

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the
Individuals with Disabilities Education Act

For reporting on
FFY 2023

Mississippi



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

The Mississippi State Department of Health (MSDH) is the lead agency responsible for administering Part C of IDEA, known as the Mississippi First Steps Early Intervention Program (MSFSEIP). The MSDH has organized the State's 82 counties into three public health regions, each of which operates nine Local FSEIP responsible for ensuring all eligible infants and toddlers and their families receive early intervention services. The programs are divided into three regional offices (Northern, Central and Southern) each regional office oversees three Local FSEIPs each. The MSFSEIP is advised in program administration by the Mississippi State Interagency Coordinating Council (MSICC) whose members, along with other stakeholders, participate on workgroups providing feedback on systemic improvement efforts.

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

The state monitors all three regions (9 EI programs) each year either through an on-site visit or the region completes a self-assessment. The region selected for the on-site visit is based on a three-year cycle. The 2 regions that are not scheduled for on-site visit will complete a self-assessment and submits the results to Mississippi First Steps Early Intervention Program (MSFSEIP). Monitoring activities (on-site and self-assessment) are completed in November of each year.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified compliance.

Choosing Records for determining compliance:

The state selects 10% of the active children records between August 1 and October 31 from each of the nine programs and records from all Service Coordinators in the program are selected. The state uses the Child Record Review tool to determine if all required documentation is included in the Mississippi Infant and Toddler Intervention (MITI) data system and supplemental paper file.

Choosing Records for verifying correction of non-compliance:

Based on the monitoring results, the report will contain: (a) findings for any identified noncompliance, (b) practices in need of improvement, and (c) requirements and/or recommendations for corrective actions and/or improvement activities. Results will be used to develop an Improvement Plan for each Local EIP. In addition, any findings of noncompliance will result in Corrective Actions being added to these Plans. The state verifies that the individual children have had their noncompliance corrected, although late unless the child is no longer in the program's jurisdiction. Then, the state pulls data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Corrective Action Plans for completed activities.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The state utilizes the Mississippi Infant and Toddler Intervention (MITI) (pronounced mighty) developed by Yahasoft Inc. for its data system and is a web-based data system real-time web-based, integrated system that supports documentation of child records, team communication and, supervision and monitoring at every level. Monitoring is done on records dated August 1 through October 31 each year.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

The state issues findings by program which means individual instances of noncompliance for the same regulatory requirement identified in a program are grouped together and counted as one finding. The state does not issue findings by the number of instances of noncompliance.

When the state identifies noncompliance, the program provided a written notification of the findings no more than 3 months from the date that the findings were identified. The letter to the program includes: a description of the identified noncompliance, the regulatory requirement that is in noncompliance, a description of the data that supports the state's conclusion of noncompliance, a statement that the noncompliance must be corrected as soon as possible and no more than 1 year from the date of the written notification, any required corrective actions, and timeline for submitting a corrective action plan or evidence of correction.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

N/A

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.

Graduated and progressive sanctions are applied through the local determination process. Details are as follows.

I. Needs Assistance. If the MSFSEIP determines, for two consecutive years, that a local program needs assistance under §303.703(b)(1)(ii) in implementing the requirements of Part C of IDEA, the MSFSEIP takes one or more of the following actions:

- a. Advises the local program of available sources of technical assistance that may help the local program address the areas in which they need assistance, which may include assistance from the MSFSEIP and technical assistance providers including federally funded non-profit agencies and requires the local program to work with appropriate entities. The technical assistance may include:
- The provision of advice by experts to address the areas in which the local program needs assistance, including explicit plans for addressing the areas of concern within a specified period of time;
 - Assistance in identifying and implementing professional development, early intervention service provision strategies, and methods of early intervention service provision that are based on scientifically based research;
 - Designating and using administrators, program coordinators, service coordinators, service providers, and other personnel from the MSFSEIP to provide advice, technical assistance and support; and
 - Devising additional approaches to providing technical assistance, such as collaborating with institutions of higher education, educational service agencies, and national centers of technical assistance supported under Part D of IDEA, and private providers of scientifically based technical assistance.
- b. Identifies the local program which includes its EI service programs/providers as a high-risk grantee and imposes special conditions on MSFSEIP grant under Part C of IDEA.

II. Needs Intervention. If the MSFSEIP determines, for three or more consecutive years, that a local program needs intervention under §303.703(b)(1)(iii) in implementing requirements of Part C of IDEA, the following apply:

- The MSFSEIP may take actions described in paragraph (a) of this section.
- The MSFSEIP takes one or more of the following actions:
 - Requires the local program to prepare a corrective action plan or improvement plan if the MSFSEIP determines that the local program should be able to correct the problem within one year.
 - Seeks to recover funds under section 452 of GEPA, 20 U.S.C. 1234a.
 - Withholds, in whole or in part, any further payments to the local program under Part C of IDEA.
 - Refers the matter for appropriate enforcement action.

III. Needs Substantial Intervention. Notwithstanding paragraph 1. or 2. of this section above, at any time that the MSFSEIP determines that a local program needs substantial intervention in implementing the requirements of Part C of IDEA or that there is a substantial failure to comply with any requirement under Part C of IDEA by the local program, MSFSEIP takes one or more of the following actions:

- Recovers funds under section 452 of GEPA, 20 U.S.C. 1234a.
- Withholds, in whole or in part, any further payments to the State under Part C of IDEA.
- Refers the case to the Office of Inspector General of the Department of Education.
- Refers the matter for appropriate enforcement action.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

The Mississippi First Steps Early Intervention Program (MSFSEIP) has reviewed data to make determinations for each Local Program EIP. In __, the MSFSEIP is using both results and compliance data in keeping with 34 CFR §§ 303.120 and 303.700(b):

(b) The primary focus of the State's monitoring activities must be on—

- Improving early intervention results and functional outcomes for all infants and toddlers with disabilities; and
- Ensuring that EIS programs meet the program requirements under part C of the Act, with a particular emphasis on those requirements that are most closely related to improving early intervention results for infants and toddlers with disabilities.

