the average number of days from receipt of information to data entry is 2.17 days.					
<b>Narrative</b>	This result is commensurate with 2.04 days reported in the last mid-year report.					
<b>Explanation</b>	<p>Each child's file includes documentation that has a "Received" date stamp and an "entered" date stamp. Data entry staff was asked to keep a running log of "date received" and "date data entered". Using this log, the SPOE supervisor counted number of business days from receipt to entry, counted the number of entries and used these figures to find the average "receipt to entry" ratio.</p> <p>Beginning last July, we moved to logging data entry for the second full week of each month. We feel this gives a true sample of data entry time. By using a consistent time each month we can take into account any holidays or sick time that may affect data entry and this precludes "picking and choosing" the best week of the month. We will continue to monitor timely data entry, addressing issues as they arise.</p>					
<b>Plan</b>	Continue to monitor data entry time frame throughout the next reporting period, addressing any issues that arise.					
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Date stamp documentation when received</li> <li>• Date stamp documentation when data entered</li> <li>• Log all data entry for a full week period each month</li> <li>• Analyze data and review with data entry staff</li> </ul>					
<b>Supporting Documentation</b>	See sample tracking sheet on next page.					
		<b>Jan 08</b>	<b>Feb 08</b>	<b>Mar 08</b>	<b>Apr 08</b>	<b>May 08</b>
	Ave. days receipt to entry	0.8	1.72	3.17	3.03	1.94
	Number of files logged	53	111	94	102	173
	Highest number of days	10	18	9	9	9
	Lowest number of days	0	0	0	0	0

End 1-11-08

Problems	What	Date Rec'd.		Date Data Entered
	Family Update	1/3/08	2	1/7/08
	Family Update	1/7/08	0	1/7/08
	Family Update	1/7/08	0	1/7/08
Rec. PHS + Sec. 8 1/7 *	Initial IFSP	12/21/07	8	1/7/08
	1st Quarterly <sup>-change</sup>	1/7/08	0	1/7/08
	Interim Change	1/7/08	0	1/7/08
	Intake	1/7/08	0	1/7/08
	Intake	1/7/08	0	1/7/08
Rec. PHS + Sec. 8 w/ Eval 1/7/08 Rec. Section 8 1/4/08	Initial IFSP	12/28/07	5	1/7/08
	Intake	1/8/08	0	1/8/08
	EVAL	1/8/08	0	1/8/08
	EVAL	1/8/08	0	1/8/08
	Intake	1/7/08	1	1/8/08
	Intake	1/7/08	1	1/8/08
	Initial IFSP	1/8/08	0	1/8/08
	EVAL	1/8/08	0	1/8/08
	EVAL	1/8/08	0	1/8/08
	Intake	1/8/08	1	1/9/08
	Intake	1/8/08	1	1/9/08
	Intake	1/8/08	1	1/9/08
Rec. Sec. 8 on 1/9/08	Initial IFSP	1/4/08	3	1/9/08
	Interim Change	1/9/08	0	1/9/08
	Interim Change	1/9/08	0	1/9/08
	Audiology Auth	1/9/08	0	1/9/08
	Audiology Auth	1/9/08	0	1/9/08
	EVAL	1/9/08	0	1/9/08
	EVAL	1/9/08	0	1/9/08
	EVAL	1/9/08	0	1/9/08

Problems	What	Date Recd		Date Recd	
	<del>Child Support</del>	5/20/08	0	5/20/08	
	Transition	5/20/08	3	5/20/08	
	Intake	5/20/08	3	5/20/08	
	Fam. Update	5/16/08	2	5/20/08	
	Transition	5/16/08	2	5/20/08	
	Transition	5/16/08	2	5/20/08	
	1st Quarterly	5/16/08	2	5/20/08	
	6 mon. Review	5/16/08	2	5/20/08	
	6 mon. Review	5/16/08	2	5/20/08	
	6 mon. Review	5/16/08	2	5/20/08	
	Intake	5/16/08	2	5/20/08	
	Intake	5/16/08	2	5/20/08	
	Intake	5/16/08	2	5/20/08	
	Fam. Update	5/20/08	0	5/20/08	
	Annual IFSP	5/20/08	0	5/20/08	
	Evaluation	5/21/08	0	5/21/08	
	Assist. Technology	5/21/08	0	5/21/08	
	Annual IFSP	5/19/08	2	5/21/08	
	Evaluation	5/19/08	2	5/21/08	
	Intake	5/19/08	2	5/21/08	
	Interim Change	5/19/08	2	5/21/08	
	Annual IFSP	5/19/08	2	5/21/08	
	Intake	5/19/08	2	5/21/08	
	6 mon. Review	5/19/08	2	5/21/08	
	Transition	5/19/08	2	5/21/08	
	Cost Participation	5/19/08	2	5/21/08	
	1st Quarterly	5/19/08	2	5/21/08	
	6 mon. Review	5/19/08	2	5/21/08	

