**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on   
FFY 2021**

**Georgia**

U.S. Department of Education seal

**PART C DUE   
February 1, 2023**

**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) 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**

State Program Structure  
  
The Georgia Department of Public Health serves as the state’s Part C State Lead Agency and provides statewide administration of Part C early intervention services, program monitoring, technical assistance, and professional development. It serves as the coordinating partner of the State Interagency Coordinating Council (SICC) and works in partnership with each Local Part C program to promote the Part C program throughout the state to ensure that families can access early intervention services. Local Part C programs receive financial support from the state along with federal funds to support local program staff, including early intervention coordinators, early intervention specialists, service coordinators, and licensed professionals. In addition, the Part C State Lead Agency supports each local program by contracting with skilled providers, such as special instructors, speech and language pathologists, occupational therapists, and physical therapists, to provide early intervention services to children in each of the 18 local Part C programs.) In compliance with Federal law, the Part C State Lead Agency establishes policies and procedures that support early intervention services across the state. The administrative and organizational structure of the Part C State Lead Agency provides for the following:  
  
• Provision of a statewide web-based data and billing system, named Babies Information & Billing Services (BIBS) to support real-time data from each local Part C program  
• Establishment and coordination of a State Interagency Coordinating Council  
• Collaboration with vendors to ensure early intervention providers have access to appropriate evidence-based training and certification requirements  
• Coordination of statewide taskforce committee workgroups to assist with program administration and improvements  
• Provision of a centralized single point of entry mechanism for early intervention service referrals  
• Provision of ongoing technical assistance activities to the 18 local Part C programs  
• Collection, compilation, and reviewing data from each local lead agency to support reporting and applications  
  
Local Requirements  
  
In compliance with Federal and State policies, the local Part C program in each of the 18 local Part C programs establishes policies and practices to support a local system of early intervention services, which is sensitive to the cultural needs of the community. The administrative and organizational structure of the local Part C program provides for the following:  
  
• Inclusion of public and private agencies and resources in the planning, development, and provision of services to infants and toddlers from birth through 36 months of age  
• Establishment of a Local Interagency Coordinating Council (LICC)  
• Early identification and referral of infants and toddlers  
• Provision of information to primary referral sources about the local early intervention system  
• Implementation of screening, evaluation, and assessment activities according to federally established procedural safeguards  
• Planning and the provision of services to families in a timely manner  
• Utilizing best practices in the implementation of the Individual Family Services Plan (IFSP) by way of a primary service provider model of service delivery  
• Compliance with the State’s system of payment for eligible children and families  
• Timely transition from Part C to preschool services (Part B) or other appropriate services  
• Timely review, response, and resolution of parent complaints  
• Gathering, maintaining, and reporting required information to the Part C State Lead Agency for program data requirements.   
  
Interagency Coordinating Council  
  
In accordance with Part C §303.208(a)(b), the Part C State Lead Agency issues notification of the Part C grant application on the Georgia Department of Public Health’s website for a minimum of 60 days. Each local Part C program assists in facilitating public notification and participation in their communities in the following ways:  
  
• Placing notification of the Part C grant and requests for comments on each Public Health District’s website  
• Holding public hearings on any new State policy or procedure  
• Providing an opportunity for the public, individuals with disabilities, parents of infants and toddlers with disabilities, early intervention providers, and members of the LICC to comment for at least 30 days on new policies or procedures  
  
To further the intent of the federal policy and to expand opportunities for local collaboration, Georgia has elected to establish local interagency councils in conjunction with the SICC. This structure supports Georgia’s efforts to ensure that families are reached throughout the state. There is consistency in planning and implementing the Part C Program in all 18 public health districts. The Interagency Coordinating Councils are instrumental in assisting the Part C Programs in developing program plans, activities, and determining outcomes and areas of needed improvement throughout all required performance areas. Part C State and Local Interagency Coordinating Councils and local Part C programs collaborate to identify strengths and areas of need. External input is obtained through the SICC Parent Advisory Workgroup (PAW), data review, and demographic analysis. The Part C State and local Part C programs collaborate with community partners, providers, stakeholders, and families to ensure a comprehensive, coordinated, statewide system of early intervention services for Georgia’s infants and toddlers, who have developmental delays and disabilities, and their families.  
  
State Staffing Updates  
  
During FFY 2021, the Part C State Lead Agency onboarded two new Regional Coordinator/Team Leads and a Training and Support Coordinator. As a result of the increased staffing, the BCW Program has provided increased support to the State and Local Interagency Coordinating Councils, improved provider recruitment, onboarding, and training.   
  
In addition, the Part C Lead Agency has undergone recent staffing challenges such as the resignation of the following state staff members: Part C Coordinator, Part C Data Manager, and the Maternal & Child Health Director. The instability within our Part C Lead Agency leadership and program support staff has resulted in the need for the reestablishment of procedures and communication plans.

Additional information related to data collection and reporting

To ensure consistent and effective services within each Part C program, the Part C State Lead Agency provides ongoing monitoring and quality assurance of each program by collecting, compiling, and analyzing data from each local Part C program. BIBS provides reports based on each indicator and allows child level data to be pulled and organized per District for dissemination to the individual districts. Regional Coordinators meet with assigned Districts to review missing data and verify corrections. Results are then shared in the annual APR and determinations provided to Districts. Corrective Actions are required for any indicator with less than 95% compliance.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

Monitoring System  
  
The Part C State Lead Agency provides ongoing general supervision to each of the 18 local Part C programs to ensure that requirements are met by providing:  
  
• Onsite and/or virtual data verification visits  
• Self-assessments  
• Desk audits  
  
All local programs are monitored annually by the State Regional Coordinators via desk top monitoring. Regional Coordinators conduct record review through random selection of ten child records from each program. In addition to record review, data entered in the state's web-based system, Babies Information and Billing System (BIBS), for each child is also reviewed for compliance with program requirements. Following the review, strengths and areas of improvement are discussed with state and local leaders who follow up with individual Service Coordinators.   
  
When findings of non-compliance are identified in any of the 18 Part C local programs, the State Lead Agency continues to monitor the program and track corrections for a period of a minimum of three (3) months and up to one year following the identification of non-compliance. Local Part C program staff are required to conduct and submit results from a root cause analysis and corrective action plan (CAP) reporting that identifies:  
  
• Areas of non-compliance  
• Underlying cause for non-compliance  
• Strategies for correction  
• Evidence of correction  
  
Provider completion of training requirements are tracked at the district and state level. Post-tests are reviewed and follow-up is provided to ensure implementation of training content.  
  
Dispute Resolution System  
  
The Part C State Lead Agency is committed to addressing parental concerns and resolving disputes. The Part C State Lead Agency staffs a Family Support Coordinator (FSC) responsible for managing a comprehensive dispute resolution system to support this effort. The Part C State Lead Agency is currently set up to track formal written complaints using an Excel spreadsheet and contracts with trained and certified mediators who support all phases of the dispute resolution process. The dispute resolution process was reviewed and updated during this reporting period with the assistance of the Maternal and Child Health legal counsel, the Part C State Lead Agency team, CADRE, and review of other state processes. This workgroup collaborated to ensure all steps in the process were identified and notated according to federal rules and regulations.  
  
Fiscal Monitoring  
  
The Part C actual and projected budgets are reviewed at the state level based on data collected via BIBS. Each district monitors the expenditure of funds and performs review of invoices and bills to assure only appropriate charges are submitted for reimbursement. District’s leadership is responsible for Part C service authorizations services to ensure only allowable, appropriate services are billed. Provider financial audits are conducted bi-annually.

**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 early intervention service (EIS) programs.**

The Part C State Lead Agency provides technical assistance to all 18 local Part C programs. During FFY 2021, all meetings were held virtually, along with oversight to local Part C programs. The Part C State Lead Agency contracts with Valdosta State University to provide technical assistance and support to early intervention providers. To ensure a consistent understanding of APR Compliance and Performance indicators and expectations for appropriate and accurate documentation, technical assistance and training were provided to the local Part C program staff and contract providers virtually. Statewide telehealth training was provided to continue providing services to children and families. The DPH Telehealth, Telemedicine, and Rural Health Initiatives Office continued to provide intensive training on using the WebEx platform to conduct teleintervention. The Part C State Lead Agency also utilizes technical assistance resources through the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). In addition, state and local staff participate in conferences and webinars offered by each resource center. All resources are utilized on an ongoing basis by the Part C programs at the state and local levels.