In making these determinations, the MSFSEIP also reviewed:

Data from the Mississippi Infant and Toddler Data System from Federal fiscal year (FFY), including Child Outcomes data and other data to be reported in the State's FFY SPP/APR; Data from the Mississippi Infant and Toddler Data System from Federal fiscal year (FFY), including Child Outcomes data and other data to be reported in the State's FFY SPP/APR to include Indicator 1: Timely Services, Indicator 7: 45-Day Timeline, Indicator 8a: Transition Planning, Indicator 8b: SEA and LEA Notification, and Indicator 8c: Transition Conference. The programs also receive points for timely and accurate reported data, timely program complaint decisions and for timely due process hearings, and the longstanding noncompliance component.

In examining each Local Program EIP's FFY Child Outcomes data (Indicator 3), we specifically considered:

- Data Quality by examining – (a) the completeness of the Local Program EIP's data, and (b) how the distribution of the Program EIP's FFY __ results conformed to expected or statistically-likely results based on four years of historic national data to identify any data anomalies: and
- Child Performance by examining – (a) how each Local Program EIP's FFY __ data compared with National data.

Local determination is sent annually to each program between May and June.

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

The state does not make general supervision policies, procedures, and process that is made available to the public.

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to EIS programs.

National TA from ECTA and DaSy, was accessed to review and revise statewide training modules; provided feedback on the state's general supervision process; and participated in system improvement learning opportunities such as the Data Use and Systems Thinking Cohort to assist with improving Child Outcomes.

Professional Development System:

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families.

The state provides annual training to Local FSEIP staff and providers on federal regulations and state policies and procedures. In addition, the MSFSEIP provides Regional and Local FSEIP trainings and supports on all aspects of the Part C system including and is not limited to referral procedures, data system and child record maintenance, family rights, evaluation and eligibility determination, IFSP development and revisions, timely services, transition, working with families of children who are deaf/hard of hearing, routines-based model implementation and financial management.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Apply stakeholder input from introduction to all Part C results indicators. (y/n)

YES

Number of Parent Members:

4

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The State Interagency Coordinating Council (SICC) is comprised of 29 members, six (6) of whom are parents, constituting 21% of the membership. The SICC is chaired by a parent and each standing committee has parent members. The MSFSEIP engages parent members in the process of analyzing state data and setting targets using graphic representations and providing trends, and national data where possible, to help provide a meaningful context. Parent input is solicited in the discussion of improvement strategies and program evaluation to identify strategies that will most proximately improve outcomes for families.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Diverse families are invited and encouraged to participate in quarterly stakeholder meetings to provide guidance to the MSFSEIP. Families may participate using a variety of methods, including in-person, virtual, or through written input. Interpretation services and translation of materials are provided to ensure families who use non-English languages and/or modes of communication can participate. The State provides parents and stakeholders with PowerPoint slides of simplified data presentation of the States and Local Program Annual Performance. This allows parents to ask questions and understand the impact of early intervention services at the State and Local area, as well as provide suggestions or recommendations to improve child outcomes. Parents are also involved in one of the three SICC workgroups (Transition, Personnel Development and Public Awareness) that meet monthly to discuss the program improvement initiatives. The State partners with the Mississippi Parent Training and Information Center to conduct quarterly trainings for parent advocacy and leadership skills.

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The SICC meetings are conducted in January, April, July, and October. During the January meeting, SICC members review and discuss the preliminary Annual Performance Review data and finalize targets. During the April meeting, SICC members discuss program level data and improvement strategies. During the July meeting, SICC members discuss determinations and evaluation of the MSFSEIP efforts. During the October meeting, SICC members again discuss improvement strategies, evaluate progress, and develop initial targets.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the setting targets, data analysis, development of the improvement strategies, and evaluation available to the public.

All information on setting targets, analyzing data, developing improvement strategies, and evaluation are shared during the public SICC meetings and posted subsequently on the SICC webpage. Members and non-members are invited to participate on committees whose work has informed the development of improvement strategies.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The MSFSEIP shared the complete APR at its SICC/SSIP Stakeholder Meeting as well as a results summary page. The MSFSEIP discussed the results by Indicator and answered all public questions posed. The performance of each Local FSEIP was disaggregated and shared at subsequent SICC meetings providing comparison relative to the MSFSEIP targets. The MSFSEIP also publishes several years of APR data on the MSDH website (<https://msdh.ms.gov/page/41,0,74,63.html>). The website also provides information (i.e., phone and email contact information) to submit comments about the SPP/APR.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include: valid, reliable and timely data and correction of identified noncompliance in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

OSEP notes that the State did not provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public. The State reported it "does not make general supervision policies, procedures, and process available to the public."

The State did not provide a description of the activities conducted to increase the capacity of diverse groups of parents.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Measurement

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in the Office of Special Education Programs' (OSEP's) response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	76.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	85.26%	87.11%	86.59%	81.64%	81.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
511	683	81.00%	100%	83.3%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

58

Provide reasons for delay, if applicable.

