**Monthly Count Directions**

**Updated 1/2012**

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| **Data reported on the monthly count reflects the status of the program on the first day of the month. Data is a “snapshot” from the second**  **day of the previous month to the first day of the current month. For example, data for the number of children who exit on the October Monthly Count, should be the number of children who left the program from September 2nd to October 1st.** |  |
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| **A. EI/ECSE Monthly Child Count (columns 1-8)** |  |
| **Column 1** Record the number of referrals to the Early Intervention program from the 2nd day of the month to the first day of the current month. Include only children who are new referrals to the program. **Do not** include children reported on an earlier monthly child count unless they are going through the referral process again.  **Column 2:** Record the number of referrals to the Early Childhood Special Education program from the 2nd day of the month to the first day of the current month. Include only children who are new referrals to the program. **Do not** include children reported on an earlier monthly child count unless they are going through the referral process again. |  |
| **Column 3:** Record the total number of children who qualify for EI services and have IFSPs. |  |
| **Column 4:** Record the total number of children who qualify for ECSE services and have IFSPs. | |
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| **Column 5:** Record the total number of children (EI and ECSE) who were evaluated and qualify for services (new referrals only).  **Column 6:** Record the total number of children (EI/ECSE) who exit from services. |  |
| **Column 7:** Record the total number of children (EI/ECSE) who were screened & not referred for an evaluation.  **Column 8:** Record the total number of children (EI/ECSE) evaluated who did **not** qualify for EI or ECSE services. |  |
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| **B. Monthly Count: 45 Day Timeline, for EI only (columns 9-19)**  **Column 9:** Record the total number of EI children who completed the **EI** evaluation, eligibility and initial IFSP meeting.  **Column 10:** Of the total in column #9, record how many completed the process within 45 days of referral.  **Column 11:** Of the total in column #9, record how many completed the process, but not within 45 days of referral (please complete 45 day CAP).  **Column 12:** Record the number of children who have not completed the process after 45 days of referral (do not complete CAP at this point).  **Column 13-19:** How many children dropped out of the process? Please complete columns #14-19, to indicate the reason (child moved out of state,etc.) |  |
| **C. Corrective Action Plan (CAP)**  This form notifies ODE of the program’s progress in completing EI evaluations, eligibilities and initial IFSP meetings within 45-days. It also informs ODE of any technical assistance requests. |  |
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| Please e-mail your completed CAP form to your area contractor, with the other Monthly Count data. Area contractors, please forward your completed monthly count to Holly Reed Schindler ([holly.reed.schindler@state.or.us](mailto:holly.reed.schindler@state.or.us)).  **CAP Form Contents** |  |
| **Child initials and birth-date:** |  |
| Record child initials and birth-dates for children who’s EI evaluation, eligibility and initial IFSP meeting |  |
| (for children found eligible for services) was **not** completed within 45-days. |  |
| **Number of days to complete**: |  |
| Record the number of days from referral to eligibility and initial IFSP meeting (for children found eligible for EI services) for each child. |  |
| **Reason why 45-day timeline was not met:** |  |
| For each child list the reason why the 45-day timeline was not met. |  |
| **Analysis of reasons timeline not met:** |  |
| Review and analyze the reasons why the 45-day timeline was not met. Use the analysis to generate solutions |  |
| to meeting the 45-day timeline. For example, if a program finds that they are unable to complete evaluations |  |
| because of difficulty assigning evaluations to staff, the program may decide to reassign staff or to hire additional staff. |  |
| **Previous corrective action activities:** |  |
| List the corrective action activities that were planned in previous months. |  |
| **Status of corrective action activities, including changes based on current analysis:** |  |
| Report the status of corrective action activities (for example, implemented or partially implemented) and |  |
| include any changes to the activities that the program plans to make based on the current analysis.  **Technical Assistance:** |  |
| List technical assistance your program wants to assist it in meeting the 45-day timeline. Technical assistance |  |
| may be provided by your area contractor, ODE staff or by staff from another program. Specific information |  |
| about your request assists in finding someone to help you. |  |
| **ODE Liaison Feedback:** |  |
| This box is used by your ODE liaison to provide feedback to your program. |  |

45 Day Timeline CFR: (34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a))