**Professional Development System:**

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

The State has mechanisms to ensure that service providers effectively provide services that improve results for infants and toddlers with disabilities and their families.  
The Part C State Lead Agency is committed to ensuring that service providers effectively provide services that improve outcomes for infants and toddlers served in Georgia’s Part C program. To meet this goal, the Part C State Lead Agency ensures that each provider has the appropriate certification and/or licensure to support children based on their discipline. As a policy, the provider’s certification/licensure must be verified through the appropriate licensure or credentialing agency by the local Part C program prior to contracting with the Part C program. Contracted providers are responsible for maintaining standards of professional and ethical practice for each professional service operated by the agency. The Part C program utilizes the Primary Service Provider (PSP) Model, an evidenced-based method of service delivery. The Part C State Lead Agency has an ongoing collaborative relationship with pre-service college/university programs -to train special educators, speech-language pathologists, occupational and physical therapists to provide evidence-based practice in early intervention and the Primary Service Provider model of service delivery.   
  
To ensure that providers serving children in the Part C program continue their professional development efforts, the Part C State Lead Agency contracts with Valdosta State University to provide and manage online training modules. Providers can participate in online training modules through Project SCEIs, (Skilled Credentialed Early Interventionists). The modules provide professionals with the skills and knowledge to provide appropriate services to young children with disabilities and their families. Each new service coordinator and special instructor must complete the 5-part module training, which provides instruction on 1) Evaluation and Assessment, 2) Professionalism in Early Intervention, 3) Infant and Toddler Development, 4) Family Systems 5) Team Processes and 6) Child Outcome Summary Training Modules. The course must be completed within six months of being hired or contracted to provide services through the Part C program. In addition, all licensed Part C providers must also complete the Child Outcomes Summary Training modules.  
  
All new service coordinators must complete the Service Coordination Orientation. The Orientation was revised and is offered monthly to ensure the timely processing of all new Service Coordinators. A certificate of completion must be obtained before new service coordinators can engage in service provision in the Part C program. The Part C State Lead Agency puts forth every effort to provide continuing education units for each training opportunity offered to providers and staff.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

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

YES

**Number of Parent Members:**

8

**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 Parent Advisory Workgroup (PAW) is comprised of 8 parents and is a subgroup of the SICC. The parents have been active in reviewing data on Georgia’s Part C program, learning about challenges and successes, providing input to the Part C program on website updates, participating in both COS and FOS workgroups, and participating in the refining of the Comprehensive System of Personnel Development (CSPD). Their next step will be to assist with evaluating progress on the program’s current and new initiatives.

**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.**

During this reporting period, the Part C program has increased efforts to support and maintain parent involvement throughout the program. The Parent Advisory Council Sub- Committee of the SICC has worked hard to increase the number of diverse parents that are members and active participants of the SICC. During recruitment for the PAW, geographical information was collected to ensure family representation from across the state, not just metro Atlanta.   
  
The Parent Advisory Council Sub-Committee of the SICC was able to recruit and successfully train a group of parents that is geographically, racially/ethnically, and diagnostically diverse. To continue the thread of diversity and inclusion, our parent participants also speak various languages and have a child(ren) who are currently and/or previously enrolled in the program.   
  
In addition, the Part C program continues to extend the arc of parent involvement/participation throughout the program. During this reporting period the Part C program added two new Parent Educators.   
  
For this reporting period, the parents participated in the following activities and/or conferences:  
  
- LICC meetings: During these meetings, parents receive Early Intervention information/resources and engage in activities that are geared towards helping families improve the outcomes of children with disabilities.  
- SICC meetings: PAW and SICC Parents attend quarterly.  
- Positive Behavior Support (PBS) Parent Academy trainings: Through these trainings the parents learn about positive behavior and visual support strategies to address their child’s challenging behaviors and improve developmental outcomes.  
- Division of Early Childhood conference with sessions that helped the parents engage in meaningful connections with peers.  
- The Association of Maternal and Child Health Programs (AMCHP) conference  
- Improving Data, Improving Outcomes (IDIO) conference  
- The parent educators worked directly with the local programs and families to plan strategies for improving outcomes.  
- Comprehensive System of Personnel Development (CSPD) training that promotes parent understanding of the needs and opportunities to develop and retain highly qualified providers.  
- Georgia Part C Leadership Curriculum (GA-PCLC) training. Through these trainings, the parents provide input from their perspectives and acquire knowledge, skills, and competencies to improve the state and district early childhood intervention systems as leaders and advocates.  
  
In addition, the Part C program collaborated with Georgia Southern University to develop a diversity training for service coordinators, providers, and district staff for FFY 2021. The trainings were scheduled three (3) different days and times to accommodate the providers and district staff schedules. The training assisted service coordinators, providers, and district staff in training families, appropriately gathering direct input from diverse families, and providing culturally aware services. In addition, cultural competency and diversity trainings will be provided by an outside consulting firm to ensure a culturally aware and prepare workforce.   
   
The State Systemic Improvement Plan (SSIP) is also focused on improving child outcomes (positive social-emotional skills). The state utilizes the evidence-based Pyramid Model to train providers that support Part C families. The Pyramid Model training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model, and Tier III: Understanding and Addressing Challenging Behaviors. These training series equip Part C providers with the knowledge, skills, and tools necessary to support families within a family coaching framework. Pyramid Family survey results showed that the families increased understanding and confidence in their capability to support their child’s social-emotional development as a result of coaching and support from providers.  
  
In collaboration with the SICC, the state plans to support parents to attend conferences (Association of Maternal and Child Health Programs, DEC, Zero to Three, Autism Speaks, Annual Early Hearing Detection and Intervention conference) and internal and external trainings (ECTA SICC Orientation Training, DPH Children’s Medical Services orientation training) to provide opportunities for parents to engage in meaningful connections with peers and access resources to improve outcomes. Additionally, the state is collaborating with the SICC to plan for parent-centered trainings with a video component highlighting procedural safeguards/parent rights as well as improving the EI programs in Georgia.  
  
The Part C program is also collaborating with Georgia State University (GSU) in developing a Part C Family Resource Toolkit. The toolkit includes new public awareness and orientation materials in a variety of formats (videos, print, etc.) to continually educate families on EI (purpose, methodology, core values, data, etc.) and current initiatives to give them context when providing input. The materials will be developed in a family-friendly format considering language barriers, ability to understand, and preferred delivery of information. These new materials and approaches are also intended to locate unserved and underserved children/families to ensure all family groups are included in services, feedback, and input into system improvements.

**Soliciting Public Input:**

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

SICC quarterly meetings are open to the public to provide feedback and learn about the outcomes of the program as well as opportunities for growth. Meeting announcements and links are provided at least one month before the scheduled meeting. All public comments received via email are shared during the SICC meeting and included in meeting minutes. The Part C Coordinator follows up within 48 business hours when contact information is available.   
  
The SICC Executive Committee meets quarterly and provides data analysis and input regarding the APR, target setting, and the Part C application as well as identification and support for opportunities for improvement. All reports to OSEP are reviewed by the Executive Committee prior to submission. Additionally, ad hoc workgroups are developed by the SICC Chair to provide input on individual topics such as target setting and strategic planning for the refinement of Georgia’s Comprehensive System of Professional Development.

