

# DMS REPORT

**DIFFERENTIATED MONITORING AND SUPPORT**  
Office of Special Education Programs  
U.S. Department of Education

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**STATE**    **DELAWARE**

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**DATE**    JANUARY 19, 2021

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**IDEA**    PART C

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UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

January 19, 2021

Honorable Molly Magarik  
Cabinet Secretary  
Delaware Department of Health and Social Services  
Herman Holloway, Administration Building  
1901 N. DuPont Highway  
New Castle, Delaware 19720  
[molly.magarik@delaware.gov](mailto:molly.magarik@delaware.gov)

Dear Secretary Magarik:

This letter provides a summary of the results of the differentiated monitoring and support (DMS) activities conducted by the U.S. Department of Education's Office of Special Education Programs (OSEP) during an on-site visit to the Delaware Department of Health and Social Services (DHSS) on December 2–4, 2019. The purpose of the visit was to examine specific aspects of DHSS' implementation of the early intervention services (EIS) program for infants and toddlers with disabilities and their families under Part C of the Individuals with Disabilities Education Act (IDEA).

Participants during the visit included staff from Delaware Department of Health and Social, providers from diverse EIS programs, Delaware Department of Education, the National Center for Systemic Improvement, Early Childhood Technical Assistance Center, WestEd, Parent Information Center of Delaware, Bayada Nurses, Christiana Care, Alfred I. DuPont, and the University of Delaware.

As part of the DMS process, OSEP conducts an organizational assessment (OA) of factors to identify States' progress in meeting performance standards and complying with the requirements of Part C of the IDEA and its implementing regulations, the Education Department General Administrative Regulations and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. OSEP uses the information from the OA and an Engagement Decision Tree to make decisions about how it will engage with States over the Federal fiscal year (FFY). The FFY 2019 DMS areas were: 1) Results; 2) Compliance; 3) State Systemic Improvement Plan; and 4) Fiscal Accountability.

On August 18, 2019, OSEP sent the Delaware Department of Health and Social Services' DMS notice to Susan Campbell, Delaware's former Part C Coordinator. OSEP's notice provided a  
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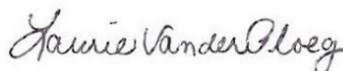
level of engagement of universal, targeted, or intensive for each of the four areas OSEP identified for DMS. The DMS notice represents a snapshot of the most recently available data in each of the four DMS areas. The notice also identified the monitoring and support activities that would be carried out to address the factors contributing to the elevated need for monitoring and support in each of the areas that were identified for intensive engagement. We have attached a copy of the DMS notice for your convenience.

The enclosure describes the: 1) Background; 2) Monitoring<sup>1</sup> and Technical Assistance Activity for each DMS area; 3) Summary of Findings; and 4) OSEP's conclusion, including Next Steps and Required Actions. OSEP issued the following three findings of noncompliance with the IDEA Part C requirements, and has identified in the enclosure the corrective actions for each of these findings of noncompliance:

1. DHSS does not have a single line of responsibility reasonably designed to ensure the general administration and supervision of programs and activities administered by its components and Early Intervention programs under IDEA Part C, consistent with IDEA Sections 635(a)(10) and 34 C.F.R. § 303.120(a)(1);
2. DHSS does not have a system reasonably designed to identify and correct noncompliance by its EIS programs and providers, as required under IDEA Sections 616(a), 635(a)(10) and 642 and 34 C.F.R. § 303.120(a)(2) and 303.700(a) and (b); and
3. DHSS does not provide IDEA Part C services in a timely manner as required by 34 C.F.R. §§ 303.342(e) and 303.344(f)(1).

We appreciate your efforts to improve results for infants and toddlers with disabilities and their families. If you have any questions, please contact Jennifer Miley, your OSEP State Lead, at 202-245-6049.

Sincerely,



Laurie VanderPloeg  
Director  
Office of Special Education Programs

cc: Kristina Horton, Part C Coordinator  
[Kristina.Horton@state.de.us](mailto:Kristina.Horton@state.de.us)

Enclosure

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<sup>1</sup> Monitoring is broadly defined as including activities examining both compliance and performance issues and encompasses traditional monitoring reviews and technical assistance activities.