Stephanie  
needed resp.  
Stephanie  
needed in wrap.  
Norma needed  
resp.  
Nicki needed in  
resp.

<b>9.0</b> <b>SPOE will ensure accurate and timely data entry of Family Interview and Exit Interview, including child development and progress.</b>											
<b>Report</b>	In a random sample of service coordinators / intake coordinators, the average number of days from initial IFSP to data entry of the family interview was 21 days with 36 of 37, 97% completed within 60 days.										
<b>Narrative</b>	This is the first time to report this on a holdback report, however, it is significantly improved over the 79% estimated by Michael Conn-Powers in January.										
<b>Explanation</b>	Coordinators are required to complete family interviews for each child entering the system. These are required to be completed within 60 days of the initial IFSP. Each child / family should have a corresponding exit interview, to be completed within 60 days of leaving the program.										
<b>Plan</b>	Supervisors can check the data entry website to determine whether or not the survey has been completed and entered. They will do this as part of their ongoing chart audits.										
<b>Activities</b>	<ul style="list-style-type: none"> <li>When auditing initial IFSPs and transitions, supervisors will monitor the EC data entry website to determine if the survey information has been data entered</li> <li>Results of this monitoring will be shared with staff during individual and group staffing time</li> <li>Periodic review of the process will be completed to determine if there are ways to streamline the process.</li> </ul>										
<b>Supporting Documentation</b>	<b>Child</b>	<b>IC / SC</b>	<b>IFSP date</b>	<b>Data entered by</b>	<b># Days</b>		<b>Child</b>	<b>IC / SC</b>	<b>IFSP date</b>	<b>Data entered by</b>	<b># Days</b>
	Jadelynn K.	Nikki	1/3/08	1/23/08	20		Marilyn A.	Natalie	4/24/08	4/28/08	4
	Jaelynn M.	Carol	1/10/08	1/16/08	6		Abigail H.	Carol	4/30/08	5/22/08	22
	Corbyn I.	Winnie	1/16/08	1/23/08	7		Wyatt S.	Nikki	4/24/08	5/21/08	27
	Joyce C.	Pam	1/18/08	1/23/08	5		Cole B.	Pam	4/17/08	6/3/08	47
	Savannah J.	Shasta	1/17/08	1/23/08	6		Jordan L.	Winnie	5/13/08	5/22/08	9
	Riley R.	Stephanie	1/7/08	1/15/08	8		Jacob M.	Stephanie	5/7/08	6/10/08	34
	McKenzie M.	Natalie	1/10/08	1/15/08	5		Barrett T.	Natalie	5/8/08	5/12/08	4
	Luke G.	Pam	2/8/08	3/24/08	45		Erik S.	Shasta	5/16/08	5/18/08	2
	Bryan B.	Michele	2/22/08	3/24/08	31		Avienne G.	Carol	5/16/08	5/19/08	3
	J. Wilkey	Carol	2/14/08	3/24/08	39		Christopher B.	Nikki	5/15/08	5/21/08	6
	Jimmy D.	Natalie	2/21/08	3/24/08	32		Brooklyn C.	Pam	5/7/08	6/23/08	47
	Andra McC	Winnie	2/25/08	3/25/08	29		Lynken M.	Winnie	5/6/08	5/31/08	25
	Grayden C.	Stephanie	2/25/08	3/31/08	35		Maddox T.	Stephanie	5/6/08	5/17/08	11
	Eliza G.	Nikki	2/21/08	4/30/08	69		Clayton B.	Pam	3/24/08	3/25/08	1
	Lennon C.	Shasta	1/29/08	2/6/08	8		Adam L.	Carol	3/14/08	3/25/08	11
	Michael S.	Winnie	3/4/08	3/25/08	21		Nicholas K.	Michele	3/7/08	5/5/08	59
	Alexis K.	Stephanie	3/6/08	4/30/08	55		Brayden H.	Nikki	3/20/08	4/14/08	25
	Matthew L.	Norma	3/19/08	3/25/08	6		Jaylen H.	Natalie	3/20/08	3/26/08	6
	Kyla J.	Shasta	3/12/08	3/25/08	13						
	Completed within 60 days		97%				Not completed w/in 60 days		3%		