**Making Results Available to the Public:**

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

The state provides APR and SSIP results and ongoing status updates during the quarterly SICC public sessions. The Part C Data Manager presents the APR at the public session of the SICC meetings every January for SICC and the public to provide input. The SICC Executive Committee receives the APR before the meeting to prepare and provide feedback. Additionally, brochures and factsheets that contain key information on eligibility, enrollment, and services offered have been developed and shared with the public via the Part C website, early intervention coordinators, and partners.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 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 revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

The Part C State Lead Agency reports annually on the performance of each Part C Local Lead Agency programs’ targets in the SPP/APR. The performance for each local Part C program is posted on the Georgia Department of Public Health’s website as soon as practicable, but no later than 120 days following the State’s submission of its APR as required by 34 CFR §303.702(b)(1)(i)(A) The "APR Public Reporting Tables" and SSIP Reports are posted after the APR is submitted. To find the current public reporting tables of APR and SSIP data, use the following link: https://dph.georgia.gov/babies-cant-wait/bcw-part-c-application-and-reporting   
  
The Annual Performance and SSIP results are available for the public on the Part C website (https://dph.georgia.gov/babies-cant-wait) to review and provide feedback. The website provides links to directly contact the program and/or provide anonymous feedback. Families are also able to review the federal application and provide comments about the program by using the same webpage link noted above. Once approved, the results of the target setting will be posted on the website as well, and the public will be notified of the updated information.

## Intro - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2022 determination letter, the State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2020 SPP/APR or submitting its own SICC annual report.

**Response to actions required in FFY 2020 SPP/APR**

Not Applicable

## 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.

## Intro - Required Actions

OSEP notes that one or more of the Introduction attachment(s) included in the State's FFY 2021 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# 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 noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 92.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 97.10% | 95.41% | 94.28% | 91.19% | 92.91% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 7,389 | 7,547 | 92.91% | 100% | 98.94% | 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.***

78

**Provide reasons for delay, if applicable.**

In FFY2021, some children received services beyond 45 days due to Part C program delay reasons, including:  
  
- Lack of providers available to start a service on time, especially for those who reside in the rural parts of the state  
- Lack of coordination/communication between the service coordinator and providers resulting in a delay in scheduling   
- Documentation of exceptional family circumstances were not available  
  
Exceptional Family Services include:  
  
- Family or child illness  
- Family out of town  
- Other family obligations (e.g., court, medical appointments)  
- Family not available until after the deadline (e.g., work schedule)  
- Personal reasons (e.g., new baby, death in family)  
- Family emergency  
- No show by family  
- Inclement weather  
- COVID

**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).**

Georgia's definition of timely service is 45 days from the parent consent date to the initial date of service.

**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).**

July 1, 2021 - June 30, 2022

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

The population of children with active IFSPs for the period of July 1, 2021, through June 30, 2022, was collected from BIBS. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2021.

**Provide additional information about this indicator (optional)**

The Georgia Early Intervention Program consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 65 | 65 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Per OSEP Memo 09-02, the Part C State Lead Agency verified instances of non-compliance regarding the provision of timely services during BIBS data collection specific to the APR reporting period beginning in July 2021. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Regional Coordinator team and district leadership to develop a Corrective Action Plan (CAP). The districts then submitted their completed CAP to their designated Regional Coordinator monthly for three months for review and approval. Once a finding is issued, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, districts are required to provide supporting documentation to verify all corrections. Regional Coordinators review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C State Lead Agency required that for each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records reflect correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02. In compliance with OSEP, a review of additional quarters is conducted by the Regional Coordinator team to ensure accuracy.   
  
Each local Part C program that had findings of non-compliance was issued an action plan that included assurances that the program was correctly implementing the regulatory requirements and that compensatory services were provided as needed. Verification of correction of each instance of non-compliance was also conducted through the desktop monitoring and TA process based on a review of updated data and a review of the timely delivery of new services added to the IFSP. Each individual instance of non-compliance was reviewed by the Regional Coordinator team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Per OSEP Memo 09-02, the Part C State Lead Agency verified instances of non-compliance with the 45-day timeline for services on the IFSP in a timely manner that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each of the local Part C programs with non-compliance conducted a root cause analysis and received a Corrective Action Plan (CAP) that detailed strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the findings, including verification by the state. As part of the CAP planning process, monthly progress reports are submitted for 3 months, including documentation supporting the correction to ensure compliance with the 45-day timeline for evaluation and assessment. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were not compliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each non-compliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 (E*MAPS*)).

**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** |
| --- | --- |
| 2018 | 98.94% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 98.00% | 98.00% | 98.00% | 98.00% | 98.00% |
| Data | 99.69% | 99.51% | 98.94% | 98.78% | 98.13% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 98.00% | 98.00% | 98.00% | 98.00% | 99.00% |

**Targets: Description of Stakeholder Input**

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

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The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C staff, community agency staff, a local Part C provider, and parents and included multiple races and gender. The Part C data manager, Part C coordinator, and the Part C team developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 7,827 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 8,698 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 7,827 | 8,698 | 98.13% | 98.00% | 89.99% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable.**

The Part C State Lead Agency continues to struggle with provider shortages across the state in all disciplines. Due to ongoing COVID-19 pandemic concerns, providers continue to have limited access to families’ homes. In addition, providers are reluctant to travel to homes and community-based settings. Although in-person services resumed in March 2022, all children whose families opted to have their children seen in a clinic setting as an alternative to having a provider come to their homes in the clinic prior to March 2022 were permitted to continue to receive services in the clinic until the children exit out of the program. This decision was made by the program, so that the family’s services were not disrupted.

**Provide additional information about this indicator (optional).**

The COVID-19 pandemic impacted the provision of services in person. Virtual services were offered to all families in lieu of in-person sessions. However, this was impacted by technology challenges and limited internet access for some families.  
  
The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

## 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 Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

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The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C staff, community agency staff, a local Part C provider, and parents and included multiple races and genders. The Part C data manager, Part C coordinator, and the Part C team developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
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**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2018 | Target>= | 90.00% | 91.00% | 92.00% | 90.50% | 85.00% |
| **A1** | 84.53% | Data | 87.33% | 85.32% | 84.53% | 83.23% | 80.08% |
| **A2** | 2018 | Target>= | 61.00% | 63.00% | 65.00% | 60.00% | 65.00% |
| **A2** | 64.65% | Data | 65.54% | 64.82% | 64.65% | 69.71% | 66.61% |
| **B1** | 2018 | Target>= | 94.00% | 95.00% | 95.00% | 90.50% | 87.50% |
| **B1** | 87.20% | Data | 88.86% | 88.38% | 87.20% | 86.22% | 85.10% |
| **B2** | 2018 | Target>= | 60.00% | 61.00% | 62.00% | 50.00% | 51.00% |
| **B2** | 50.89% | Data | 53.16% | 53.39% | 50.89% | 52.54% | 51.69% |
| **C1** | 2018 | Target>= | 93.00% | 93.00% | 94.00% | 90.50% | 86.20% |
| **C1** | 86.06% | Data | 89.46% | 88.27% | 86.06% | 87.42% | 84.10% |
| **C2** | 2018 | Target>= | 61.00% | 63.00% | 65.00% | 60.00% | 68.20% |
| **C2** | 68.02% | Data | 67.71% | 69.06% | 68.02% | 72.42% | 67.15% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 85.00% | 85.00% | 86.00% | 86.00% | 86.00% |
| Target A2>= | 65.00% | 65.00% | 66.00% | 66.00% | 66.00% |
| Target B1>= | 87.50% | 87.50% | 87.80% | 87.80% | 87.80% |
| Target B2>= | 51.00% | 51.00% | 52.00% | 52.00% | 52.00% |
| Target C1>= | 86.20% | 86.20% | 86.50% | 86.50% | 86.50% |
| Target C2>= | 68.20% | 68.20% | 68.50% | 68.50% | 68.50% |

**FFY 2021 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

5,019

**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 | 26 | 0.52% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 696 | 13.87% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,109 | 22.10% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,802 | 35.90% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,386 | 27.62% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 2,911 | 3,633 | 80.08% | 85.00% | 80.13% | 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 | 3,188 | 5,019 | 66.61% | 65.00% | 63.52% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

During a data review in FFY21, the state identified inconsistencies in child outcome scores. Upon further review it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically in identifying that progress was in fact made for children enrolled our program. Some providers may not have understood that most children should make some developmental progress; therefore, they may have been answering “no” to the question.   
  