The exceptional family circumstances reasons for delay included missed appointments by families and family vacations. The program reasons for delay consisted of personnel shortages and provider illness

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Mississippi First Steps Early Intervention Program's criteria for "timely" receipt of services is defined as receiving all early intervention services identified on the IFSP no later than 40 calendar days after written parental consent for services.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2023 - October 31, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional)

New findings were not issued in FFY 2022 for timely service because the same programs were still working on correcting findings from FFY 2013 - FFY 2022.

MSFSEIP has 8 outstanding findings across 8 programs for Timely Services that have not been corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). The determination that compliance has been achieved is based on data reviews from the MITI database, review of records, and the completion of the required action plan by the program. In July 2023, 7 of the 8 findings were verified as corrected, and will be reported in the FFY 2024 SPP/APR.

Program 1 NE initial finding was made in FFY 2019 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 2 NW initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 3 NC initial finding was made in FFY 2021 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 4 CE initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 5 CW initial finding was made in FFY 2013 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 6 CH initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 7 SW initial finding was made in FFY 2018 and was verified as corrected in FFY 2021 (July 1, 2021- June 30, 2022). All individual cases of noncompliance were verified as corrected, although late. The State's reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved in FFY 2021.

Program 8 SE initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 9 CP initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State is reviewing subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrate they are correctly implementing the regulatory requirements by demonstrating 100% compliance. This has still not been achieved and this finding has not yet been verified as corrected.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0			0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	1	0	1

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One program that received findings of noncompliance was required to resubmit their CAP to address the noncompliance not corrected. The state reviewed and approved the revised CAP activities and strategies. Efforts are being made to address the provider shortage in the area that contributes to noncompliance with this indicator. Records for the individual child noncompliance were reviewed and the state verified that they received their services although late.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 1 uncorrected finding of noncompliance identified in FFY 2017 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2017: (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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2022 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2022 because, "the same programs were still working on correcting findings from FFY 2017 - FFY 2022." However, in the FFY 2022 APR, the State reported that the one program with findings of noncompliance identified in FFY 2021, the one program in FFY 2019, and four of the five programs in FFY 2017, had been verified as corrected and only one program with noncompliance identified in 2017, "was required to resubmit their CAP to address the noncompliance not corrected". Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2019	87.36%

FFY	2018	2019	2020	2021	2022
Target >=	95.00%	95.00%	87.40%	88.92%	90.44%
Data	88.19%	87.36%	79.52%	74.81%	65.41%

Targets

FFY	2023	2024	2025
Target >=	91.96%	93.48%	95.00%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,349
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey;	07/31/2024	Total number of infants and toddlers with IFSPs	1,923

Source	Date	Description	Data
Section A: Child Count and Settings by Age			

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,349	1,923	65.41%	91.96%	70.15%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

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

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
A1	84.69%	Data	80.37%	89.17%	74.24%	73.93%	76.73%
A2	2013	Target>=	65.00%	65.00%	62.50%	63.00%	63.50%
A2	64.46%	Data	61.60%	62.49%	52.00%	47.29%	42.83%
B1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
B1	84.18%	Data	83.86%	82.06%	76.72%	75.66%	77.25%
B2	2013	Target>=	65.00%	65.00%	50.50%	51.00%	51.50%
B2	62.65%	Data	52.78%	50.04%	47.05%	41.18%	34.95%
C1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
C1	84.25%	Data	80.31%	81.11%	75.09%	71.28%	73.28%
C2	2013	Target>=	64.00%	64.00%	54.00%	55.00%	56.00%
C2	61.36%	Data	55.74%	50.30%	50.11%	44.82%	41.60%

Targets

FFY	2023	2024	2025
Target A1>=	85.00%	85.00%	85.00%
Target A2>=	64.00%	64.50%	65.00%
Target B1>=	85.00%	85.00%	85.00%
Target B2>=	52.00%	52.50%	63.00%
Target C1>=	85.00%	85.00%	85.00%
Target C2>=	57.00%	58.00%	62.00%

Outcome A: Positive social-emotional skills (including social relationships)

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	6	0.52%

Outcome A Progress Category	Number of children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	230	19.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	401	34.60%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	346	29.85%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	176	15.19%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	747	983	76.73%	85.00%	75.99%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	522	1,159	42.83%	64.00%	45.04%	Did not meet target	No Slippage

Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	8	0.69%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	214	18.46%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	483	41.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	384	33.13%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	70	6.04%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	867	1,089	77.25%	85.00%	79.61%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	454	1,159	34.95%	52.00%	39.17%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	7	0.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	259	22.35%

Outcome C Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	391	33.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	363	31.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	139	11.99%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	754	1,020	73.28%	85.00%	73.92%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	502	1,159	41.60%	57.00%	43.31%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,789
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	524
Number of infants and toddlers with IFSPs assessed	1,159

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, (i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life"). These data are entered into the MITI data system to be included in the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected as close to but no more than 6 months prior to exit to determine child outcomes ratings using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations, d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers). (4) If a child has exited the program and does not fall into the above-mentioned category they will still be included in the overall number of infants and toddlers who exited the Part C program during the reporting period.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

The State's end targets for FFY 2025 do not reflect improvement over its baseline data. In the FFY 2023 SPP/APR, the State must revise the required targets through FFY 2025.

Response to actions required in FFY 2022 SPP/APR

3 - OSEP Response

OSEP's response to the State's FFY 2022 SPP/APR required the State to include in the FFY 2023 SPP/APR end targets for FFY 2025 that reflect improvement over its baseline data. The State did not provide end targets for FFY 2025 that reflect improvement over its baseline data for Outcomes B2 and C2 .