**10.0**

**Files for all enrolled children must contain documentation to support the family's income and private insurance. The SPOE must ensure that the information is maintained and regularly reviewed, at a minimum of annually or as changes occur, to insure current and accurate information.**

<b>Report</b>	<p>Using both Quality Review (6/4/08) data and Internal Audit Data, Income was documented (at intake) 92.45% (49 out of 53) of the time with 1.89% no (documentation / TANF letter not present in file) and 5.66% (3 out of 53) not completed.</p> <p>Using both Quality Review data and internal audit data, insurance documentation was present in 98.11% (52 of 53) of reviewed files with 1.89% (1 of 53) incomplete.</p> <p>Using both Quality Review (6/4/08) data and Internal Audit Data, Income was documented (at annual review) 100% (28 out of 28) of the time.</p> <p>Using both Quality Review data and internal audit data, insurance documentation (at annual review) was 100% present.</p>
<b>Narrative</b>	<p>This information is consistent with our last mid-year report and consistent with our most recent "report card".</p>
<b>Explanation</b>	<p>The issue of documentation of income data is an ongoing issue and noted on staff meeting agendas frequently. Our method of documentation for families who claim no income has worked well and we will continue to do this. Issues with getting the remaining pay stubs for a family member who has just begun a new job continues to be a problem. In the past this has passed from the intake coordinator to the ongoing service coordinator at the completion of the initial IFSP. We are (effective 7/8/08) making this responsibility remain with the intake coordinator. We also have difficulty documenting TANF as it is next to impossible to get a TANF letter IF you can find a person at TANF to talk to. We are exploring different ways to document TANF and would appreciate the state's assistance or information from other clusters in how they do this.</p>
<b>Plan</b>	<p>The cluster will continue to explore strategies and implement same to ensure that all appropriate documentation is present to show income and insurance.</p>
<b>Activities</b>	<ul style="list-style-type: none"><li>• Continue internal chart audits by supervisor</li><li>• Include question about all CoPart documentation during 1-on-1 staffing when IC notes file is complete</li><li>• Identify means for documenting TANF payments to family</li><li>• Ensure that ICs get incomplete documentation taken care of instead of having ongoing service coordinator complete same</li></ul>
<b>Supporting Documentation</b>	<p>See spreadsheet next page documenting Quality Review info and Quality Review + Internal Audit.</p>

<b>Cluster F - Intakes</b>								
	<b>Total Respondents:</b>				29			
					06/04/08			
QUALITY REVIEW ONLY	<b>Answer - Totals</b>					<b>Answer - Percent</b>		
<b>Questions</b>	1	2	3	4	YES	NO	INCOMPL	NA
CP income is documented,	25	1	3		86.21%	3.45%	10.34%	
Insurance consent, suppl form, card copy or HH	28		1		96.55%		3.45%	
<b>Cluster F - Intakes</b>								
QUALITY REVIEW and INTERNAL AUDIT Revised data with random pull from internal audits / 6 charts per intake coordinator for a total of 53 charts	<b>Total Respondents:</b>				53			
					06/04/08			
	<b>Answer - Totals</b>					<b>Answer - Percent</b>		
<b>Questions</b>	1	2	3	4	YES	NO	INCOMPL	NA
CP income is documented,	49	1	3	0	92.45%	1.89%	5.66%	0.00%
Insurance consent, suppl form, card copy or HH	52	0	1	0	98.11%	0.00%	1.89%	0.00%
<b>Cluster F - Annual Review</b>								
	<b>Total Respondents:</b>				28			
					06/04/08			
	<b>Answer - Totals</b>					<b>Answer - Percent</b>		
<b>Questions</b>	1	2	3	4	YES	NO	INCOMPL	NA
CP income documented	28	0	0	0	100.00%	0.00%	0.00%	0.00%
Insurance consent, suppl form, card copy or HH card copy	28	0	0	0	100.00%	0.00%	0.00%	0.00%