Currently, all providers are required to complete the COS modules. After further discussion with both the State team and local teams about the COS data, the program determined that providers struggled to comprehend the concept of the COS modules which resulted in inconsistent data. As a result, the program along with partners at ECTA, have created a workgroup to design a COS training to improve the providers ability to accurately complete the COS.   
  
Data slippage is consistent with changes in practice that would occur when practitioners better understand and more accurately apply COS rating criteria. Current performance of outcomes data is consistent with those expected from more accurate data. We know through Theory of Change that, following a system-wide change event, data typically reflects a decrease in outcomes. Recovery can take two to three years post-implementation before a demonstration of effective change is evident.   
  
In addition, the COVID-19 pandemic continues to play a significant role in the slippage in child and family outcomes. Fewer services were offered due to a provider shortage and continued telehealth limitations.

**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 | 23 | 0.46% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 741 | 14.76% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,778 | 35.43% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,075 | 41.34% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 402 | 8.01% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 3,853 | 4,617 | 85.10% | 87.50% | 83.45% | Did not meet target | 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 | 2,477 | 5,019 | 51.69% | 51.00% | 49.35% | Did not meet target | Slippage |

**Provide reasons for B1 slippage, if applicable**

During a data review in FFY21, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically in identifying that progress was in fact made for children enrolled the program. Some providers may not have understood that most children should make some developmental progress; therefore, they may have been answering “no” to the question.  
  
Currently, all providers are required to complete the COS modules. After further discussion with both the State team and local team about the COS data, the program determined that the providers struggled to comprehend the concept of the COS modules which resulted in inconsistent data. As a result, the program along with partners at ECTA, created a workgroup to design a COS training to improve the providers ability to accurately complete the COS. The COS workgroup consists members of the state lead agency, ECTA partners, local program leadership, and public and private providers. The workgroup meets monthly and has met three times. Based on discussions and research completed, the COS group has developed the following goals: 1) develop and implement recurring training on child outcomes summary process and data quality and use; 2) revise the COS policy and procedure manual as an update to outputs from training workgroup; and 3) integrate COS and IFSP processes. With the development of the COS workgroup, the program is confident that the training, training tools, and resources created will support the local program staff, public and private providers’ knowledge, and ability to accurately complete the COS process.   
  
In addition, the COVID-19 pandemic continues to play a significant role in the slippage in child and family outcomes. Fewer services were offered due to a provider shortage and continued telehealth limitations.

**Provide reasons for B2 slippage, if applicable**

During a data review in FFY21, the state identified inconsistencies in child outcome scores. Upon further review, it was determined that some providers had not completed the COS training modules as they were considered optional. This lack of training may have resulted in inaccurate ratings specifically in identifying that progress was in fact made for children enrolled the program. Some providers may not have understood that most children should make some developmental progress; therefore, they may have been answering “no” to the question.  
  
Currently, all providers are required to complete the COS modules. After further discussion with both the State team and local team about the COS data, the program determined that providers struggled to comprehend the concept of the COS modules which resulted in inconsistent data. As a result, the program along with partners at ECTA, have created a workgroup to design a COS training to improve the providers ability to accurately complete the COS.  
  
In addition, the COVID-19 pandemic continues to play a significant role in the slippage in child and family outcomes. Fewer services were offered due to a provider shortage and continued telehealth limitations.

**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 | 21 | 0.42% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 581 | 11.58% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,009 | 20.10% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,209 | 44.01% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,199 | 23.89% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 3,218 | 3,820 | 84.10% | 86.20% | 84.24% | 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 | 3,408 | 5,019 | 67.15% | 68.20% | 67.90% | Did not meet target | No Slippage |

**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 | 9,611 |
| 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. | 7 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | NO |

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

YES

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

The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input, are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. COS scores are entered into BIBS by the local Part C programs, and final data was then gathered from BIBS.

**Provide additional information about this indicator (optional).**

The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

## 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.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, 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 and 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2018 | Target>= | 98.00% | 98.00% | 98.00% | 90.00% | 91.20% |
| A | 91.15% | Data | 96.91% | 94.15% | 91.15% | 91.60% | 90.73% |
| B | 2018 | Target>= | 96.00% | 96.00% | 96.00% | 96.50% | 90.50% |
| B | ###C04BBASEDATA### | Data | 97.38% | 93.97% | 90.41% | 92.41% | 89.26% |
| C | 2018 | Target>= | 96.00% | 96.00% | 96.00% | 96.50% | 86.50% |
| C | 86.39% | Data | 97.43% | 90.37% | 86.39% | 90.30% | 85.91% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 91.20% | 91.20% | 91.50% | 91.50% | 91.50% |
| Target B>= | 90.50% | 90.50% | 90.80% | 90.80% | 90.80% |
| Target C>= | 86.50% | 86.50% | 86.80% | 86.80% | 86.80% |

**Targets: Description of Stakeholder Input**

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C program data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C staff, community agency staff, a local Part C provider, and parents and included multiple races and gender. The Part C data manager, Part C coordinator, and the Part C team developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 9,027 |
| Number of respondent families participating in Part C | 574 |
| Survey Response Rate | 6.36% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 569 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 572 |
| 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 | 563 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 567 |
| 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 | 558 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 562 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 90.73% | 91.20% | 99.48% | Met target | No 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) | 89.26% | 90.50% | 99.29% | Met target | No 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) | 85.91% | 86.50% | 99.29% | Met target | No Slippage |

| **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 |
| 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 |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Survey Response Rate | 12.22% | 6.36% |

**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 impact of the COVID pandemic affected the survey distribution and the number of families that responded in FFY2021. As the pandemic continued to impact the program, the service coordinators were not able to meet in person with the families to distribute and collect surveys. Some families, especially in rural areas of the state, were not able to respond to the online surveys due to difficulty accessing technology.  
  
In FFY2017, the Part C program began using the FOS version 2010 and implemented a new process for survey distribution and collection that involves using a state vendor. As a result, the Part C State Lead Agency has experienced a decrease in response rates. The Part C State Lead Agency is re-examining this process with plans to review the effectiveness of the survey, the mechanisms for distribution, and a process to follow-up and ensure families understand the survey and have the tools to complete it. The Part C State Lead Agency has asked the SICC to convene a FOS workgroup that will include stakeholders of the SICC as well as members from both the state team (including the family support coordinator), local Part C program staff, Parent Advisory Workgroup, and providers. This FOS workgroup will discuss the current FOS process and provide recommendations to improve the rate of survey completion. The Family Support Coordinator has developed a short five (5) question survey that will be offered to families at various times during a family’s experience with the State Part C Lead Agency (i.e., eligibility process, IFSP reviews, and transition). Obtaining this data/information from families throughout their experience with the Local Part C program will provide the State Part C Lead Agency insight into our family’s satisfaction with the program prior to their exit from the program.   
  
In addition, the State Part C Lead Agency is collaborating with the University of Georgia (UGA) to address and understand the reasons for non-response bias by conducting an environmental scan. This environmental scan will focus on the following:  
  
• Increase access to early intervention services in districts with low referral rates and high needs,  
• Assist in the achievement of equitable outreach and services across the state,  
• Maximize the impact of early intervention services,  
• Identify the demographics of who is receiving services and providing services, and  
• Identify barriers in the enrollment process and delivery of services.  
  
The State Part C Lead Agency will use the data from the environmental scan as well as the data collected from the Family Support Coordinator to examine, analyze, and address all reasons for non-response bias with our FOS process.

**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.**

For the response rate analysis, the state utilized the number of families that responded to the survey as the numerator, and the denominator included all surveys in the distribution packets that were generated by the vendor for the period of 7/1/2021 to 6/30/2022.   
  