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

When reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
A	84.00%	Data	90.12%	81.77%	95.21%	92.55%	93.16%
B	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
B	87.00%	Data	90.29%	74.88%	95.20%	92.79%	93.38%
C	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
C	88.00%	Data	89.08%	90.05%	93.49%	93.27%	92.72%

Targets

FFY	2023	2024	2025
Target A>=	92.00%	92.00%	92.00%
Target B>=	92.00%	92.00%	92.00%
Target C>=	92.00%	92.00%	92.00%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	829
Number of respondent families participating in Part C	231
Survey Response Rate	27.86%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	196
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	231
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	208
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	231
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	200
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	231

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	93.16%	92.00%	84.85%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.38%	92.00%	90.04%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	92.72%	92.00%	86.58%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

In FFY2023, the MSFSEIP had a continued increase in the number of referrals and active cases while simultaneously experiencing increased rates of turnover among Service Coordinators resulting in significant increases in caseloads. As a result, families experienced less frequent contacts and shorter

visits with Service Coordinators and/or were reassigned Service Coordinators during the year. Therefore, fewer families reported early intervention helped them know their rights.

Provide reasons for part B slippage, if applicable

In FFY2023, the MSFSEIP had a continued increase in the number of active cases while simultaneously experiencing increased rates of turnover among Service Coordinators resulting in significant increases in caseloads. As a result, families experienced less frequent contacts and shorter visits with Service Coordinators and/or were reassigned Service Coordinators during the year. Therefore, fewer families reported that that early intervention services have helped the family effectively communicate their children's needs.

Provide reasons for part C slippage, if applicable

In FFY2023, the MSFSEIP had a continued increase in the number of active cases while simultaneously experiencing increased rates of clinic-based services that focused on providing direct services to infants and toddlers. Therefore, fewer families reported that early intervention services have helped the family help their children develop and learn.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO

Response Rate

FFY	2022	2023
Survey Response Rate	34.85%	27.86%

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

The State uses the DaSy-ECTA Center Response Rate and Representativeness calculator, which uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). Differences that are statistically significant are marked as "No" in the row labeled "Are your data representative?" and highlighted pink.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State. States must include race/ethnicity in their analysis. In addition, the State's analysis must include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another category approved through the stakeholder input process.

The State disaggregated the data by race/ethnicity and geographic locations in its analysis for family survey representativeness as approved by the stakeholders. Per the Response Rate and Representativeness Calculator results, there is no significant difference between survey respondents and the EI population for either the race/ethnicity or geographic location categories.

The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. (yes/no)

YES

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State distributes the family survey twice a fiscal year, once in the fall and once in the spring. This allows the state to collect more family surveys throughout the fiscal year. The survey has an accompanying letter with contact information for assistance in completing the survey, including the state parent resource center, translation services, and tribal contacts. One month after distributing the family surveys, Service Coordinators follow-up with families to encourage them to complete and return their survey. The state office monitors the response rate and reports to Program Coordinators if their program is underrepresented in the responses gathered. Surveys are collected over a six-month time frame to ensure ample time for participation. The State will continue to do analysis to see if sending out surveys twice a fiscal year increases the response rate over time. The State is also considering sourcing out the collection of family survey responses to an outside agency. The State will do a cost analysis to determine if outsourcing is feasible for the program.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The state had a response rate of 27.86% which is a decrease from the previous year of 34.85%, for the overall response for the family survey that was sent out. When disaggregated by race; African American/Black (12.75%), White (12.40%), More than one race (16.98%) and Hispanic (22.47%) was shown to be representative of the EI population. Native American, Asian and Pacific Islander are too small to include in the calculations. The state did not identify any notable nonresponse bias between races. When disaggregated by geographic location, all Local Programs had a response rate of 12% or higher. The state will continue to analyze data to better identify different ways for families to return the family survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In the FFY 2023 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

See the information in the above sections.

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* Metadata and Process System (*EMAPS*)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g., geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.53%

FFY	2018	2019	2020	2021	2022
Target >=	0.65%	0.66%	0.73%	0.83%	0.93%
Data	0.92%	0.73%	0.67%	0.61%	0.62%

Targets

FFY	2023	2024	2025
Target >=	1.03%	1.13%	1.23%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	234

Source	Date	Description	Data
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	34,372

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
234	34,372	0.62%	1.03%	0.68%	Did not meet target	No Slippage

Provide results of the root cause analysis of child find identification rates.

For FFY 2023, 1,670 infants were referred to the program. Of those, 873 (52%); had an evaluation completed 385(44%) White; 396(45%) Black/African American; 47(5%) Hispanic; 25(3%) Multi Race; 10(1%) Native American; 7(.8%) Asian and 3(.3%) Pacific Islander. Of those 873 who had an evaluation only 622 (71%) had an IFSP developed; 287(46%) White; 270(43%) Black/African American; 31(5%) Hispanic; 18(2.9%) Multi Race; 8(1%) Native American; 5(.8%) Asian and 3(.5%) Pacific Islander.

