



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

MAY -7 2004

Honorable D. Kent King
Commissioner
Missouri Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480

Dear Commissioner King:

The purpose of this letter is to inform you of the results of the Office of Special Education Programs' (OSEP's) recent verification visit to Missouri. As indicated in my letter to you of September 9, 2003, OSEP is conducting verification visits to a number of States as part of our Continuous Improvement and Focused Monitoring System (CIFMS) for ensuring compliance with, and improving performance under, Parts B and C of the Individuals with Disabilities Education Act (IDEA). OSEP staff conducted the verification visit to Missouri during the week of December 8, 2003.

The purpose of our verification reviews of States is to determine how they use their systems for general supervision, State-reported data collection, State-wide assessment to assess and improve State performance, and to protect child and family rights. The purposes of the verification visits are to: (1) understand how these systems work at the State level; (2) determine how the State collects and uses data to make monitoring decisions; and (3) determine the extent to which the State's general supervision systems are designed to identify and correct noncompliance and improve performance.

As part of the verification visit to the Missouri Department of Elementary and Secondary Education (DESE), OSEP staff met with Melodie Friedebach, Assistant Commissioner for Special Education, and members of DESE's staff who are responsible for: (1) the oversight of general supervision activities (including monitoring, mediation, complaint resolution, and impartial due process hearings) and (2) the collection and analysis of State-reported data. Prior to and during the visit, OSEP staff reviewed a number of documents, including the State's Part C Application, Self-Assessment, and Improvement Plan, and submissions of data under Section 618 of the IDEA, as well as other information and documents.¹ OSEP also conducted a conference call on November 17, 2003 with the Co-Chairs of the State Interagency Coordinating Council, to hear their perspectives on the strengths and weaknesses of the State's systems for

¹ Documents reviewed as part of the verification process were not reviewed for legal sufficiency but rather to inform OSEP's understanding of your State's systems.

general supervision, and data collection and reporting. DESE staff also participated in the call and assisted us by inviting the participants.

The information that Ms. Friedebach and her staff provided during the OSEP visit, together with all of the information that OSEP staff reviewed in preparation for the visit, greatly enhanced our understanding of DESE's systems for general supervision, and data collection and reporting.

General Supervision

In looking at the State's general supervision system, OSEP collected information regarding a number of elements, including whether the State: (1) has identified any barriers (e.g., limitations on authority, insufficient staff or other resources, etc.) that impede the State's ability to identify and correct noncompliance; (2) has systemic, data-based, and reasonable approaches to identifying and correcting noncompliance; (3) utilizes guidance, technical assistance, follow-up, and, if necessary, sanctions to ensure timely correction of noncompliance; (4) has dispute resolution systems that ensure the timely resolution of complaints and due process hearings; and (5) has mechanisms in place to compile and integrate data across systems (e.g., 618 State-reported data, due process hearings, complaints, mediation, large-scale assessments, previous monitoring results, etc.) to identify systemic issues and problems.

DESE is in the process of implementing the Improvement Plan that the State submitted to OSEP on July 16, 2003, in conjunction with the State's Federal Fiscal Year (FFY) 2001 Annual Performance Report (APR). OSEP is responding to the State's FFY 2001 APR and the Improvement Plan in a separate letter (enclosed). The State's Improvement Plan included strategies to address the areas of noncompliance identified by the State in its 2002 Self-Assessment and in OSEP's March 20, 2003 letter responding to the State's Self-Assessment. These areas of noncompliance included a lack of effective monitoring procedures to ensure timely correction of identified deficiencies. Based on OSEP's review of DESE's monitoring system during the verification visit, OSEP finds that DESE is not implementing effective procedures for identifying noncompliance that address all Part C requirements and all agencies that provide Part C services and that DESE's monitoring procedures continue to be ineffective in ensuring the timely correction of identified noncompliance.

DESE's APR included as proposed evidence of change that "all agencies, institutions, and organizations used by the State to carry out its Part C system are meeting compliance with all Federal and State regulations implementing Part C of IDEA" and that all agencies "have been monitored and that areas of noncompliance have been identified and corrected in a timely manner." As noted in the enclosed letter responding to the State's FFY 2001 APR, DESE must within a reasonable period of time, not to exceed one year from the date of this letter, correct the areas of noncompliance and provide documentation to OSEP, no later than 30 days after one year from the date of this letter, demonstrating that it has corrected all of the areas of noncompliance identified in OSEP's March 20, 2003 letter and in this verification letter. OSEP cannot determine at this time whether DESE's improvement strategies will result in correction of the areas of noncompliance and asks that DESE keep OSEP informed of the State's progress in correcting the identified noncompliance through its submission of the FFY 2003 APR and the progress reports required in the enclosed APR letter.