# ENCLOSURE

## Background

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The Office of Special Education Programs (OSEP) has a Differentiated Monitoring and Support (DMS) system as a component of Results Driven Accountability to improve results for children with disabilities under the Individuals with Disabilities Education Act (IDEA). DMS is designed to help the Department identify potential grantee risk and to assist OSEP in effectively using its resources to monitor State grantees as they implement the IDEA in their States. DMS addresses State-specific<sup>2</sup> needs in the areas of results, programmatic compliance, State Systemic Improvement Plan (SSIP), and fiscal compliance by differentiating levels and types of monitoring and support based on each State's and Entity's unique strengths, progress, and challenges in each area.

During the 2019 DMS visit to Delaware, OSEP reviewed the State's compliance, fiscal accountability and SSIP systems with a focus on the implementation of Part C IDEA requirements related to timely service provision to infants and toddlers with disabilities and their families.

In reviewing Delaware's systems for compliance under IDEA Part C, OSEP reviewed available documentation and gathered additional information through surveys, focus groups, and interviews with Department of Health and Social Services (DHSS) staff. In addition, at the conclusion of the on-site visit OSEP reviewed additional documentation to verify processes and procedures which had been discussed during the on-site discussion.

OSEP's review of the State's system did not include an examination of the results area because the State received a level of engagement of universal in this area. OSEP will continue to work with the State in the area of results during regularly scheduled phone calls and provide universal technical assistance (TA) through National TA calls, webinars, and documents posted on our websites. Delaware currently receives technical assistance from these OSEP-funded centers: Early Childhood Technical Assistance Center, The Center for IDEA Early Childhood Data Systems, WestEd, National Center for System Improvement, SRI International, and the IDEA Data Center on a regular basis.

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<sup>2</sup> Under IDEA Part C, the term "States" includes each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico and the term "Entities" includes freely associated States, outlying areas, and the Bureau of Indian Education.

## Summary of Findings

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OSEP identified three major findings<sup>3</sup> of noncompliance:

1. **Single Line of Responsibility:** DHSS does not have a single line of responsibility within its department reasonably designed to ensure the general administration and supervision of programs and activities administered by its components and early intervention programs under IDEA Part C, consistent with IDEA Sections 635(a)(10) and 34 C.F.R. § 303.120(a)(1).
2. **Monitoring of Early Intervention Programs and Providers:** DHSS does not have a system reasonably designed to monitor its Early Intervention programs and EIS providers to ensure compliance with IDEA Part C of the Act, as required under IDEA Sections 616(a), 635(a)(10) and 642 and 34 C.F.R. §§ 303.120(a)(2) and 303.700(a) and (b). Specifically, the DHSS monitoring system is not reasonably designed to identify, correct and report findings of noncompliance.
3. **Timely Provision of Services:** DHSS does not provide IDEA Part C services in a timely manner as required by 34 C.F.R. §§ 303.342(e) and 303.344(f)(1) and the State has consistently reported a low level of compliance under its State Performance Plan (SPP)/Annual Performance Report (APR) Indicator 1 for the last five reporting years.

## Delaware's Early Intervention Program Structure

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The lead agency (LA) for the Birth to Three early intervention services (EIS) program (Birth to Three Office) is the DHSS. DHSS' management and oversight of its statewide EIS is unique in that it consists of a shared leadership structure within two of its divisions<sup>4</sup>, the Division of Management Services and the Division of Public Health (DPH).

For purposes of clarity within this letter, the Birth to Three EIS program will be referred to as the Birth to Three Office. Located within the Division of Management Services under DHSS, the Birth to Three Office is responsible for the overall general supervision and administration of the State's

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<sup>3</sup> OSEP has not included as a separate finding of noncompliance one area that the State has worked on since OSEP's monitoring visit, namely ensuring that its data reported in the State Performance Plan/Annual Performance Report (SPP/APR) Indicators 1 7, 8A, and 8C are valid and reliable and appropriately reflect both the documented exceptional family circumstances and do not factor in any correction of findings. During and prior to OSEP's visit, OSEP had noted that the State was allowing its EIS programs to correct data in some instances, but that such corrections were resulting in changes to data being reported. OSEP and the State addressed these issues separately in the Department's revised 2020 IDEA Part C SPP/APR determination for Delaware and the State has indicated to OSEP that the State is continuing to improve its data collection and will report on its improvement in its SPP/APR with the FFY 2019 submission in February 2021.