When looking at the race/ethnicity data for children referred, those who had evaluations completed, and the children who had an initial IFSP developed, no single group of children were disproportionately identified.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

The State should conduct a root cause analysis of child find identification rates, including reviewing data (if available) on the number of children referred, evaluated, and identified. This analysis may include examining not only demographic data but also other child-find related data available to the State (e.g. geographic location, family income, primary language, etc.). The State should report the results of this analysis under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.36%

FFY	2018	2019	2020	2021	2022
Target >=	1.80%	1.82%	1.98%	2.06%	2.09%
Data	1.95%	1.98%	1.50%	1.52%	1.61%

Targets

FFY	2023	2024	2025
Target >=	2.12%	2.15%	2.18%

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	1,923
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races)	06/25/2024	Population of infants and toddlers birth to 3	103,461

Source	Date	Description	Data
by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023			

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,923	103,461	1.61%	2.12%	1.86%	Did not meet target	No Slippage

Provide results of the root cause analysis of child find identification rates

For FFY 2023, 4,632 infants and toddlers were referred to the program. Of those, 2,889(63%); had an evaluation completed 1,348(47%) Black/African American; 1,248 (45%) White; 154(5%) Hispanic; 87(3%) Multi Race; 21(.7%) Native American; 25(.8%) Asian and 6(.2%) Pacific Islander. Of those 2,889 who had an evaluation only 2,023 (70%) had an IFSP developed; 892(44%) White; 919(45%) Black/African American; 105(5%) Hispanic; 65(3%) Multi Race; 18(.9%) Native American; 18(.9%) Asian and 6(.3%) Pacific Islander.

When looking at the race/ethnicity data for children referred, those who had evaluations completed, and the children who had an initial IFSP developed, no single group of children were disproportionately identified.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	89.73%	88.81%	91.51%	86.45%	94.51%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
274	362	94.51%	100%	92.27%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Due to a server Service Coordinator shortage and provider shortage to conduct evaluations in certain programs during this time frame led to increased case load for the remaining Services Coordinators.

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

60

Provide reasons for delay, if applicable.

The State identified 28 instances of noncompliance due to program reasons. The reasons for delay due to program reasons were Service Coordinator and providers shortage to conduct evaluations in certain programs during this time frame. The reasons for exceptional family circumstances delay were due to families cancelled evaluation and IFSP meetings which led to Service Coordinators having to rework theirs and the provider schedule to accommodate the family cancellation.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2023 through October 31, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

Program 7 SW initial finding was made in FFY 2019 and was verified as corrected in FFY 2021 (July 1, 2021- June 30, 2022). All individual cases of noncompliance were verified as corrected, although late. The State's reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved in FFY 2023.

Program 5 CE initial finding was made in FFY 2018 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 4 CE initial finding was made in FFY 2018 and was verified as corrected in FFY 2021 (July 1, 2021- June 30, 2022). All individual cases of noncompliance were verified as corrected, although late. The State's reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved in FFY 2023.

Program 8 SE initial finding was made in FFY 2018 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0			0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that

each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2022 data for this indicator reflected less than 100% compliance. The State reported that, "Findings were not issued for transition steps and services due to programs were still under findings from previous years." However, in the State's FFY 2022 APR, the State reported four programs with findings of noncompliance identified in FFY 2021 had been verified as corrected and the State did not report any findings of noncompliance identified prior to FFY 2021. Therefore, OSEP could not determine if the State identified noncompliance or ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$.
- B. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.
- C. Percent = $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.01%	90.19%	91.58%	83.85%	84.19%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C at age 3 for whom the Lead Agency was required to develop an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
207	248	84.19%	100%	93.55%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

25

Provide reasons for delay, if applicable.

The reasons for delay were primarily due to extensive EI personnel shortage across certain local FSEIPs in multiple locations experienced difficulty with recruitment as there were little to no potential applicants. The reasons for exceptional family circumstances were due to family delaying finalizing the transition steps and service plan.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2023 - October 31, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

Findings where not issued for transition steps and services due to programs were still under findings from FFY 2017 - FFY2021.

Program 1 NE initial finding was made in FFY 2019 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 2 NW initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 3 NC initial finding was made in FFY 2021 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 4 CE initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 5 CW initial finding was made in FFY 2013 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 7 SW initial finding was made in FFY 2018 and was verified as corrected in FFY 2021 (July 1, 2021- June 30, 2022). All individual cases of noncompliance were verified as corrected, although late. The State's reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved in FFY 2021.

Program 8 SE initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 9 CP initial finding was made in FFY 2017 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State is reviewing subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrate they are correctly implementing the regulatory requirements by demonstrating 100% compliance. This has still not been achieved and this finding has not yet been verified as corrected.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0			0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2022 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2022 because, "...programs were still under findings from FFY 2017 - FFY2021." However, in the FFY 2022 APR, the State reported that the five programs with findings of noncompliance identified in FFY 2021, the two programs in FFY 2019, and the one program in FFY 2017, had been verified as corrected. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.09%	97.20%	95.79%	98.44%	99.21%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
248	248	99.21%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Provide reasons for delay, if applicable.

N/A

Describe the method used to collect these data.

The following criteria are used to collect data for SEA and LEA notifications: (1) Child has IFSP; (2) Excludes Children with Late Referral (after 34.5 months); (3) Excludes Children Exiting Before 33 months. Names of children meeting these criteria are pulled from the MITI data system. The State is able to pull an LEA Notification Report for the time frame of the data collection.

Do you have a written opt-out policy? (yes/no)

NO

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2023 - October 31, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

Findings where not issued for transition notification due to programs were still under findings from FFY 2020.