Structure of Missouri's "First Steps" Part C Early Intervention System

Prior to the redesign, described below, DESE entered into interagency agreements with the Department of Health (DOH) [renamed the Department of Health and Senior Services (DHSS)] and the Department of Mental Health (DMH) to have their local health and mental health department agencies serve as the local lead agencies for First Steps and provide early intervention services to Part C-eligible infants and toddlers and their families throughout the State.

In 1999, Missouri began to redesign its First Steps early intervention system. The principle new components of the redesigned system are: (1) regional System Points of Entry (SPOEs); (2) a Central Finance Office (CFO); (3) a new State-wide data system; (4) a new Part C monitoring system; (4) a new Competency-Based Credentialing System for service providers and service coordinators; (5) a new Comprehensive System of Personnel Development (CSPD), including a Quality Assurance subgroup; and (6) the development of common statewide Individualized Family Service Plan (IFSP) forms and other forms linked to a single data system.

Under the redesigned First Steps system, the SPOEs have replaced the local health and mental health agencies as the local First Steps lead agencies, and the new delivery system for First Steps consists of the SPOEs and independent contract early intervention providers. There are 26 SPOEs throughout the State, selected by the Local Interagency Coordinating Councils (LICCs) and funded through contracts with DESE, which cover all 114 counties in the State; some SPOEs serve individual counties, while others cover a cluster of counties.

Each SPOE is the local entity that is responsible for ensuring that the Part C Program is carried out at the community level in its region and is responsible for: (1) intake service coordination activities, which include ensuring that evaluations and assessments for Part C eligibility determinations are conducted and initial IFSP meetings are convened within the 45-day timeline; (2) data gathering, entry, and record maintenance functions; (3) infant tracking system responsibilities; and (4) all data entry for initial, annual, and updated IFSPs for its service region. SPOEs provide intake service coordination to families, and families have the option of keeping an ongoing service coordinator provided through the SPOE or selecting an independent ongoing service coordinator. SPOEs, however, may not provide other early intervention services. SPOE staff must attend training and meet credentialing requirements, as required by their contracts with DESE. In March 2002, the State implemented the system redesign structure (i.e., the SPOE structure and the CFO system) in the first five "Phase I" SPOEs, covering 18 counties. In March 2003, the State implemented the SPOE structure and the CFO system in the remaining 21 "Phase II" SPOEs, covering the rest of the State.

DESE's Division of Special Education (DSE) is responsible for implementation of the State's First Steps Part C early intervention system for infants and toddlers, as well as its Part B special education system for children ages three through twenty-one. In an effort to move towards a birth through 21 seamless system, DESE restructured the DSE, dividing it into four sections, each of which has oversight responsibilities for both Part B and Part C: (1) the Compliance Section (responsible for handling monitoring, complaints, surrogates, due process and mediation

requests, compliance-related technical assistance); (2) the Funds Management Section; (3) the Data Coordination Section; and (4) the Effective Practices Section.

Identification of Noncompliance

Part C provides, at 34 CFR §303.501, that the Lead Agency is responsible for: (1) the general administration and supervision programs and activities receiving assistance under Part C; and (2) the monitoring of programs and activities used by the State to carry out Part C, whether or not these programs or activities are receiving assistance under Part C, to ensure that the State complies with Part C. As detailed below, the Lead Agency: (1) conducted no Part C monitoring from 1999 to 2002; (2) began again to monitor in late 2002, but to date is monitoring SPOEs, but no other agencies providing Part C services (and its current monitoring is limited, therefore, to the subset of requirements for which SPOEs are responsible); and (3) does not plan to begin to implement the final stage of its new monitoring system (which will address all providers of Part C services regarding all Part C requirements) until July 1, 2005, and to have all of the components of the new monitoring system in place throughout the State until June 2006. Accordingly, OSEP finds that DESE is not meeting its responsibility under 34 CFR §303.501 to monitor all agencies that provide Part C services for compliance with all Part C requirements.

