**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**

**Pennsylvania**

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**

Additional information related to data collection and reporting

**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.**

Pennsylvania’s oversight and general supervision of local programs occurs on an ongoing basis. Each Infant/Toddler Early Intervention program participates in a verification visit every four years. There are seven areas reviewed during the verification visit that cover the components of the Early Intervention program. In each of the seven areas, there are required indicators that address compliance and program management. Verification visits include the following activities: data reviews, review of policies, individual child record reviews and observations of service delivery. Verification teams are utilized during these onsite visits and include state Bureau of Early Intervention Services and Family Supports (BEISFS) staff, Early Intervention Technical Assistance (EITA) staff, and peer reviewers. The utilization of verification teams allows BEISFS to increase or decrease the number of staff conducting verification visits based on the performance level of the local Early Intervention program and contributes to inter-rater reliability. Following the verification visits, local programs develop Quality Enhancement Plans that focus on the correction of noncompliance, as well as activities to enhance program quality to improve outcomes for children and families and to improve inclusive practices. BEISFS staff continue to validate that all areas of noncompliance identified during the verification visits are corrected within a year. Additional onsite visits from BEISFS staff may occur at the discretion of BEISFS if, during the verification cycle, there is a significant decrease in program performance or if individual or systemic concerns arise.   
  
The BEISFS determination process uses data from the APR/SPP indicators, annual family survey, complaints, and the statewide PELICAN-EI information system. The annual determination process provides a rating of meets requirements, needs assistance, needs intervention or needs substantial intervention across three areas: Strengthening Partnerships, Shared Leadership, and Systemic Implementation of Evidence-Based Practices. Based on the determination results, local Early Intervention programs update their QEP to reflect improvement activities. The determination is also used to identify and provide differentiated levels of support to local programs. This allows BEISFS to use resources in a more effective and efficient manner and have the greatest impact on program practices. Additional on-site visits from BEISFS staff may occur at the discretion of BEISFS if, during the verification cycle, there is a significant decrease in program performance or if individual or systemic concerns arise.   
  
Pennsylvania uses a comprehensive data management system that enables the review of individual child data as well as statewide data. The data management system supports referral information, service coordination activities, planning information, financial management, quality measures and other reporting needs for the BEISFS. This information system generates documents (Evaluation and Plan Documents), and the information contained in these documents is used to create reports to manage the program. Rigorous analysis of the data by staff on a monthly, quarterly and annual basis allows BEISFS to ensure data-driven decision making for quality improvement.   
  
Pennsylvania ensures that a complaint management process is implemented. BEISFS staff reviews data from complaint investigations, mediations and due process hearings to improve the EI system. Trends are analyzed, training needs are identified and improvement strategies are implemented.   
  
Each Infant/Toddler Early Intervention program is assigned a BEISFS advisor. The advisors serve as primary contacts to Infant/Toddler Early Intervention programs and are responsible for addressing budget issues, compliance issues, complaint issues, policy and procedural requirements and overall program performance. As a result of this involvement with local programs, each BEISFS advisor has ongoing contact with each of his/her local programs. These contacts occur throughout the year during verification visits, validation visits, training and technical assistance visits, complaint investigations, biannual leadership meetings and monthly local regional meetings. This attention to local programs: 1) allows all BEISFS staff, advisors and statewide management staff to be aware of program concerns and issues; 2) provides BEISFS with the ability to fulfill requirements for a comprehensive and effective general supervision system that identifies and addresses issues of noncompliance; 3) ensures the correction of noncompliance within one year; and 4) allows for the implementation of improvement strategies and enforcement strategies in a timely manner.

**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 Early Intervention Technical Assistance (EITA) system provides statewide training and technical assistance on behalf of BEISFS and the Pennsylvania Departments of Human Services and Education. The primary recipients of EITA training and technical assistance are the local Infant/Toddler and Preschool Early Intervention programs that provide supports and services to children with developmental disabilities and their families. EITA is part of PaTTAN, which provides training and technical assistance for programs serving school-age children and their families. EITA provides both statewide and regional training initiatives that are developed through the analysis of statewide data, including program verification visits and determination results, state and federal requirements, relevant research related to evidence-based early intervention practices, and planning with state department staff. Statewide professional development trainings are provided across the Commonwealth when it is necessary to ensure a consistent message from the BEISFS. Family members are welcomed participants and trainers in professional development activities. Examples of current statewide training initiatives include: Early Intervention Service Delivery: Coaching Across Settings, Embedded Instruction, and Positive Behavior Intervention and Supports.   
  