The Part C Lead Agency utilizes its data system to reduce any non response barriers related to languages by offering a systematic feature that converts the online FOS survey in the most common spoken languages used and known across the state. Additional steps taken to reduce non-response bias and promote response from a broad cross section of families that received Part C services, includes training of local programs and providers, SICC support, and collaboration with the data system vendor to identify strategies to address non-response bias. Training was provided to both the Local Part C program staff and contract providers regarding the purpose and importance of the FOS-R.   
  
The Part C Lead Agency in collaboration with the SICC is convening an ad hoc workgroup of parents to better understand the roadblocks presented by the current process and identify viable mechanisms for improvement. A survey link, accessible to service coordinators and families, will be added to the survey distribution packets that are emailed to families. The Part C State Lead Agency then will have service coordinators provide the FOS-R to families in-person or via electronic file, along with the email from the data system. The state is also examining the feasibility of partnering with service coordinators to discuss reasonable strategies to increase the FOS response including providing a five-question survey from the FOS-R to families prior to each quarterly and annual meeting to ensure families are comfortable accessing and completing the survey. This will allow them to review and explain each question with the family and potentially improve completion rates. Data is collected regarding the demographics of who does and does not complete the survey. Those demographics include race, gender, family cost participation rates, Medicaid/private insurance, eligibility category, etc. Descriptive and explorative analysis will be conducted to allow the state to understand who does and does not complete the survey. Additional targeted steps to reduce non-response bias can be effectively developed and implemented following analysis.

**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.**

The Part C State Lead Agency uses the Family Outcome Survey (FOS) tool developed by the ECO Center to capture data for Indicator 4. The FOS is offered to every family when transitioning from the program. Families participating in Part C in Georgia, whose child has been enrolled in the program for at least six months, are given the opportunity to complete the Family Outcome Survey upon exit from the program except for those families who were unable to be located or contacted.   
  
The representativeness of the surveys was assessed by examining the demographic characteristics of the children's parents/caregivers who responded to the survey compared to all Part C children demographic characteristics who were receiving services. After examining the data, the Part C Lead Agency determined that the majority of the responses came from White (Not Hispanic) families residing in the urban areas of the state. Below you will find the Part C Lead Agency's aggregated data for the FFY2021 FOS responses:  
  
Ethnicity: Asian - 3.6%, Asian (Not White) - 0.19%, Black, African American (not Hispanic) - 35%, Black, African American (Not Hispanic), Hispanic/Latino - 0.95%, Black, African American (Not Hispanic), White (Not Hispanic) - 2.8%, Hispanic/Latino - 2.42%, Hispanic/Latino, White (Not Hispanic) - 10%, White (Not Hispanic) - 45%  
  
Demographic Area: Urban - 44.8%, Rural 26.8%, Mountainous - 28.4%

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

The Part C Lead Agency used the Representativeness Calculator developed by ECTA to examine the demographic characteristics of the children whose parents/caregivers responded to the survey, compared to Part C children demographic characteristics who were receiving services. The comparison included race, ethnicity, age, language, eligibility reason, and geographic location. The results indicated the results of the survey are generally representative by geographic location, race, and ethnicity.

**Provide additional information about this indicator (optional).**

During the COVID-19 pandemic, several variables may have impacted Indicator 4 data for FFY21 Reporting. For example, local programs had limited ability to distribute paper copies as in previous years, family stressors or circumstances during COVID-19 may have impacted families' responses to the survey, and families and local program staff were continuing to adjust to virtual services. The impacts of COVID 19-are ongoing as Georgia continues to offer a hybrid model of virtual services and families continue to balance and prioritize responsibilities.  
  
The Part C Lead Agency recently was chosen to participate in the ECTA Equity in Family Outcomes Cohort. The ECTA Equity in Family Outcomes Cohort includes intensive TA focused on advancing equity in family outcomes and includes 24-months of individualized and cross-state/entity TA provided by ECTA and TA partners at the DaSy Center.   
  
The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

## 4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias, including steps to reduce any identified bias and promote response from a broad cross section of parents with disabilities, as required by the Measurement Table.   
  
In the FFY 2021 SPP/APR, the State must describe the metric used to determine representativeness, as required by the Measurement Table.

**Response to actions required in FFY 2020 SPP/APR**

The Part C State Lead Agency, along with support from SICC and DaSy partners, are developing a workgroup to investigate and address any areas of implicit bias within our FOS process. The workgroup will focus on questions on the survey including the number of questions, the order of the questions, how the purpose of the FOS is explained to families, and providers’ (including service coordinators) understanding of the FOS and its purpose.   
  
In addition, the family and support coordinator is collaborating with the Parent Advisory Workgroup (PAW) to develop a short survey that will be distributed at different times throughout a family’s experience with the program. This short survey will address specific activities that the family has engaged in during that time with the program (e.g., survey distributed after eligibility determination to learn how the eligibility process was for the family).

## 4 - OSEP Response

In its description of its FFY 2021 data, the State did not describe strategies that will be implemented to increase the response rate year over year for those groups that are underrepresented, as required by the Measurement Table.   
  
The State reported that its response rate for FFY 2021 is 6.36% and that: (1) the data are representative of the demographics of families participating in early intervention services; and (2) nonresponse bias was not identified. The State must describe how it determined: (1) the data are representative; and (2) that nonresponse bias was not present.

## 4 - Required Actions

In the FFY 2022 SPP/APR, the State must describe strategies which are expected to increase the response rate for those groups that are underrepresented. In addition, the State must also analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of families.   
  
The State must report in the FFY 2022 SPP/APR whether its FFY 2022 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.

# 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 E*DFacts* Metadata and Process System (E*MAPS*)) 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.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 0.80% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.85% | 0.90% | 1.00% | 0.75% | 0.75% |
| Data | 0.75% | 0.74% | 0.80% | 0.96% | 0.78% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.75% | 0.75% | 0.85% | 0.85% | 0.85% |

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C program data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C program staff, community agency staff, a local Part C program provider, and parents and included multiple races and gender. The Part C Data Manager, Part C Coordinator, and the Part C team developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 694 |
| 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, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 120,296 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 694 | 120,296 | 0.78% | 0.75% | NVR | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The Part C State Lead Agency is working closely with Georgia’s Children 1st program (the state’s single point of entry program) to investigate why children in this age range receiving EI services in Georgia is low. Both Part C and Children 1st have plans to meet and develop a plan of action including streamlining program processes. The program will also collaborate with stakeholders on the SICC to discuss strategies to improve this matter.

**Provide additional information about this indicator (optional)**

The Part C State Lead Agency identified inaccurate Child Count and Settings by Age data submitted July 2022. Analysis was conducted again, and updated results indicate 849 should be utilized for the numerator in this measure, like the initial submission in March 2022. Updated results of Child Count and Settings data will be shared with OSEP upon request and notated in the subsequent Child Count and Settings data submission. Data quality measures, such as documentation of analysis methods, will ensure data quality going forward. With the numerator of 849, the FFY2021 Data for this measure is 0.71%.  
  
The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.  
  
The Part C Lead Agency has undergone recent staffing challenges such as the resignation of the Part C Coordinator, Part C Data Manager, and the Maternal & Child Health Director. The current Part C Coordinator entered into their role as of November 2022. The previous Part C Coordinator and Part C Data Manager discussed discrepancies in Indicator 5 with OSEP. Without any available information about the discussion between OSEP and the previous Part C Lead Agency leadership, the current Part C Coordinator and Interim Part C Data Manager is unsure of any decided upon next steps and/or actions.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because there is a discrepancy between the State's 2021-22 EMAPS IDEA Part C Child Count and Settings data, used to prefill the FFY 2021 Data Table, and the State's narrative under "Provide additional information about this indicator." Specifically, the State reported that its Child Count data are inaccurate and that the correct number of infants and toddlers birth to one with IFSPs is 894 instead of 694. Therefore, OSEP could not determine whether the State met its target.