OSEP conducted a targeted monitoring review of Missouri's Part C system in April 1997. At the time of OSEP's 1997 visit, DESE was monitoring local Part C programs and agencies, but principally allowed the Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS) to maintain general supervision and oversight of their local agencies which provided early intervention services.

The State acknowledged in its 2002 Self-Assessment and during OSEP's December 2003 verification visit, that DESE discontinued all Part C monitoring in 1999, and did not resume any Part C monitoring until October 2002. DESE explained that it discontinued its Part C monitoring while it was working on redesigning its First Steps system, and first recommenced Part C monitoring by conducting monitoring reviews of the five Phase I SPOEs in the fall of 2002.² The State, in monitoring these first five SPOE regions, did not monitor vendor-contract service providers and independent ongoing service coordinators because this monitoring was limited to the SPOEs, which provide only service coordination services. In this monitoring, DESE only addressed requirements related to initial evaluation and assessment, development of the initial IFSP, and service coordination.

In November 2003, DESE began a three-staged process of implementing its new Part C Monitoring System. During OSEP's December 2003 visit, DESE staff confirmed, as shown in the documents posted on its web-site, that DESE: (1) began to implement Stage I in November 2003; (2) will begin to implement Stage II in July 2004; (3) will begin to implement Stage III in July 2005; and (4) will have all of the components of the new monitoring system in place throughout the State by June 2006. At the time of OSEP's December 2003 verification visit, DESE was still designing many of the details of the monitoring system and, as explained above, will phase in many components of the system over the next two-and-a-half years.

² DESE used its old monitoring procedures to conduct the 2002 reviews of the Phase I SPOEs.

According to DESE's revised monitoring documents, its current ("Stage I") monitoring process monitors SPOEs, including intake service coordinators and other SPOE personnel, for compliance with requirements related to: (1) Part C eligibility determinations; (2) initial evaluations and assessments; (3) initial IFSP development (compliance with the 45-day timeline and requisite initial IFSP content); (4) intake service coordinators' responsibilities, including parent rights and notifications; (5) data accuracy; and (6) early childhood transition requirements for children who are not referred to Part C until they are close to age three. In addition, the CFO monitors personnel standards and provider credentials as part of its provider enrollment functions. At the time of OSEP's verification visit in December 2003, DESE was in the process of conducting: (1) follow-up monitoring in the five Phase I SPOEs to determine the extent to which each SPOE has corrected noncompliance that DESE identified in its 2002 monitoring reviews; and (2) initial compliance monitoring in the 21 Phase II SPOEs. As with the 2002 reviews of the Phase I SPOEs, the 2003 reviews of the Phase II SPOEs only addressed requirements related to initial evaluation and assessment, development of the initial IFSP, and service coordination. Thus, as of December 2003, DESE had yet to monitor service providers other than intake service coordinators, and to monitor for most Part C requirements, including those related to: (1) child find and public awareness; (2) service coordination (other than that provided by a SPOE); (3) the development of IFSPs (other than those developed by a service coordinator employed by a SPOE); (4) the implementation of IFSPs; and (5) transition from Part C services to preschool special education or other appropriate services (except for children who are not referred to Part C until they are close to age three).

DESE informed OSEP that its Stage II monitoring, commencing in July 2004, will expand Part C monitoring to include monitoring of ongoing service coordinators and other service providers. The expanded focus areas of the monitoring will include all ongoing service coordinators' responsibilities, including communicating and coordinating with parents/providers/the SPOE, conducting six-month and annual reviews of IFSPs, and monitoring the provision of services, ensuring that services are provided in accordance with the IFSP and Part C requirements, including the natural environment settings requirements and documenting justifications for other service settings. However, monitoring strategies regarding how DESE intends to implement its monitoring of service providers and ongoing service coordinators, and the focus areas for monitoring of service providers are still "to be determined."

Stage III monitoring will expand the State's Part C monitoring to include child find and public awareness (including disability incidence rates, age at identification, and disproportionality), improved child and family outcomes, and compliance with interagency agreements and memoranda of understanding (MOUs).