<sup>4</sup> As of July 1, 2020, DHSS has restructured its components, and the Birth to Three Office has joined Child Development Watch (CDW) under DPH. This report describes the structure in place at the time of the December 2019, monitoring visit, but issues identified in this report are likely to persist unless DHSS takes active steps to address them when implementing its new structure. OSEP appreciates that the DHSS is taking proactive steps to address organization challenges and looks forward to working with DHSS to ensure that changes enacted by the State address the finding in this report.

IDEA Part C grant. Additional responsibilities include the facilitation of a comprehensive and coordinated system of early intervention services for eligible infants and toddlers with disabilities and their families, program monitoring of its EIS programs, compliance under IDEA Part C, submission of Federal reports, and providing training and technical assistance for its staff.

Child Development Watch (CDW), Birth to Three's co-divisional partner, responsible for early intervention service provision and coordination, is located within DHSS' DPH. Additionally, CDW conducts multidisciplinary assessments, individualized family service plan (IFSP) development, and referrals to community services. CDW's regional EIS programs (CDW North and CDW South) are the central points of contact for families entering the State's early intervention system. In the State's FFY 2018 SPP/APR, Birth to Three Office staff reported IFSPs for 1,068 infants and toddlers with disabilities and their families from age birth to three.

### **1. Single Line of Authority**

Under IDEA Section 635(a)(10) and 34 C.F.R. § 303.120(a)(1), the State lead agency must have a single line of responsibility to implement the statewide system of early intervention services and to enforce the requirements under IDEA Part C to all EIS programs and providers used by the State to provide services under IDEA Part C.

As previously stated, DHSS is the LA for the State's IDEA Part C grant, and both the Birth to Three Office and CDW operate under this LA. At the time of the monitoring visit, the Birth to Three Office was under the administration of the Division of Management Services and the CDW Office was under the administration of the Division of Public Health, both located within DHSS. The State's staff acknowledged that while both programs are responsible for some aspect of administration and facilitation of early intervention services within the State the respective responsibilities for the offices are often unclear. Throughout the monitoring visit, staff from both offices reported challenges that have resulted from the programs' shared responsibility for early intervention services.

Specifically, Birth to Three Office staff identified the lack of authority and absence of joint standard operating policies and procedures, such as an intra-agency agreement, as a significant barrier to working with CDW. The Birth to Three Office has reported these challenges to OSEP over years, adding that they contribute to poor and ineffective coordination and implementation of the IDEA Part C program.

Further, Birth to Three Office staff reported there is no formal structure or mechanism in place to ensure that CDW's policies and procedures are consistent with IDEA Part C requirements which has led to misinterpretation and misunderstanding of the IDEA regulations, at the program and provider levels. Similarly, CDW staff reported using their own standard operating procedures to implement components of their EIS programs and admitted that those standards do not fully adhere to the IDEA Part C regulations. While OSEP approved DHSS' IDEA Part C policies and

procedures in 2016, it does not appear the approved policies are used to govern and manage the daily implementation of the IDEA Part C program.

Staff from CDW and the Birth to Three Office acknowledged that inconsistent implementation of policies and procedures and a lack of clarity related to roles and responsibilities has contributed to DHSS' inability to administer and supervise its IDEA Part C program as required under 34 C.F.R. § 303.120(a)(1). OSEP understands that after the monitoring visit DHSS moved the Birth to Three Office into the same division as CDW to establish a single line of authority. DHSS will need to ensure that the new program structure includes policies or procedures to support consistent administration and supervision of the Part C program and resolve intra-agency discrepancies in implementation of the program.

## 2. Monitoring of EIS Programs and Providers

Under IDEA Section 635(a)(10) and 34 C.F.R. §§ 303.120(a)(2) and 303.700, the State lead agency must ensure that it monitors all programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including—

- Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act;
- Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of the noncompliance.<sup>5</sup>

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<sup>5</sup> Reporting on Correction of Noncompliance in the Annual Performance Report required under Sections 616 and 642 of the Individuals with Disabilities Education Act, OSEP Memorandum 09-02 (OSEP Memo 09-02), dated, October 17, 2008, states that in order to verify that previously identified noncompliance has been corrected, the State must verify that the EIS program and/or EIS provider:

1. Has corrected noncompliance for each child, unless the child is no longer within the jurisdiction of the EIS program and/or provider;
2. 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 on-site monitoring or a State data system; and
3. If needed, change, or require each EIS program or EIS provider to change, policies, procedures and/or practices that contributed to or resulted in noncompliance.