## 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 (E*MAPS*)) 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.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 2.51% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.00% | 2.10% | 2.20% | 2.20% | 2.30% |
| Data | 2.10% | 2.41% | 2.51% | 2.67% | 2.31% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.35% | 2.35% | 2.40% | 2.45% | 2.55% |

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C program data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C program staff, community agency staff, a local Part C program provider, and parents and included multiple races and gender. The Part C Data Manager, Part C Coordinator, and the Part C team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 8,698 |
| 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, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 370,872 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,698 | 370,872 | 2.31% | 2.35% | 2.35% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

The state is collaborating with the University of Georgia and using American Rescue Plan funds to complete an environmental scan to understand communities’ resources and understanding of BCW as well as family access to services. The results of the scan will be used to develop an outreach plan to reduce community barriers for families.  
  
The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

## 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 noncompliance as noted in OSEP’s response table 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 98.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.60% | 98.48% | 98.10% | 98.26% | 98.07% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,237 | 8,356 | 98.07% | 100% | 99.28% | Did not meet target | No Slippage |

**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.**

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**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances include:  
  
- Child illness/hospitalization  
- Parent requested delay  
- Delay in parent response to program  
- State of emergency/act of nature  
- Family emergency  
- No show by family  
- Family not available until after deadline (e.g., work schedule)  
- Family out of town/other obligations  
  
In FFY2021, some children had an IFSP process completed beyond 45 days due to Part C program delays. These delays include:   
  
- Documentation of exceptional family circumstances not provided  
- Provider illness/COVID  
- Provider Shortage

**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).**

July 1, 2021 – June 30, 2022

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

The population of children exiting during the reporting period of July 1, 2021, to June 30, 2022, was collected from BIBS. The Part C State Lead Agency is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2021.

**Provide additional information about this indicator (optional).**

The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 47 | 47 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Per OSEP Memo 09-02, the Part C State Lead Agency verified instances of non-compliance that were identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C programs with non-compliance conducts a root cause analysis and receives a Corrective Action Plan (CAP) that detailed strategies the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the findings, including verification by the state. As part of the CAP planning process, monthly progress reports are submitted for 3 months, including documentation supporting the correction to ensure compliance with the 45-day timeline for evaluation and assessment. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were not compliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each non-compliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning, and any changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C State Lead Agency required that for each incidence of non-compliance, the Local Part C program must report to the Part C State Lead Agency the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program. The local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Per OSEP memo 09-02, the Part C State Lead Agency verified instances of non-compliance with the 45-day timeline for the development of the IFSP in a timely manner that have been identified through BIBS data collection specific to the APR reporting period beginning in June 2021. Each local Part C program with non-compliance conducts a root cause analysis and receives a Corrective Action Plan (CAP) that detailed strategies the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the findings, including verification by the state. As part of the CAP planning process, monthly progress reports are submitted for 3 months, including documentation supporting the correction to ensure compliance with the 45-day timeline for evaluation and assessment. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were not compliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents were reviewed to confirm progress and improvement for each non-compliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning, or any changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 = [(# of toddlers with disabilities exiting Part C 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.58% | 100.00% | 99.57% | 99.28% | 99.34% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,445 | 4,476 | 99.34% | 100% | 99.60% | 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.**

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**Provide reasons for delay, if applicable.**

- Service Coordinator illness  
- Staff Turnover  
  
Exceptional Family Circumstances included:  
  
- Child illness/hospitalization  
- Parent request  
- Delay in parent response  
- State of emergency/act of nature

**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).**

07/01/2021 - 06/30/22

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

The population of children exiting during the reporting period of July 1, 2021, to June 30, 2022, was collected from BIBS. BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 local Part C programs. Data validation involves the local Part C program staff verifying the data reported in the APR. Each local program provided the state with verification of the actual exit date from the program to calculate this indicator.

**Provide additional information about this indicator (optional)**

The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 31 | 31 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Per OSEP memo 09-02, the Part C State Lead Agency verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C program with non-compliance conducts a root cause analysis and receives a CAP that detailed strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports are submitted. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents are reviewed to confirm progress and improvement for each noncompliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning, or any changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C State Lead Agency required that for each incidence of non-compliance, the local Part C Program must report the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Per OSEP memo 09-02, the Part C State Lead Agency verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C program with non-compliance conducts a root cause analysis and receive a CAP that details strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports are submitted. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents are reviewed to confirm progress and improvement for each noncompliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 = [(# of toddlers with disabilities exiting Part C 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.38% | 97.29% | 97.29% | 99.20% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,353 | 4,479 | 100.00% | 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.**

126

**Provide reasons for delay, if applicable.**

Not Applicable

**Describe the method used to collect these data.**

For the LEA notification, data for children who exited the Part C program during the reporting period of FFY 2021 from July 1, 2021, through June 30, 2022, for each local Part C program was collected from the BCW database. The data was verified with the local Part C program and used to calculate this indicator. The local Part C programs were given the list of children and asked to provide the date and method the local Part C program used to notify the local school system. For the SEA, a report from the BCW database was generated and uploaded to the secure Georgia Department of Education file transfer protocol (FTP) site.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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).**

July 1, 2021 - June 30, 2022

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

The population of children exiting during the reporting period of July 1, 2021 to June 30, 2022 was collected from BIBS. The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2021.

**Provide additional information about this indicator (optional).**

The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 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 = [(# of toddlers with disabilities exiting Part C 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) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP’s response table 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 74.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.83% | 99.12% | 98.96% | 97.77% | 97.95% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has 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. (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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,459 | 4,479 | 97.95% | 100% | 99.84% | 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.**

13

**Provide reasons for delay, if applicable.**

Reasons for delays on the part of the programs included:  
  
- Service Coordinator illness  
- Service Coordinator miscalculation of transition timeline  
- Staff turnover  
- Scheduling issues  
- COVID

**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).**

July 1, 2021 - June 30, 2022

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

The population of children exiting during the reporting period of July 1, 2021, to June 30, 2022, was collected from BIBS. BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 Local Part C programs. Data validation involves the local Part C program staff verifying the data reported in the APR. Each local Part C program provided the state with verification of the actual exit date from the program to calculate this indicator.

**Provide additional information about this indicator (optional).**

The Part C State Lead Agency consulted with OSEP to make changes to reporting period to align APR and 618 reporting periods. Previous APR submission reporting period was one quarter, this APR submission includes full year data from July 1, 2021 – June 30, 2022.  
  
Per OSEP memo 09-02, the Part C State Lead Agency verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C program with non-compliance conducts a root cause analysis and receives a CAP that details strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports are submitted. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents are reviewed to confirm progress and improvement for each noncompliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that the achieved 100% compliance within one year based on review of updated data.   
  
Year Findings of Noncompliance Were Identified: FY2019  
Findings of Noncompliance Not Yet Verified as Corrected as of FFY2020: 0  
Findings of Noncompliance Verified as Corrected: 12  
Findings Not Yet Verified as Corrected: 0  
  
The Part C State Lead Agency required that for each incidence of non-compliance, the local Part C Program must report the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. The Regional Coordinator's review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 20 | 20 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Per OSEP memo 09-02, the Part C State Lead Agency verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C program with non-compliance conducts a root cause analysis and a receives a CAP that detailed strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports are submitted. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents are reviewed to confirm progress and improvement for each noncompliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

The Part C State Lead Agency required that for each incidence of non-compliance, the local Part C Program must report the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 12 uncorrected findings of noncompliance identified in FFY 2019 were corrected.   
  
When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (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 Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

Per OSEP memo 09-02, the Part C State Lead Agency verifies instances of non-compliance that have been identified through BIBS data collection specific to the APR reporting period beginning in July 2021. Each local Part C program with non-compliance conducts a root cause analysis and receives a CAP that details strategies that the program will take to correct non-compliance within 90 days when feasible, but no later than one year from notification of the finding, including verification by the state. As part of the CAP planning process, progress reports are submitted. After CAP activities have been completed, the designated state Regional Coordinator reviews the files that were noncompliant, additional child records not identified in the initial review, as well as supporting documentation submitted to ensure continued compliance. The documents are reviewed to confirm progress and improvement for each noncompliant indicator. The local Part C program is notified of the verification of correction of non-compliance and improved performance through a formal letter closing the CAP. The information is further used for program improvement, planning and/or changes needed in policies and procedures. Subsequent data monitoring is conducted at the state and local level throughout the year via chart reviews and desktop audits to ensure continued compliance with regulatory requirements. Follow-up was scheduled by the Regional Coordinator team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data.  
  