Program 5 CW initial finding was made in FFY 2020 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Program 9 CP initial finding was made in FFY 2020 and has not been verified as corrected as of FFY 2022 APR (July 1, 2022- June 30, 2023). All individual cases of noncompliance were verified as corrected, although late. The State reviewed subsequent data from the State's data system on all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP) until they demonstrated they were correctly implementing the regulatory requirements by demonstrating 100% compliance. This was achieved July 2023.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0			0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2022 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2022 because, "...programs were still under findings from FFY 2020." However, in the FFY 2022 APR, the State reported that two programs with findings of noncompliance identified in FFY 2020 had been verified as corrected. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$ times 100.
- B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.
- C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right]$ times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8A: The measurement is intended to capture those children exiting at age 3 for whom an IFSP must be developed with transition steps and services within the required timeline consistent with 34 CFR §303.209(d) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline consistent with 34 CFR §303.209(e) and, as such, only children between 2 years 3 months and 2 years 9 months should be included in the denominator.

Indicator 8C: Do not include in the calculation but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	45.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	93.93%	90.19%	91.58%	83.85%	84.19%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency was required to conduct the transition conference, held with the approval of the family, at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
207	248	84.19%	100%	93.55%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

25

Provide reasons for delay, if applicable.

The reasons for delay were primarily due to extensive EI personnel shortage across certain local FSEIPs in multiple locations experienced difficulty with recruitment as there were little to no potential applicants. The reasons for exceptional family circumstances were due to family delaying transition conference due to being undecided about the LEA.

What is the source of the data provided for this indicator?

State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

August 1, 2023 - October 31, 2023

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

Findings where not issued for transition conference due to programs were still under findings from FFY 2017 - FFY2021.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0			0

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2022 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2022 because, "...programs were still under findings from FFY 2017 - FFY2021." However, in the FFY 2022 APR, the State reported that five programs with findings of noncompliance identified in FFY 2021, one in FFY 2020, one in FFY 2018, and one in FFY 2017, had been verified as corrected. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = (3.1(a) divided by 3.1) times 100.

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baselines and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The Mississippi First Steps Early Intervention Program does not include Resolution Sessions in its Dispute Resolution policies and procedures

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under Section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022

Target>=			.00%	0.00%	
Data			0.00%		

Targets

FFY	2023	2024	2025
Target>=	0.00%		

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages), and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The percentage of infants and toddlers who exit the MSFSEIP at or near age expectations on the acquisition and use of knowledge and skills, including early language/communication (i.e., Indicator 3: Outcome B - Summary Statement 2)

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://msdh.ms.gov/page/41,0,74,63.html> (bottom of the page)

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2020	47.05%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	52.00%	52.50%	53.00%

FFY 2023 SPP/APR Data

# of infants and toddlers who were functioning within age expectations in Outcome B	# of infants and toddlers exiting not comparable to same-aged peers	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
454	1,159	34.95%	52.00%	39.17%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the "progress" question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO

with state early learning standards. The lead agency has used the OSEP-funded Early Childhood Technical Assistance Center training materials and resources to ensure quality professional development for ECO occurs statewide within every region (e.g., Decision Tree for summary rating discussions, age-expected child development resources, and Child Outcomes Summary process materials). Use of the ECO training materials has provided assurance that all IFSP teams in the state have access to training on how to implement consistent procedures for gathering, analyzing, and reporting these data.

Please describe how data are collected and analyzed for the SiMR.

The data for this indicator comes from data collected for summary statement 2 for indicator 3B, i.e., the percent of infants and toddlers who were functioning within age expectations in their acquisition and use of knowledge and skills (including early language/ communication) by the time they turned 3 years of age or exited the program. At the start of FFY2020, the MSFSEIP implemented a new comprehensive data system, Mississippi Infant Toddler Intervention (MITI) data system, which contained early childhood outcomes entry and exit ratings for all infants and toddlers exiting the MSFSEIP

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

<https://msdh.ms.gov/page/41,0,74,63.html> - Title: Mississippi Part C SSIP Improvement Plan 2022

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Accountability and Quality Improvement:

Participated in DaSy/ECTA TA, DMS 2.0 Accountability and Improvement Working Series. Participated in individual targeted state TA through DaSy and ECTA to address longstanding noncompliance and monitoring.

Personnel:

Continued implementation of the State CSPD Plan and ensure cohorts of existing and new EI personnel (including both LEIP staff and participating providers) enroll in and obtain the Early Intervention Credential aligned to the new personnel standards.

Data System

Joined 4 states in the DaSy/ECTA TA, Using Data Processes and Systems Thinking to Drive Impactful, Sustainable Systems Improvement with a focus on Child Outcomes data. Worked with data system vendor on revising reports.

Finance

Participated in CIFR/ECTA/DaSy TA, DMS 2.0 Fiscal Management Working Series, MSDH Quality Improvement.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

Accountability and Quality Improvement

Outcomes: Began updates to written general supervision and monitoring manual. Completed DMS 2.0 protocols. Identified gaps in accountability system and plan for addressing the gaps. Addressed long standing noncompliance.

Personnel/Workforce

Outcomes: ## cohorts, comprised of ## service coordinators, enrolled in credentialing training. ## completed the training and received their credentials. Trained service coordinators increased their knowledge of family-centered practice, IDEA Part C law and regulations, evidence-based intervention and instruction, coordination and collaboration practices, and professional practices. This knowledge will enable them to meet personnel standards and to support children and families in achieving improved outcomes.

Data System

Outcomes: Created and convened a state team of local service coordinator, program coordinators, regional coordinator, and two state staff to address using data and systems thinking to improve child outcomes. Increased knowledge on applying data systems processes/tools and systems thinking processes/tools to support improving use of data related to child outcomes. This work will continue into next year. Created revised data reports to better meet state needs for monitoring and reporting.