In addition, the State must verify that its EIS programs and EIS providers have corrected noncompliance consistent with OSEP Memo 09-02 by:

- Accounting for all instances of noncompliance, including noncompliance identified:
  - a. through the State's on-site monitoring system or other monitoring procedures such as self-assessment;
  - b. through the review of data collected by the State, including compliance data collected through a State data system;and
- c. by the Department; and
- Identifying where (EIS programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance.

Leadership from DHSS reported to OSEP that neither staff from the Birth to Three Office nor CDW conducts program compliance monitoring of their respective EIS programs specific to the IDEA Part C requirements under 34 C.F.R. §§ 303.120 and 303.700. Rather, Birth to Three Office staff reported their IDEA Part C compliance monitoring of CDW consists primarily of chart audit reviews of EIS case files. Specifically, staff from the Birth to Three Office selects a minimum of five charts from each case worker within CDW North and CDW South. Utilizing the quality management chart audit tool, the monitoring team is able to review and document pertinent data such as parental consent date, services within the natural environment, insurance, transition, and Part C timelines. Birth to Three Office staff share the results of their chart audit review with CDW for discussion and program improvement, without issuing findings nor requiring corrective actions consistent with IDEA Part C.

Similarly, to Birth to Three, CDW leadership reported that its monitoring of CDW North and CDW South also consists of internal chart audit reviews of its EIS case files. Following the chart review process, CDW's leadership discusses the outcome of the review with its staff, offers TA, and requests "clean up" and correction of the case files. If noncompliance is identified, CDW does not require corrective actions consistent with the requirements within OSEP Memo 09-02 as they reported relying on Birth to Three to formally determine noncompliance and related corrective actions. Staff from the Birth to Three Office and CDW acknowledged that their chart audit review process is not inclusive of all of the IDEA requirements consistent with IDEA Part C 34 C.F.R. §§ 303.120, and 303.700.

Further, Birth to Three Office staff reported that "per the directive of former leadership from the Division of Management Services," they have not conducted IDEA Part C compliance monitoring of their contractors since 2002 as required under IDEA Part C. Data from the chart audit reviews is used to populate the State's annual SPP/APR to OSEP.

Consistent with IDEA Part C, the State is required to monitor its EIS program components with a focus on improving early intervention and educational results and functional outcomes for infants and toddlers with disabilities. Further, DHSS is required to review its State's systems for compliance with general supervision, collection of State-reported data, and fiscal management, as well as the State's systems for improving child and family outcomes and protecting child and family rights. DHSS is also required to analyze the components of the State's general supervision, data and fiscal systems to determine whether they:

1. are reasonably designed to ensure compliance and improve performance; and
2. reviewed the accuracy of the data that the State submits for selected indicators in the annual SPP/APR.

During the DMS visit, DHSS failed to demonstrate these requirements were implemented within its systems and EIS programs.

***Identification, notification, and correction of noncompliance:***

Under IDEA Section 635(a)(10) and 34 C.F.R. § 303.120(a)(2)(iv), and as detailed in OSEP Memo 09-02, when a State identifies noncompliance, it must ensure that the noncompliance is corrected as soon as possible and in no case later than one year after the identification of the noncompliance. Further, in order to verify that previously identified noncompliance has been corrected, the State must verify that the EIS program and/or provider:

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 on-site monitoring or a State data system; and
2. has corrected noncompliance for each child, unless the child is no longer within the jurisdiction of the EIS program and/or provider.

During the planning phase of the DMS visit, staff from the Birth to Three Office submitted several documents used to evaluate its monitoring processes and procedures. One of those documents included the SPP/APR Indicator 1, Timely Services protocol which was completed by DHSS staff a month prior to the visit. Noted below are a few areas of concerns documented within the protocol reported by staff and directly related to the State's collection, performance and compliance of SPP/APR Indicator 1: the "receipt of incomplete referral information from the service coordinators (such as missing evaluations, insurance information, copies of insurance cards, and scripts). Also included in the protocol was a discussion the impact key EIS staff shortages have on the provision of timely early intervention services within the State."