DESE described the procedures it is implementing to use data to focus its monitoring reviews of SPOEs. DESE staff conducts a pre-visit desk review of each SPOE. As part of the pre-visit review, the Data Coordination Section: (1) develops a "Risk Factor Summary" chart, broken-down by SPOE, including data covering various compliance and performance issues, as well as the number of complaints and due process hearing requests; and (2) develops a fact sheet regarding each SPOE that the Compliance Section is scheduled to monitor. In addition, Compliance Section staff reviews a sample of child and family records and any complaints/due

process hearing requests from the SPOE. The Compliance Section uses all of these data to focus its on-site data collection and checks the data that the SPOE has entered into the data system against a sample of child and family records.

When DESE's Compliance Section monitors visit a SPOE, they conduct on-site file reviews and interview the SPOE coordinator and staff, utilizing DESE's Part C Compliance Standards and Indicators. At this point in time, DESE monitoring staff does not interview parents, providers, or other stakeholders as part of the State's monitoring visit, but DESE is planning to develop family/providers surveys and is contemplating other proposals obtain more information and broader participation in the State's Part C monitoring.

Correction of Noncompliance

As detailed below, OSEP finds that DESE is not meeting its responsibility under 34 CFR §303.501(b)(4) to ensure the timely correction of noncompliance.

The State's 2002 Self-Assessment identified areas of noncompliance cited in previous State monitoring from 1996 through 1999, before the development and implementation of the First Steps System Redesign, which remained uncorrected when the State submitted the Self-Assessment. Accordingly, OSEP's March 20, 2003 Self-Assessment stated that the State was not complying with the requirement of 34 CFR §303.501(b)(1) and (4) that the Lead Agency correct deficiencies that are identified through monitoring.

The State's FFY 2001 Part C APR, dated July 16, 2003, included monitoring data showing that the State still had not ensured correction of some of the previously identified noncompliance. Specifically, when DESE monitored the five Phase I SPOEs in 2002, it found that: (1) all five of these Phase I SPOEs were failing to meet the requirement that the initial evaluation and assessment be completed, and an initial IFSP meeting held, within 45 days from referral; (2) all five SPOEs were failing to appropriately apply eligibility criteria; and (3) three SPOEs were not providing adequate notice and obtaining consent for evaluation and the provision of early intervention services.

During the verification visit, OSEP reviewed DESE's monitoring reports from the Phase I SPOEs and found that those reports combine areas of concern and findings of noncompliance and do not make clear the specific noncompliance that the SPOE must correct. Further, DESE has not required SPOEs to submit corrective action plans or other documentation of correction. As noted above, during the fall of 2003, DESE began to conduct follow-up visits to determine whether the Phase I SPOEs had corrected the noncompliance that DESE found during the monitoring reviews in 2002. At the time of OSEP's December 2003 verification visit, DESE did not yet have any documentation of its findings in these follow-up reviews.

In addition, DESE has established an “80%” compliance standard, pursuant to which DESE does not find an agency in noncompliance or require any corrective action, so long as 80% of the files DESE reviews meet a particular Part C requirement. Thus, DESE would find no noncompliance and would not require any corrective action if 19% of the files DESE reviewed did not meet a requirement. This standard and practice are inconsistent with the requirement, at 34 CFR §303.501(b)(4), that DESE ensure the correction of all identified noncompliance.

During the verification visit, staff explained that DESE is considering ways in which it can strengthen its procedures for determining whether agencies have corrected noncompliance. For example, DESE is considering addressing queries to its data system to determine whether agencies have corrected noncompliance findings related to issues like the 45-day timeline for completion of initial evaluations and assessments and convening an IFSP meeting. DESE officials also discussed changing the roles and responsibilities of the regional facilitators/consultants to incorporate their involvement in follow-up monitoring and oversight of SPOEs, ongoing service coordinators, and service providers.

DESE’s FFY 2001 APR included strategies that address how the State will ensure that its monitoring procedures are effective in identifying and correcting noncompliance. The APR stated that DESE would develop “monitoring procedures that will include monitoring of all agencies, institutions and organizations used by the State to carry out its Part C system and that will be effective in identifying and correcting any areas of noncompliance identified through monitoring activities.” In the interim progress report on DESE’s implementation of the Improvement Plan required in the attached APR letter, DESE must include the specific steps it is taking, and the progress it is making, to ensure that it is implementing effective monitoring procedures for identifying noncompliance that address all agencies providing Part C services, including service providers and ongoing service coordinators, and all Part C requirements. The interim progress report must also include the specific steps that DESE is taking, and the progress it is making, to ensure that it is implementing effective procedures for correcting all identified noncompliance no later than one year after DESE identifies the noncompliance (i.e., that it is implementing procedures that are effective in ensuring timely correction of all noncompliance, including noncompliance in less than 20% of the reviewed files). In addition, the interim progress report must report on the State’s progress in conducting: (1) follow-up monitoring in the five Phase I SPOEs to determine the extent to which each SPOE has corrected noncompliance that DESE identified in its 2002 monitoring reviews; (2) initial compliance monitoring in the 21 Phase II SPOEs; (3) Stage II monitoring of ongoing service coordinators and other service providers; and (4) Stage III monitoring.