Finance

Outcomes: Increased knowledge on the working series topics which were State Structure and Current Fiscal System; DMS Protocol/ Discussion of Challenge Areas; and Gap Analysis and Plan for Next Steps. Identified gaps in procedures and policies. Began revising written policies and procedures.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The MSFSEIP will continue to (a) improve program-level data-driven decision making by building effective regional data teams to use program and financial data to enhance program management, (b) revise and implement accountability system procedures and tools to ensure program met standards, and (c) ensure cohorts of existing and new personnel enroll in and obtain the EI Credential aligned to the new personnel standards. These changes are expected to ensure programs are continuously evaluating their performance relative to quality standards and identify targets for local improvement activities.

List the selected evidence-based practices implemented in the reporting period:

The MSFSEIP continued efforts to implement:

- (1) ongoing monitoring with the Individual Growth and Development Indicator - Early Communication Indicator (IGDI-ECI) developed by Juniper Garden at the University of Kansas; and
- (2) the Routines-Based Model from the Evidence-based International Early Intervention Office at the University of Alabama

Provide a summary of each evidence-based practice.

Early Language Development - IGDI-ECI:

The IGDI-ECI is a progress monitoring tool that is used to assess language development. According to the developers, "The ECI is a brief, repeatable, play-based, observational measure of a child's communicative performance during a 6-minute play period with a familiar adult. The play session is standardized around one of two toys – either the Fisher-Price House or Farm." The IGDI-ECI provides counts of the use of gestures, vocalizations, single words, and multiple words which are combined to provide a total communication score. Performance on the IGDI-ECI can be plotted to show progress over time and development from prelinguistic communication (i.e., gestures and vocalizations) to spoken language (i.e., single words and multiple words). In addition, the individual subskills and the overall communication score can be compared to norms to determine if children are performing similar or dissimilar to typical-developing children.

Routines-Based Model:

The Routines-Based Model for Early Intervention developed by Robin McWilliam is a comprehensive model for the delivery of early intervention services that is family-focused, routines-based, and uses transdisciplinary approaches. The model consists of six key practices: assessing family systems using Ecomaps, gathering individual family information through the Routines-Based Interview (RBI), development of participation-based functional child and family goals, use of transdisciplinary practices for service delivery, procedures for conducting supportive home visits, and use of collaborative consultation in child care settings. This intervention is grounded in decades of research on assessment and intervention planning, home- and community-based supports, and the engagement classroom model as well as aligned to the DEC Recommended Practices.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

Early Language Development - IGDI-ECI:

The IGDI-ECI data are used to monitor language development, evaluate the impact of language interventions, and inform IFSP goal development. The IGDI-ECI is administered quarterly with all infants and toddlers enrolled in early intervention. Continued implementation will support efforts to ensure children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. The adoption of the RBM is expected to promote family engagement and improve outcomes for children and families by having families actively participate in service delivery and consistently use interventions in their daily routines. If implemented with fidelity, an increased percentage of the children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Early Language Development - IGDI-ECI:

To monitor fidelity of implementation, personnel are provided a certification assessment to ensure they are administering the assessment and coding the results consistent with standard procedures. Certification must be maintained annually; however, personnel are checked at least every six months or more frequently, if needed, to ensure interrater reliability.

The IGDI-ECI data itself is used to monitor the outcome of interventions to promote the child's development of language. The tool helps service providers determine if the child is making sufficient progress in overall communication and to determine which subskills the child has mastered and which have not yet emerged. Results are collected and shared with families and providers during IFSP review and revision meetings and may be used to inform language development goals.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. Each module in the training series has reflective practice submissions, assignments, and an assessment. In addition to the formal assessment, each reflective practice and assignment has a scoring rubric to identify if personnel are mastering the material. The model has explicit fidelity measures for rating performance on each key component. After personnel demonstrate initial fidelity in a practice, they will be observed quarterly and receive ongoing coaching to ensure they are maintaining fidelity. After two consecutive quarters of maintaining fidelity, personnel will be moved to a schedule of biannual monitoring.

File reviews of assessments, communication logs, and service logs as well as virtual or in-person observations are conducted with fidelity measures to ensure changes are being consistent implemented with families. In addition, annual monitoring procedures, including family interviews, have been revised to include elements to determine consistent implementation across local EIPs.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

N/A

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

Early Language Development:

Over the next reporting period, personnel will be monitored to ensure they are implementing the IGDI-ECI with fidelity. In addition, EI personnel will be provided training, guidance, and coaching on the implementation of interventions to promote early language development. The impact of this training will be measured by changes in the IGDI-ECI scores for children whose service providers participate in the training.

In addition, annual monitoring procedures, including file reviews, have been revised to include elements to determine consistent implementation of the IGDI-ECI and early language interventions within participating local EIPs.