Neither Birth to Three's Office staff nor CDW provided OSEP with documentation demonstrating that DHSS had issued any findings of noncompliance as a result of its monitoring activities. Further, neither program was able to demonstrate the correction of noncompliance in instances where noncompliance was identified, but no finding was made, whether at the child-specific or systemic levels, consistent with OSEP Memo 09-02.

***Enforcement actions:***

As noted above, Birth to Three Office staff reported to OSEP that they do not currently have the authority to impose any enforcement actions, including the issuance of findings nor corrective action, upon CDW. The governance within DHSS does not provide Birth to Three the authority to issue corrective actions when noncompliance is identified with the State's EIS programs.

The information gathered prior to and during OSEP's visit demonstrates significant deficiencies in the DHSS monitoring system. Monitoring is not conducted to review all programs and activities to ensure compliance with IDEA Part C requirements. Rather, monitoring is limited to a subset of IDEA Part C requirements and when noncompliance is discovered insufficient action is taken to correct noncompliance. Based on this information uncovered during monitoring,

OSEP finds that DHSS is not in compliance the monitoring requirements outlined in 34 C.F.R. §§ 303.120 and 303.700.

### **3. Timely Service Provision – SPP/APR Indicator 1**

The State reports annually to OSEP and the public under Indicator 1 of its SPP/APR on the percentage of eligible children whose IDEA Part C services were timely initiated after the parent signs the IFSP. The State's timely service provision data under Indicator 1 of its SPP/APR reflect a low level of compliance and persistent slippage over the last six reporting years. The State's reported data under this indicator reflect the following percentages for these years:

- FFY 2018 – 55.17%;
- FFY 2017 – 64.54%;
- FFY 2016 – 79.75%;
- FFY 2015 – 79.00%;
- FFY 2014 – 76.08%; and
- FFY 2013 – 88.03%.

The low level of compliance on this indicator, combined with DHSS' four-year trend data from FFY 2014 through 2017, raises significant concerns about the State's ability to implement core IDEA Part C requirements to provide early intervention services in a timely manner to eligible infants and toddlers with disabilities and their families. On January 31, 2020, in its FFY 2018 SPP/APR, the State reported its Indicator 1 (timely provision of service) data at 55.17%, while the Federal target for that indicator is 100% compliance. The State has consistently performed significantly below the compliance rate for this indicator.

During the monitoring visit, DHSS staff explained that while they acknowledge the low trend data for this indicator, a number of factors are contributable to its performance. Specifically, Birth to Three's Office staff reported that DHSS' governance structure has been a primary barrier between CDW's and Birth to Three's ability to coordinate and collaborate on the delivery of timely services for eligible infants and toddlers with disabilities and their families as each program is operating from its own policies and procedures.

Key vacancies in speech and physical therapy were also identified by DHSS staff as a barrier and contributor to delays in timely service provision. While recruiting and hiring qualified staff is always challenging, DHSS reported that the vacancies occur during the same time each year, thus having a direct impact on key staff retention and timely service provision.

The compliance requirement for SPP/APR Indicator 1 is 100%. As noted above, DHSS has reported low compliance with this indicator for several years. Over the past three reporting periods, DHSS' timely services data has consistently been below 76% and during the monitoring visit DHSS staff reported ongoing shortcomings that serve as barriers to providing timely

services to eligible infants and toddlers with disabilities. The State's SPP/APR data along with additional information gathered during the monitoring visits demonstrate that the DHSS system is not currently able to ensure that infants and toddlers with disabilities and their families receive timely services.

## **SSIP**

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OSEP's DMS visit included a discussion with the State regarding its SSIP. Based on OSEP's analysis of the State's FFY 2018 submission, the State was identified as needing 'intensive' engagement for the following reasons:

1. The State has reported on fewer than half of the coherent improvement strategies and/or strands in the theory of action.
2. Evidence-based practices are being implemented to some degree, but no information is provided on fidelity.
3. The State has met its FFY 2017 State-identified Measurable Result (SiMR) target, but has not provided progress monitoring data/interim measures of progress tying the achievement to activities implemented.