<b><i>Intake - Income Documentation</i></b>			
<b>Child's ID</b>	<b>IC</b>	<b>Insurance Documentation present</b>	<b>Income Documentation present</b>
130003286	Linda S.	Consent, supplement, 2-sides insurance card	W2 form
130003023	Linda S.	Consent, 2-sides HH card	SSI letter
130002969	Linda S.	Consent, 2-sides HH card	income statement signed by person supporting family w/ no income
130002963	Linda S.	Consent, 2-sides HH card	SSI letter
130002956	Linda S.	Consent, 2-sides HH card	3 pay stubs
130002933	Linda S.	Consent, 2-sides HH card	income statement signed by person supporting family w/ no income
130002997	Norma G.	Consent; documentation of no priv. insurance and no HH	3 pay stubs
130002998	Norma G.	Consent, supplement, 2-sides insurance card	W2 form & expense worksheet
130003066	Norma G.	Consent, 2-sides HH card	3 pay stubs
130003026	Norma G.	Consent, supplement, 2-sides insurance card	IRS 1040 form
130003265	Norma G.	Consent, supplement, 2-sides insurance card	W-2 forms, both parents & documentation that family elected not to submit deductions
130002900	Norma G.	Consent, supplement, 2-sides insurance card	3 pay stubs and deductions worksheet
130003020	Michele M.	Consent, 2-sides HH card	3 child support stubs and 3 pay stubs
130002946	Michele M.	Consent; documentation of no priv. insurance and no HH	SSI letter
130002947	Michele M.	Consent, supplement, 2-sides insurance card	IRS 1040 form
130002916	Michele M.	Consent, supplement, 2-sides insurance card	3 pay stubs, both parents
130002927	Michele M.	Consent; documentation of no priv. insurance and no HH	3 pay stubs
130003013	Michele M.	Consent, 2-sides HH card	income statement signed by person supporting family w/ no income
130003149	Molly McQ.	Consent, 2-sides HH card	child in foster care, income statement to that effect, signed by foster parent.
130003267	Molly McQ.	Consent, 2-sides HH card	IRS 1040 form
130002989	Molly McQ.	Consent, 2-sides HH card	3 pay stubs
130003114	Molly McQ.	Consent, 2-sides HH card	income statement signed by person supporting family w/ no income
130002992	Molly McQ.	Consent, 2-sides HH card	3 pay stubs
130002990	Molly McQ.	Consent, supplement, 2-sides insurance card	3 pay stubs (mother), W2 (father)

11.0

SPOE personnel must meet enrollment and credentialing guidelines and be in good standing with the First Steps system.