The Part C State Lead Agency required that for each incidence of non-compliance, the local Part C Program must report the date that the service began even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records reflected correction for each individual case of non-compliance unless the child was no longer within the jurisdiction of the local Part C program, and the local Part C program was required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 (E*MAPS*)).

**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 baseline 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 baseline 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.**

This indicator is not applicable because the Part C State Lead Agency uses Part C dispute resolution procedures.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# 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 (E*MAPS*)).

**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 baseline 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 targets 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C program staff, community agency staff, a local Part C program provider, and parents and included multiple races and gender. The Part C Data Manager, Part C Coordinator, and the Part C State Lead Agency team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 98.00% |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

Per OSEP response "The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held."

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 that must be 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., 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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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)?**

Georgia’s State-identified Measurable Result (SiMR): “Increase the percentage of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships.” (APR Indicator 3A; measurement: Summary Statement 1).  
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 [(c + d) / (a + b + c + d)].

**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://dph.georgia.gov/babies-cant-wait/bcw-part-c-grant-application-and-public-reporting

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** |
| --- | --- |
| 2018 | 84.53% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 85.00% | 85.00% | 85.50% | 85.50% | 85.50% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (c+d) | (a+b+c+d) | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 2,911 | 3,633 | 80.08% | 85.00% | 80.13% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2021 data.**

Georgia collected, analyzed and reviewed APR data for indicator 3A summary statement 1 from the state data base during the APR data inspection period to monitor progress towards the SiMR. The percentage change/increase is calculated as:  
  
(posttest scores - pretest scores)   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x 100 = % increase  
 pretest scores

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

Georgia utilizes the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process to collect data on child outcomes. The COS is a standardized method of reporting a child’s developmental status using the seven-point COS rating scale. Multiple sources of information, such as assessments, IFSPs, and parent input, are collected to help determine the child’s functioning across the three outcomes to determine the COS ratings. COS scores are entered into BIBS by the local Part C programs, and final data was then gathered from BIBS. The data was analyzed and reviewed by the Early Intervention state team.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

In addition to the APR Child outcome data, Georgia utilizes the following data sources to provide evidence of progress towards achieving the intended improvements to infrastructure and SiMR.   
  
COS Online Module Training Data - The COS training is aimed at improving practitioner knowledge, understanding and correct implementation of COS ratings procedures. Participant content knowledge related to COS was assessed prior to taking the online COS module and following completion using the Pre-Post Content Knowledge Assessments.  
  
Pyramid Training Pre-and Post-test Data   
Pre-test surveys have been utilized to collect data on practitioner knowledge of Pyramid evidence-based practices before and after the Pyramid trainings.   
  
Pyramid Provider Self-Assessment Survey Data   
The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.   
  
Pyramid Provider Observation Survey Data   
The Pyramid Provider Observation Checklist was used to observe Pyramid trained providers. Observations are done quarterly by trained EICs and/or Master Cadres at the implementation sites to further assess practice change and fidelity of practice.   
  
The Pyramid Family Survey   
The Pyramid Family Survey was used to assess family perception of support and practices as well as family understanding and confidence in supporting their child’s social-emotional development.

**Did the State identify any general data quality concerns, unrelated to COVID-19, that 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.**

Link to evaluation plan: https://dph.georgia.gov/babies-cant-wait/bcw-part-c-grant-application-and-public-reporting

**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.**

Improvement strategy 1A:   
Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families.  
  
COS Trainings  
The Early Childhood Technical Assistance (ECTA) Center and IDEA Early Childhood Data Systems (DaSy) online COS Process training module was added as planned to BCW’s professional development website managed by Valdosta State University (VSU) effective July 1, 2017. All new providers must complete the online COS training module within 60 days of hire or contract date. A score of 80% on the final quiz is required for a Certificate of Completion.   
  
Intended outcomes  
  
Short term:   
• Practitioners have access to policies and procedures that support implementation of the COS process with fidelity.   
• Improved communication channels between local BCW programs, practitioners, and state lead agency.  
• Improved skill sets and knowledge of providers and staff in the COS process   
  
Intermediate:   
• Practitioners at implementation sites implement the COS process with fidelity.  
• Each family’s perspective of their child’s development is included in the COS process.  
  
Improvement Strategy 2: Provide ongoing training, technical assistance, supervision, resources, and support to implement the Pyramid Model’s three tiers of intervention practice: universal promotion for all children; secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges.  
  
Implementation of Evidence Based Practices: Pyramid Model Pyramid Training  
During this year, there was scale-up in expansion of the Pyramid model training series to cover all the 18 local Part C program s. The Pyramid training series continued as detailed in Phase III Year 2 for new or existing Master Cadre, Special Instructors and Service Coordinators at all local Part C program implementation sites to implement evidence-based practices that support improvements in the SiMR.  
  
Family Coaching-Pyramid Model Webinar Objectives:  
• Familiarize trainees with the Pyramid Model/Multi-Tiered System of Positive Behavior Support  
• Educate providers around Universal Supports at Tier I, required for social-emotional development in all children  
• Equip providers with evidence-based approaches to family coaching, especially for children at-risk for social-emotional delays at the Secondary, or Tier II level of intervention  
• Introduce trainees to essential concepts related to functional assessment of behavior and individualized positive behavior supports at the Tertiary level of support, or Tier III

**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.**

• Alignment of Evaluation Measures with the Theory of Action (ToA)  
• Georgia’s evaluation plan includes questions, measures, and methods for each improvement strategy. As a result of feedback from stakeholders, two priorities based on the ToA were the focus of SSIP improvement strategies.  
  
Support social-emotional development of children through implementation of the Pyramid Model  
  
Intended outcomes  
  
Short term:   
• Training is conducted for new and ongoing practitioners at implementation sites.  
• Part C staff (state and local level), Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model.  
  
Intermediate:  
• Part C workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended  
• Families will have improved understanding of and confidence in strategies to support their child’s social-emotional development  
  
Long term:  
• Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships  
  
Family Coaching-Pyramid Model Webinar Outcomes  
  
Participant content knowledge related to family coaching strategies and the Pyramid Model was assessed prior to webinar initiation and following webinar completion using the Pyramid-Family Coaching Webinar Pre-Post Content Knowledge Assessment. This webinar training was created by Dr. Erin Barton of Vanderbilt University, and the abbreviated version distributed to all targeted local Part C programs was created by Dr. Barton through a partnership with the state early intervention program in West Virginia. The content from this abbreviated training was combined with content and expertise from GSU-CLD. The resulting training was then formatted into a 90-minute pre-recorded webinar, with an accompanying activity packet to be completed as the webinar is viewed. The Family Coaching webinar and accompanying activity packet were distributed throughout the 18 local Part C programs to every service coordinator and special instructor. All service coordinators and special instructors in each local Part C program were given deadlines to complete the webinar, quiz, and its associated activity packet. speech-language pathologists, occupational therapists, and physical therapists also had the option of completing the webinar and accompanying activity packet.  
  
Between, September 1, 2021, and August 10, 2022 a total of 20 providers from local Part C programs completed the Family Coaching-Pyramid Model trainings.. The overall average content knowledge score prior to the Family Coaching-Pyramid Model Webinar was 61.0%. The overall average content knowledge score following the Family Coaching-Pyramid Model Webinar was 89.5%. As a result of the Family Coaching-Pyramid Model Webinar, the eight local Part C programs in this training cohort performed 47% better on the post-test compared to the pre-test.  
  