Routines-Based Model:

After all Service Coordinators complete the RBM modules and have moved into the monitoring and coaching phase, EI Service Providers are given access to the module series and receive ongoing coaching and monitoring.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

The State feels that it would be premature to revise the SSIP due to the state is making progress on the identified infrastructure improvement strategies and evidence-based practices.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The State Interagency Coordinating Council (SICC), including SSIP Stakeholders, meets quarterly for a public meeting and more frequently for workgroup activities. The SICC is comprised of parents, service providers, state agency representatives from Health, Education, Human Services, Child Protective Services, Medicaid, and Insurance, representatives from Head Start, the Institute of Higher Learning (IHL), University programs, and advocacy groups, and other community leaders. The SICC has three Work Group Committees: Personnel Development, Public Awareness, Transition and one Ad hoc committee: Provider Concerns.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

- Use virtual options for accessibility
- Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.
- Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders
- Provide written materials that are easy to read by everyone regardless of education level.
- Provide materials in multiple languages and use interpreters at meetings and workgroup activities.
- Provide orientation to all new council members as a group.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

The MSFSEIP engaged stakeholders through State Interagency Coordinating Council public meetings, specific hybrid (in-person and virtual) SSIP meetings, surveys, and development of a Padlet site of resources. The stakeholders were engaged in large and small group discussions, provided resources and data collection tools, and provided multiple methods, including synchronous and asynchronous opportunities, for contribution to decision-making.

To support broad stakeholder engagement in the development of implementation activities, the state facilitated a series of stakeholder meetings to review progress from the initial plan and to determine next steps. To prepare families to participate in these meetings, the state constructed a Padlet site, posting links to articles, tools, infographics, videos, and websites organized around the child outcomes, infrastructure assessment/improvements, evidence-based practices, and documents related to our initial State Systemic Improvement Plan (SSIP). During the stakeholder meeting, these materials were reviewed using several rounds of small group discussion/large group report out activities to ensure they were understood and could be used to inform group decisions. Additional resources to be used during the stakeholder meetings were also uploaded, including self-assessment tools, discussion questions, and surveys. Results of these assessments, discussions, and surveys were uploaded on the site after their completion to prepare for subsequent stakeholder meetings.

Once consensus was achieved in selecting improvement activities, the selected strategies were reviewed by the stakeholders with a focus on their implementation with diverse families to ensure they were appropriate. For example, when considering progress monitoring assessments, the Early Communication Indicator was selected to monitor progress in language development due to its ability to be used with any native language, including American Sign Language. When reviewing models to support family-centered approaches, the Routines-Based Model by Robin McWilliam was selected as it has been demonstrated to be used effectively with diverse populations nationally and internationally.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

N/A

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A

Describe any newly identified barriers and include steps to address these barriers.

N/A

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State lead agency's exercise of its general supervision responsibility to monitor its Early Intervention Service (EIS) Providers and EIS Programs for requirements under Part C of the Individuals with Disabilities Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1416(a) and 1435(a)(10); 34 C.F.R. §§ 303.120 and 303.700). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

Percent = [(b) divided by (a)] times 100

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States are required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (2, 3, 4, 5, 6, 9, 10, and 11), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	0.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 1. Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0		0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The state pulls updated data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Correction of Action Plans for completed activities.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The state verifies correction of each individual case of noncompliance, although late or unless the child is no longer in the program's jurisdiction by reviewing documents that demonstrate the service was delivered such as utilizing the Timely Service Report or Planned Service report which indicates when a service started.

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0				0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The state pulls updated data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Correction of Action Plans for completed activities.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

The state verifies correction of each individual case of noncompliance, although late or unless the child is no longer in the program's jurisdiction by reviewing documents that demonstrate the 45-day was delivered such as utilizing 45-day report which shows when the IFSP happened.

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0				0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

The state pulls updated data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Correction of Action Plans for completed activities.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The state verifies correction of each individual case of noncompliance, although late or unless the child is no longer in the program's jurisdiction by reviewing documents that demonstrate the transition steps and service plan was developed such as utilizing Transition Plan Report which shows when the transition plan was finalized, or reviewing each individual file to make sure that transition steps and service plan was finalized.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0		0	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The state pulls updated data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Correction of Action Plans for completed activities.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The state verifies correction of each individual case of noncompliance, although late or unless the child is no longer in the program's jurisdiction by reviewing documents that demonstrate the LEA Notification was sent such as utilizing Transition LEA Notification Report which shows when the notification was sent to the school district, or reviewing each individual file to make sure that transition steps and service plan took place.

Indicator 8C. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

C. Conducted the transition conference held with the approval of the family at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0				0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

The state pulls updated data one month after any required corrective actions have been implemented and before the 365-day timely correction period has ended to ensure the program is performing at 100% and correctly implementing the regulatory requirements. The state reviews two weeks of the program's subsequent data for the indicator that is being verified for correction. The state will also review Correction of Action Plans for completed activities.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

The state verifies correction of each individual case of noncompliance, although late or unless the child is no longer in the program's jurisdiction by reviewing documents that demonstrate the transition conference took place such as utilizing Transition Conference Report which shows when the transition conference happened or reviewing each individual file to make sure that transition conference took place.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

N/A

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

N/A

Total for All Noncompliance Identified (Indicators 1, 7, 8A, 8B, 8C, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0		0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0		100%		N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	
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Provide additional information about this indicator (optional)

N/A

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	0
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	0
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	

6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	0

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - OSEP Response

OSEP cannot determine if these data are valid and reliable. The State reported no findings of noncompliance were issued in FFY 2022. The State's FFY 2022 data in indicators 1, 7, 8A, 8B, and 8C reflected less than 100% compliance, as noted in the compliance indicators. Additionally, the State reported under those indicators that no findings were issued because "programs were still working on correcting findings from FFY 2017 - FFY 2022". However, in the State's FFY 2022 APR, the State reported programs with findings of noncompliance prior to FFY 2022 had been verified as corrected. Therefore, OSEP could not determine if the State ensured, consistent with OSEP QA 23-01, that each EIS program 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 each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

The State did not provide a baseline year and data for this indicator, as required by the Measurement Table.

12 - Required Actions