Report	All SPOE Staff (4 intake coordinators, 7 ongoing service coordinators, 2 supervisors) are enrolled in the CRO system. All were enrolled effective 7/1/2006 except Natalie Newlin who was enrolled effective 1/1/2007. All are noted in the SPOE computer as "active". All staff received credentialing letters, effective 11/15/2007.																																																
Narrative	There have been no new hires since the last reporting period. The update that all staff are now credentialed is the only change since last report.																																																
Explanation	All staff have, as indicated by successful completion of credentialing, had their SC L1 and L2 training, attended their mandatory provider meeting and completed their Training Times.																																																
Plan	Staff has created a "credentialing file" that is kept in their desk to document their various training activities throughout the year. It is our hope that this will make recredentialing very easy in 11/2008.																																																
Activities	<ul style="list-style-type: none"><li>Maintain individual documentation of training opportunities / activities</li><li>Participate in staff meetings and training days to improve and strengthen skills</li></ul>																																																
Supporting Documentation	<p>Documentation of Provider Enrollment, from SPOE.mdb. Staff enrolled effective 7/1/2006, except for Natalie Newlin, effective 1/1/2007.</p> <table><tr><th colspan="3">PROVIDERALL</th></tr><tr><th>Id</th><th>Name</th><th>First Name</th></tr><tr><td>20081921A 0000</td><td>CAMPBELL</td><td>NICOLE</td></tr><tr><td>20081921A 0001</td><td>CARLSON</td><td>DAWN</td></tr><tr><td>20081921A 0002</td><td>CORBY</td><td>SHASTA</td></tr><tr><td>20081921A 0003</td><td>CRAWN</td><td>CAROL</td></tr><tr><td>20081921A 0004</td><td>Hazelwood</td><td>Pam</td></tr><tr><td>20081921A 0005</td><td>MCQUEEN</td><td>MOLLY</td></tr><tr><td>20081921A 0006</td><td>MUSGROVE</td><td>MICHELE</td></tr><tr><td>20081921A 0008</td><td>SMOOT</td><td>LINDA</td></tr><tr><td>20081921A 0009</td><td>STUTLER</td><td>JENNIFER</td></tr><tr><td>20081921A 0010</td><td>GEE</td><td>NORMA</td></tr><tr><td>20081921A 0011</td><td>Theising</td><td>Winnie</td></tr><tr><td>20081921A 0012</td><td>Onyett</td><td>Stephanie</td></tr><tr><td>20081921A 0013</td><td>NEWLIN</td><td>NATALIE</td></tr><tr><td colspan="3">From copy of SPOE.mdb</td></tr></table> <p>All staff were credentialed effective 11/15/2007 and will recredential 11/15/2008. This was a recredential for Hazelwood, Musgrove, Stutler and Onyett. All others were newly credentialed.</p>	PROVIDERALL			Id	Name	First Name	20081921A 0000	CAMPBELL	NICOLE	20081921A 0001	CARLSON	DAWN	20081921A 0002	CORBY	SHASTA	20081921A 0003	CRAWN	CAROL	20081921A 0004	Hazelwood	Pam	20081921A 0005	MCQUEEN	MOLLY	20081921A 0006	MUSGROVE	MICHELE	20081921A 0008	SMOOT	LINDA	20081921A 0009	STUTLER	JENNIFER	20081921A 0010	GEE	NORMA	20081921A 0011	Theising	Winnie	20081921A 0012	Onyett	Stephanie	20081921A 0013	NEWLIN	NATALIE	From copy of SPOE.mdb		
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From copy of SPOE.mdb																																																	

**12.0**

**The SPOE must have a Spanish-speaking staff and an intake coordinator trained in Ski\*Hi, to more actively work with families with hearing loss.**

<b>Report</b>	Cluster F has a Spanish speaking program assistant and the majority of intake coordinators, ongoing service coordinators, LPCC coordinator and program managers attended the Ski*Hi introductory training on 11/15/06. The LPCC coordinator purchased the Ski*Hi manual.
<b>Narrative</b>	There is no change in this performance standard from the last report. This standard is met.
<b>Explanation</b>	<p>Our Spanish-speaking staff accompanies intake coordinators, ED Teams and ongoing service coordinators to facilitate gathering information, obtaining releases and completion of service plans. She is teaching all staff minimal Spanish phrases, especially staff responsible for answering phones. In addition, she is working to translate commonly used forms.</p> <p>Ski*Hi materials are available for staff to review and use, if needed. We have recently received word that Ski-Hi will be doing a Parent Advisor Training in September &amp; November and are hoping to get those interested to move through the training. We are currently trying to determine which SPOE staff would be most appropriate to attend this training.</p>
<b>Plan</b>	We will continue to use our Spanish-speaking staff person in whatever capacity best serves families and supports other staff. We will continue to pursue additional Ski*Hi training. We also would like to ensure that releases of information are translated into Spanish to assist families in providing informed consent.
<b>Activities</b>	<ul style="list-style-type: none"><li>• Review Ski*Hi materials with staff on an annual basis</li><li>• Continue to support staff who need Spanish-speaking support</li><li>• Allow Sara release time from other duties to work on translation of consents and release forms</li></ul>
<b>Supporting Documentation</b>	Supporting documentation attendance at Ski*Hi training is available from UTS. We have no specific supporting documentation for Sara's Spanish-speaking services, though most state consultants have had the pleasure of meeting Sara.