Birth to Three staff acknowledged the challenges associated with the implementation of the State's SSIP including governance challenges, competing priorities and staff turnover. To address and resolve the issues impacting the SSIP, stakeholders completed a self-assessment of the State's EIS programs. Stakeholders provided input on service provision, programming strengths and challenges impacting implementation of the SSIP, TA, and applicable next steps. The needs assessment was shared with OSEP and it provided insight into similar challenges that OSEP identified while on-site including service provision, quality early intervention services, disjointed collaboration at the program-level and provider concerns.

OSEP advised the State to assess its overall implementation of the SSIP and its activities and provided guidance and TA related to areas for improvement including those listed above. Further, OSEP encouraged the State to continue to use existing resources, develop short-term objectives and a plan to evaluate its outcomes. Additionally, OSEP encouraged the State to identify the steps it will take to further align their improvement strategies, evidence-based practices, progress monitoring data and leverage other initiatives and programs within the State.

OSEP acknowledged DHSS' inclusion of diverse stakeholders throughout the process. Additionally, OSEP staff explained that as DHSS prepares the Phase III submission, to clearly articulate the activities, steps, and resources required to implement the coherent improvement strategies, with attention to the research on evidence-based practices and implementation, timelines for implementation, and measures needed to evaluate implementation and impact on meeting the State's targets.

OSEP looks forward to reviewing the State's FFY 2019 SPP/APR to be submitted in February 2021 regarding its continued implementation of its Phase III SSIP and will continue to provide TA to the State in preparation for next year's Phase III submission.

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### **OSEP Conclusions**

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As a result of OSEP's monitoring of DHSS' IDEA Part C program, OSEP has identified the following three findings of noncompliance:

**Finding 1:** DHSS does not have a single line of responsibility within its department reasonably designed to ensure the general administration and supervision of programs and activities administered by its components and early intervention programs under IDEA Part C, consistent with IDEA Sections 635(a)(10) and 34 C.F.R. § 303.120(a)(1).

**Finding 2:** DHSS does not have a system reasonably designed to monitor its early intervention programs and EIS providers to ensure compliance with IDEA Part C of the Act, as required under IDEA Sections 616(a), 635(a)(10) and 642 and 34 C.F.R. § 303.120(a)(2) and 303.700(a) and (b). Specifically, the DHSS monitoring system is not reasonably designed to identify, correct and report findings of noncompliance.

**Finding 3:** DHSS does not provide IDEA Part C services in a timely manner as required by 34 C.F.R. §§ 303.342(e) and 303.344(f)(1) and (2) the State has consistently reported a low level of compliance under its SPP/APR Indicator 1 for the last five reporting years.

### **Required Actions/Next Steps**

Within 60 days from the issuance of this letter, the State must submit for OSEP's approval a corrective action plan that addresses each of the three findings of noncompliance identified above and includes the following submissions by the State. The State must submit:

1. By May 1, 2021, an intra-agency agreement and/or updated policies and procedures, that include provisions for how the Birth to Three Office and CDW will ensure consistency in implementing the IDEA Part C requirements and ensure that the State lead agency, DHSS, can implement the single line of authority requirements under 20 U.S.C. 1435(a)(10) and IDEA 34 C.F.R. § 303.120.
2. With its FFY 2020 IDEA Part C grant application, the State's revised monitoring policies and procedures under IDEA Sections 616, 635(a)(10)(A), and 642, and

34 C.F.R. §§ 303.120 and 303.700, including its monitoring schedule and the tool the State will use to monitor its EIS program and providers.

3. With its FFY 2019 SPP/APR clarification submission in April 2021, the State must provide updated FFY 2020 data under SPP/APR Indicator 1 for the period July 1, 2020 through December 31, 2020 and if the data demonstrate noncompliance, the State's plan to ensure appropriate early intervention services are timely provided to all infants and toddlers with disabilities and their families as required by IDEA Section 636 and 34 C.F.R. § 303.342(e).
4. By June 1, 2021, the State must provide updated FFY 2020 data under SPP/APR Indicator 1 for the period January 1, 2021 through May 31, 2021 and if the data demonstrate noncompliance, the State's plan to ensure appropriate early intervention services are timely to all infants and toddlers with disabilities and their families as required by IDEA Section 636 and 34 C.F.R. § 303.342(e).