EITA also provides assistance in the development of Quality Enhancement Plans (QEPs) developed annually with each Infant/Toddler and Preschool Early Intervention program. The QEP is based on findings from verification visits, the determination process, BEISFS priorities, relevant research, and locally identified needs. The QEP is an ongoing process that is the result of conversations, data collection and review, research and clear identification of outcomes. The QEP focuses on specific programmatic changes or outcomes and includes information on how change will be measured. QEPs focus on providing technical assistance and building local capacity through repeated contacts with the same persons/programs to assist with program-wide change. The plan is a flexible document that is updated at least annually, or as additional information or needs arise.

**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.**

Pennsylvania’s professional development system focuses on a model that ensures high-quality Early Intervention services that are provided by skilled, highly qualified early intervention staff. The four core functions used by EITA to support BEISFS’s management of the Early Intervention system include:   
1. Verification Support - providing support to the BEISFS’s verification process to ensure high-quality EI services; participation in Infant Toddler and Preschool EI verification teams; training and technical assistance support to local programs based on verification needs and QEPs; and targeted, intensive support to select programs based on the results of the verification process or program management data analysis.   
2. Policy Support - providing assistance to the BEISFS in development of policies to ensure high-quality EI services and assisting local programs in translating EI policies into practice. This is accomplished through technical assistance in developing BEISFS policy documents & reports; development of statewide leadership activities; and policy-related research and materials development.  
3. Professional development support in EI core competencies - providing professional development to ensure that all EI staff have the basic competencies needed to provide high-quality EI services to children and families. This is accomplished through statewide and local workshops; online learning modules and webinars; and materials development and dissemination.  
4. Professional development support for EI evidence-based practices: providing professional development activities to EI staff based on innovative evidence-based practices, designed to enhance existing high-quality EI services. This is accomplished through: statewide and local training; online learning modules and webinars; and materials development and dissemination.

**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).**

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

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

YES

**Number of Parent Members:**

17

**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.**

In FY 2021, Pennsylvania’s Early Intervention program used existing stakeholder meetings as an opportunity to engage stakeholders in setting targets, analyzing data, developing improvement strategies, and evaluating progress. Meetings were held throughout FY 2021 as a proactive opportunity to review APR data, results of implementation of improvement strategies and to review progress. Additional stakeholder meetings were held at the close of FY 2021, once all the APR data for the entire year had been gathered and analyzed. Meeting agendas included both informational updates on data and improvement activities and opportunities for family members to provide input.   
  
Proactive APR data review meetings were held on:   
- SICC Meetings – October 21, 2021, December 2, 2021, and February 3, 2022  
- CSE Meetings – April 1, 2022 and June 3, 2022  
- SEAP Meetings – September 16, 2021, December 1, 2021, January 13, 2022, and April 14, 2022  
  
Finalized APR Data review meetings were held on:   
- SICC Meetings –December 1, 2022  
- CSE Meetings - December 1, 2022  
- SEAP Meetings – September 29, 2022 and January 18, 2023

**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.**

Statewide and local training activities are the primary method used to increase the capacity of diverse groups of parents to support the development of APR improvement activities. Statewide training events include Early Intervention Service Delivery: Coaching Across Settings (Part C SSIP Initiative), SICC/LICC Policy Family Forum, SICC Meet and Greet, and Competence and Confidence: Partners in Policy Making (C2P2) trainings and meetings. These activities included updates on APR improvement activities, reviews of APR data, and provided feedback to BEISFS. Local Early Intervention programs and Local Interagency Coordinating Councils also offered training to families in their programs on topics related to APR Indicators. For example, local Early Intervention programs provided updates/training on social emotional development, the transition process, and Coaching Across Settings.

**Soliciting Public Input:**

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

In addition to the meetings described in the Parent Members Engagement section above, meetings were held with stakeholder groups that included Early Intervention administrators, Early Intervention providers, and early childhood agencies. These groups included the Early Intervention Providers Association and the Pennsylvania Association of Intermediate Units, Early Learning Resource Centers, and the County Commissioners Association of Pennsylvania. Over 5 meetings were held with these groups in FY 2021-22 that included opportunities for input to APR data and improvement activities.   
  
Throughout FFY 2021, BEISFS held bi-monthly meetings with the leaders of the local Infant/Toddler and Preschool Early Intervention programs. Leaders received updates on data analysis of APR indicators and were asked to provide input on improvement strategies.