• PIWI: Across local Part C programs, overall average content knowledge score prior to the training was 74.6% and after the training was 94.7%. As a result of the training, overall average content knowledge scores increased by 26.9%.   
• Family Coaching: Across local Part C program s, overall average content knowledge score prior to the training was 60.1% and after the training was 96.2%. As a result of the training, overall average content knowledge scores increased by 60.1%.   
• Tier III: Master cadre trainings- Across local Part C programs, overall average confidence prior to the training was 62.9% and after the training was 82.6%. As a result of the training, overall average confidence across local Part C program s increased by 31.3%. Additionally, overall average content knowledge score prior to the training was 72.8% and after the training was 89.9%. As a result of the training, overall average content knowledge scores increased by 23.5%.   
  
Intermediate outcome: Part C providers and staff at implementation sites will implement Pyramid Model as intended.   
• Provider-Self Assessment Survey administered to providers to assess implementation of Pyramid practices as intended.  
o Results: Survey link was sent to 238 providers with 125 (52.5%) of the providers responding to the survey. Overall, 97.6% of respondents at implementation sites self-reported using specific evidence-based practices to support parents and caregivers in improving their child’s social-emotional skills.   
• Observations of trained practitioners at implementation sites by master cadres using the Pyramid Provider Observation checklist.   
o Results: 15 providers were observed by the master cadres. Overall, 73.3% of the observed providers used specific evidence-based practices to support parents and caregivers in improving their child’s social-emotional skills  
  
Intermediate outcome: Families will have improved understanding and confidence in strategies to support their child’s social-emotional development.   
  
• Pyramid Family Survey distributed to families by Pyramid trained providers.   
o Results: 91 families responded to the survey with 89-90 responding to survey questions. 100% of the families responding reported that they had improved understanding and had confidence in the strategies to support their child’s social emotional development. Additionally, 98.9% of the families reported that the provider’s observations, comments, and suggestions supported their competence as parents.  
  
Measurement: Review of APR Data for Indicator 3A summary statement 1 for FFY2021.  
Results: 80.13% of infants and toddlers were nearer or met age expectations for positive social-emotional skills including social-relationships.

**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.**

Not Applicable

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

Not Applicable

**Provide a summary of each evidence-based practice.**

Not Applicable

**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.**

Not Applicable

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

Not Applicable

**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.**

Not Applicable

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

Not Applicable

**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.**

While progress has been made in training outcomes, evaluation data suggests to the need to continue the implementation of training/training modules to increase training outcomes; additionally, while progress has been made to SiMR, target has not been met indicating additional need for more training.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The Part C State Lead Agency solicit stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (Speech-language pathologists, occupational therapists, and physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current Part C data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included district staff, community agency staff, a district provider, and parents and included multiple races and gender. The interim Part C Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

The Part C State Lead Agency solicits stakeholder input on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Councils are comprised of stakeholders representing parents, public and private providers (speech-language pathologists, Occupational Therapists, and Physical Therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Coordinators, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).   
  
The SICC developed a workgroup to conduct a deep-dive review and evaluate the historical and current BCW data and provide input regarding changes to the baselines and targets for each performance indicator. The diverse workgroup was selected by the SICC Chair and included local Part C staff, community agency staff, a local Part C program provider, and parents and included multiple races and gender. The interim BCW Data Manager, Part C Coordinator, and the State team has developed a presentation, tables, and graphics to facilitate discussions with the workgroup. The APR draft will be provided to stakeholders prior to the OSEP submission date.   
  
In addition, the Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

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

The Part C State Lead Agency continues to engage members of the State Systemic Improvement Plan Stakeholders group to help identify and refine targets based on data analysis of state performance. This group is comprised of representatives from Part C Local Lead Agencies across the state, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, University of Georgia, Georgia State University, Parent Training and Information Center, public and private community partners, as well as parents of children with and without special needs. The Part C State Lead Agency coordinates quarterly meetings for the State Interagency Coordinating Council. Updates on targets are periodically shared with the council and members provide input on targets, including revisions.

**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.**

Not Applicable

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

Not Applicable

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

Not Applicable

**Provide additional information about this indicator (optional).**

The Part C Lead Agency has undergone recent staffing challenges such as the resignation of the Part C Coordinator, Part C Data Manager, and the Maternal & Child Health Director. The current Part C Coordinator entered into their role as of November 2022. Without any available information related to the data created by the previous Part C Lead Agency leadership and Part C Data Manager, the current Part C Coordinator and the Interim Part C Data Manager is unsure of any decided upon next steps and/or actions.

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State did not provide the numerator and denominator descriptions in the FFY 2021 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2021 data.  
  
The State did not describe the next steps for each of the infrastructure improvement strategies identified by the State, and the anticipated outcomes to be attained during the next fiscal year.  
  
The State did not summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity.  
  
The State did not describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program policies, procedures, and/or practices.  
  
The State did not summarize the strategies or activities that ensured the use of evidence-based practices with fidelity.

## 11 - Required Actions

The State did not describe the next steps for each of the infrastructure improvement strategies identified by the State, and the anticipated outcomes to be attained during the next fiscal year. In the FFY2022 SPP/APR, the State must address all components of this Indicator.  
  
The State did not summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. In the FFY2022 SPP/APR, the State must address all components of this Indicator.  
  
The State did not describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing programs, policies and/or practices. In the FFY2022 SPP/APR, the State must address all components of this Indicator.  
  
The State did not summarize the strategies or activities that ensured the used of evidence-based practices with fidelity. In the FFY2022 SPP/APR, the State must address all components of this Indicator.

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Kevin Byrd

**Title:**

Part C Coordinator

**Email:**

kevin.byrd@dph.ga.gov

**Phone:**

404-673-0703

**Submitted on:**

04/25/23 4:51:59 PM

# Determination Enclosures

## RDA Matrix

**Georgia**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 87.50% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 6 | 75.00% |
| **Compliance** | 14 | 14 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 5,019 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 7,449 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 67.38 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 1 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge  and Skills SS1 (%)** | **Outcome B: Knowledge and Skills SS2 (%)** | **Outcome C: Actions to Meet Needs  SS1 (%)** | **Outcome C: Actions to Meet Needs SS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021** | 80.13% | 63.52% | 83.45% | 49.35% | 84.24% | 67.90% |
| **FFY 2020** | 80.08% | 66.61% | 85.10% | 51.69% | 84.10% | 67.15% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 98.94% | YES | 2 |
| **Indicator 7: 45-day timeline** | 99.28% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 99.60% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 99.84% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 97.14% |  | 2 |
| **Timely State Complaint Decisions** | N/A |  | N/A |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **5,019** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 26 | 696 | 1,109 | 1,802 | 1,386 |
| **Performance (%)** | 0.52% | 13.87% | 22.10% | 35.90% | 27.62% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 23 | 741 | 1,778 | 2,075 | 402 |
| **Performance (%)** | 0.46% | 14.76% | 35.43% | 41.34% | 8.01% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 21 | 581 | 1,009 | 2,209 | 1,199 |
| **Performance (%)** | 0.42% | 11.58% | 20.10% | 44.01% | 23.89% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 80.13% | 63.52% | 83.45% | 49.35% | 84.24% | 67.90% |
| **Points** | 1 | 1 | 2 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 7 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 758 | 80.08% | 3,633 | 80.13% | 0.05 | 0.0159 | 0.0298 | 0.9763 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 993 | 85.10% | 4,617 | 83.45% | -1.64 | 0.0126 | -1.3088 | 0.1906 | NO | 1 |
| **SS1/Outcome C: Actions to meet needs** | 830 | 84.10% | 3,820 | 84.24% | 0.14 | 0.0140 | 0.1032 | 0.9178 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 1,093 | 66.61% | 5,019 | 63.52% | -3.09 | 0.0158 | -1.9537 | 0.0507 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 1,093 | 51.69% | 5,019 | 49.35% | -2.34 | 0.0167 | -1.4028 | 0.1607 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 1,093 | 67.15% | 5,019 | 67.90% | 0.75 | 0.0157 | 0.4772 | 0.6332 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **6** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **1** |

## Data Rubric

**Georgia**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 0 | 0 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 11 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 16 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 16 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 34.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 0.9714 |
| E. Indicator Score (Subtotal D x 100) = | 97.14 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)