State Complaints and Due Process Hearings

The State’s July 2003 Part C APR showed that DESE received two Part C complaints during the period from October 1, 2001 through September 30, 2002. During the verification visit, DESE provided OSEP with a Child Complaint Log, covering the period from July 1, 2002 through November 30, 2003, indicating that DESE received a total of 18 Part C complaints in the past 18 months; four of which the complainant subsequently withdrew. The complaint log showed that it resolved the 14 complaints within 60 calendar days. DESE staff further stated that DESE has received no Part C due process hearing requests or mediation requests in the last year.

Data Collection under Section 618 of the IDEA

In looking at the State's system for data collection and reporting, OSEP collected information regarding a number of elements, including whether the State: (1) provides clear guidance and ongoing training to local programs/public agencies regarding requirements and procedures for reporting data under section 618 of the IDEA; (2) implements procedures to determine whether the individuals who enter and report data at the local and/or regional level do so accurately and in a manner that is consistent with the State's procedures, OSEP guidance, and section 618; (3) implements procedures for identifying anomalies in data that are reported, and correcting any inaccuracies; and (4) has identified any barriers (e.g., limitations on authority, sufficient staff or other resources, etc.) that impede the State's ability to accurately, reliably and validly collect and report data under section 618.

OSEP believes that DESE's system for collecting and reporting data is a reasonable approach to ensuring the accuracy of the data that DESE reports to OSEP under section 618.

When a SPOE receives a referral, the Intake Coordinator enters the initial information into the data-base, including identifying data for the child, the referral source, family information, and the date of intake. If the child is determined to be eligible, the Intake Coordinator enters the reason for eligibility and conducts an initial IFSP meeting. At the initial IFSP meeting, the participants: (1) discuss early intervention services for the child and family; (2) make service authorizations based upon the parents' choice of providers and the team's decisions regarding frequency and intensity of services; and (3) determine the primary setting. An Ongoing Service Coordinator continues to work with the family around their service plan and provides updated information to the SPOE via paper and pencil. There will be a new web-based data-system, implemented by July 2004, which will allow Ongoing Service Coordinators to access the database and make changes.

DESE staff informed OSEP that the staff from each SPOE received training from DESE regarding use of the new data system and that ongoing training is provided at the SPOE level for new staff. In addition, the CFO Contractor: (1) has developed a First Steps Early Intervention SPOE Software Reference Manual, which is available electronically and provides guidance regarding using the data system; (2) sends data system updates to the SPOEs as needed; and (3) provides ongoing technical assistance around software issues and other technical issues. DESE provides technical assistance regarding programmatic issues.

DESE staff informed OSEP that Missouri uses OSEP's definitions for early intervention services, settings, and race/ethnicity. They further explained that DESE's data system can disaggregate child count and program setting data, by age, race, and ethnicity.³

³ OSEP noted that Missouri's 2002 Services Data Table (618 Data Table) regarding early intervention services provided during the year included no data for respite care services. DESE staff explained that under the old data system, the State had reported respite care services as early intervention services, but there is no field in the new data system in which to record respite care as an early intervention service. Therefore, the data that DESE has received from SPOEs and the 618 data that the State has reported to OSEP have not included data regarding the number of children and families receiving respite care services. DESE has agreed to revise its data system to ensure that data

OSEP inquired as to DESE's procedures for collecting and reporting exiting data. DESE staff explained that DESE's new data system contains four additional exiting categories, beyond the standard exiting categories set forth by OSEP:

1. DESE currently reports a parent refusal of a referral for Part B services in the 618 Exiting Data Table as "withdrawal by parent." In the future, DESE will report this under "Part B eligibility not determined."
2. The new data system includes a "not specified" category as a standard field when it was purchased, but DESE staff reported that the SPOEs should not be using this unspecified category. At first, the SPOEs used this unspecified category when they were unsure of the reason for exiting.
3. There is an exiting category to indicate that a SPOE refused a referral for evaluation, used when the SPOE realizes that the child is clearly ineligible for early intervention services.
4. The fourth exiting category is used for children who move from one SPOE to another SPOE. A child is exited from the system and then reentered by the new SPOE. The new web-based data-system, to be implemented by July 2004, will allow a transfer from one SPOE to another without having to reenter the data again.