# DMS NOTICE

## **Differentiated Monitoring and Support Engagement Decisions: *Delaware* 2019-2020**

This year we have selected four States for on-site visits as part of OSEP's Differentiated Monitoring and Support (DMS) system. These selections were based on the relative number of intensive and targeted Levels of Engagement (LOEs) across all states. **Your State has been selected for an on-site visit.**

OSEP's Differentiated Monitoring and Support (DMS) system is a component of Results Driven Accountability. DMS is designed to identify potential grantee risk to the Department and to assist OSEP in effectively using its resources to monitor grantees. DMS addresses State-specific needs in the areas of results, compliance, State Systemic Improvement Plan (SSIP), and fiscal by differentiating levels and types of monitoring and support based on each State's unique strengths, progress, and challenges in each area.

DMS is a multi-tiered model for monitoring and providing support based on the principle that supports are first provided at a core or universal level to effectively address the needs of all States. Targeted monitoring and support is generally based on OSEP's identification of common needs among multiple States. Intensive monitoring and support is reserved for those States with the most intense or complex challenges to implementation.

OSEP has assessed States' and Entities' progress in meeting performance standards and compliance with the legal requirements of the Individuals with Disabilities Education Act, the Education Department General Administrative Regulations and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This information was used to help OSEP make decisions about a State's or Entities' levels of engagement for monitoring and support.

The charts below specify your State's level of engagement in each area – results, compliance, fiscal and SSIP.

**Results | Level of Engagement: *Universal***

<b>Factors</b>	<b>Existing/Current Engagement</b>
<ul style="list-style-type: none"> <li>Factors are only listed when the level of engagement is targeted or intensive.</li> </ul>	OSEP continues to make information and technical assistance (TA) resources available and provide universal support to all States.

**New Engagement**

OSEP will provide universal support to improve data quality and child performance outcomes related to positive social relationships, skills and knowledge.

**Fiscal | Level of Engagement: *Targeted***

<b>Factors</b>	<b>Existing/Current Engagement</b>
<ul style="list-style-type: none"> <li>State has had a change in the Part C Coordinator position within the past two years.</li> <li>State has lapsed Part C funds of 1% or more from FFY 2016 grant.</li> </ul>	OSEP continues to make information and TA resources available and provide universal support to all States.

**New Engagement**

OSEP will contact the State and discuss the level of engagement and possible technical assistance activities to address the State’s specific needs. This may include establishing a schedule of regular contact with the State to determine the root cause of any fiscal issue and identify next steps for improvement.

**Compliance | Level of Engagement: *Intensive***

<b>Factors</b>	<b>Existing/Current Engagement</b>
<ul style="list-style-type: none"> <li>Indicator 1: Timely service provision — 65.54%.</li> </ul>	OSEP continues to make information and TA resources available and provide universal support to all States.

**New Engagement**

OSEP will gather additional information to determine the scope of engagement necessary to assist the State in improving IDEA compliance. This may include working collaboratively with the State and OSEP-funded technical assistance centers, working with the State to conduct a root cause analysis of the factors that contributed to low compliance, and /or additional OSEP monitoring.

**SSIP | Level of Engagement: *Intensive***

<b>Factors</b>	<b>Existing/Current Engagement</b>
<ul style="list-style-type: none"> <li>The state has reported on fewer than half of the coherent improvement strategies and/or strands in the theory of action. No data is being collected.</li> <li>Evidence-based practices are being implemented to some degree, but no information is provided on fidelity.</li> <li>The State has met its FFY 2017 SiMR target, but has not provided progress monitoring data/interim measures of progress tying the achievement to activities implemented.</li> </ul>	OSEP continues to make information and TA resources available and provide universal support to all States.

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## **New Engagement**

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OSEP will offer to provide the State intensive technical assistance and support in its work to improve the SSIP in areas such as evidence-based practices, evaluation planning, or stakeholder engagement. OSEP will offer to establish a schedule of regular contact with the State, explore improvement activities, and discuss the progress and effectiveness of the activities currently underway in the State. OSEP will also work collaboratively with OSEP-funded TA providers and may, if necessary, explore opportunities for onsite technical assistance in the State.