DESE calculates personnel data by adding the total number of services provided in each category divided by the average provider caseload to get the full-time equivalents (FTEs) reported for personnel under the present data-system. DESE staff reported that the Personnel Data Table is the one data table that they still do not have full confidence in, so DESE's future plan is to review billed service hours as a way to report more accurate personnel data.

SPOEs electronically send the data to the CFO in nightly batch files. The CFO compiles the data and puts them into an ACCESS database, which it sends to DESE twice a month. DESE's Data Coordination Section "cleans up" the data, conducting edit checks following up with the SPOEs regarding missing data or discrepancies in the data submissions. DESE then runs queries to compile First Steps SPOE Data Reports on a monthly basis, which it posts on its web-site. DESE runs similar queries to aggregate and disaggregate data to complete the annual 618 data tables. In addition, the Data Coordination Section runs ad-hoc queries to support DESE's monitoring of SPOEs and to address individual SPOE problems and concerns (e.g., issues regarding the 45-day timeline and timely transition meetings).

In addition, DESE's Compliance Section monitors data accuracy as one component of the its Part C monitoring system. Staff reported that no glaring data inaccuracies have been found since March 2003, when the First Steps SPOE system was fully implemented and data accuracy monitoring comparisons were first made.

regarding the provision of respite care as an early intervention service are accurately reported.

The State will implement a web-based data-system by July 2004, which will eliminate some problems with the current system. Currently, there are three sources that DESE has to look at in order to see the total picture, i.e., the SPOE database, the ACCESS database and the CFO for provider information and financial information. The new web-based data-system will include a system utilization and review server (SURS), which will have the capacity to identify discrepancies between provider billings and IFSP service authorizations.

Prior to the implementation of the SPOE system, the Department of Mental Health (DMH) and Department of Health and Senior Services (DHSS) entered data into the 618 data tables and submitted them to DESE. DESE then combined these data reports into one 618 data report. DESE staff shared some concerns with the old process, such as under-reporting, duplications and data inaccuracies. DESE staff stated that, with regard to the State's December 1, 2002 child count/618 data submission, DESE requested a list of specific children served by DMH and DHSS as a check to eliminate some of these child data inaccuracies. During the period from December 2002 to March 2003, involving the implementation of the Phase II SPOEs, there was a challenge pertaining to the reporting of children ("conversion children") exiting the First Steps system during this period, on the 618 Exiting Table, who were not converted and enrolled into the new First Steps SPOE system. DESE staff stated that the conversion process did not affect any other data used in completing other 618 data tables.

DESE has an internal First Steps team, which, for the last year, has focused on getting the SPOE system up and running. DESE staff reported that presently they do not capture child and family outcome data, but will be working on developing a plan and a system to collect and analyze outcome data. DESE staff also stated that they do not currently use the State's data system to implement and target the State's public awareness and child find efforts. However, the State does track trend data and plans to coordinate with the State Interagency Coordinating Council to further utilize data captured in its new data-system in developing performance goals and indicators for continuous improvement.

OSEP believes that DESE's SPOE data system for collecting and reporting data is a reasonable approach to ensuring the accuracy of the data that DESE reports to OSEP under section 618. However, OSEP suggests that DESE should continue to work on developing methods to more accurately capture and report its Part C personnel data. In addition, the State should continue to develop and enhance its web-based data-system and formulate data-base methodologies and queries to better analyze child, family and program data for public awareness and child find and other programmatic purposes and to assess and improve child and family outcomes through their participation in the First Steps early intervention system.

Conclusion

We appreciate the cooperation and assistance provided by your staff during our visit and look forward to collaborating with Missouri as you continue to work to improve results for children with disabilities and their families.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie J. Smith Lee".

Stephanie Smith Lee

Director

Office of Special Education Programs

cc: Ms. Melodie Friedebach