**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.**

As stakeholder events were completed, meeting agendas, slides summarizing APR data and feedback summaries were posted to shared meeting spaces. For example, materials from APR discussions at the SICC were posted to the Early Intervention Technical Assistance Portal at http://www.eita-pa.org/state-interagency-coordinating-council/ prior to the meeting. Minutes from the SICC, summarizing APR discussions, were posted within 14 days of the meeting date.

**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.**

Pennsylvania will continue to comply with all federal requirements for annual reporting to the public. Data from the SPP/APR are available on a statewide level and for each Infant/Toddler Early Intervention program.   
  
An announcement will be made about the availability of the updated SPP/APR on the Pennsylvania Early Childhood Education NEWS listserv, an email listserv that reaches Early Childhood/Early Intervention advocates across the state.   
  
The BEISFS, in conjunction with the Pennsylvania State Data Center, developed a web-based dashboard that is used to disseminate updated SPP/APR data on OSEP indicators to the general public. The dashboard currently includes FFY 2005 through FFY 2020 data for each Infant/Toddler Early Intervention program and will be updated to include the FFY 2021 data after submission of the SPP/APR, but no later than 120 days from submission of the SPP/APR. Information can be found at the website: https://penndata.hbg.psu.edu/PublicReporting/EarlyIntervention/tabid/2534/Default.aspx . To find data on Indicator 5 (Child Find-Birth to One) and Indicator 6 (Child Find- Birth to Three), click on “Link to Statewide Demographic /Exiting/Dispute Data” at the bottom of the dashboard page. Due to website design, the cursor should be placed directly over or slightly below the link title.   
  
The dashboard also includes a complete copy of Pennsylvania's SPP/APR on each Infant/Toddler Early Intervention program page.

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.  
  
While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, Indicator 5 (Child Find-Birth to One) and Indicator 6 (Child Find- Birth to Three) FFY 2020 data and performance compared to the State targets are missing.

## Intro - Required Actions

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2022 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2020. In addition, the State must report with its FFY 2022 SPP/APR, how and where the State reported to the public on the FFY 2021 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

# 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 | 78.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 94.39% | 92.04% | 91.49% | 93.78% | 97.45% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 33,897 | 36,335 | 97.45% | 100% | 94.83% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

In FFY 2021, Pennsylvania did not meet targets for Indicator 1, timely delivery of Early Intervention services. The FFY 2021 data showed that 2,351 infants and toddlers had services that were not delivered within 14 calendar days from the completed IFSP.  
  
The data from FY 2021 shows a 2.62% decrease in on-time delivery of Infant/Toddler Early Intervention services from the previous year. In FY 2021, 33,897 infants and toddlers received their Early Intervention services on time. Seven programs accounted for 78.64% of the instances of late delivery of services. Twenty of the 48 Infant/Toddler Early Intervention programs had between 1 -10 instances of a late service on an IFSP. Nine programs had no instances of a late service.  
  
Programs with late delivery of services were not limited to a specific region of the state or to the size of the Early Intervention program. Reasons for delays were primarily attributed to lack of staff to provide needed services and administrative delays. Weather emergencies and scheduling concerns at the service provider level also contributed to delays.

**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.***

561

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

Exceptional family circumstances that lead to delays included hospitalization of the child, illness for the child or family, or change in family schedule.

**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).**

Pennsylvania state regulations define implementation of the IFSP services as timely when the service occurs no later than 14 calendar days from the date that the IFSP is completed. This definition supports Pennsylvania's commitment to timely services for children and their families.

**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.**

This data reflects infants and toddlers from all geographic regions, all 48 Infant/Toddler Early Intervention programs and all infant/toddlers who had an IFSP in the reporting year. Pennsylvania continues to maintain a very high standard for local Infant/Toddler Early Intervention programs regarding timeliness of service delivery. In Pennsylvania, Early Intervention services shall be initiated as soon as possible after the IFSP is completed and parents consent to services, but no later than 14 calendar days from the date the IFSP is completed, unless a later date is recommended by the team, including the family.

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

**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** |
| --- | --- | --- | --- |
| 40 | 40 | 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.***

In order to verify that the local Early Intervention programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely IFSP services, BEISFS Advisors reviewed a sample of child records from those EI programs. The records were reviewed either through the PELICAN-EI data system or onsite child record review. BEISFS Advisors reviewed the start date of IFSP services and any reason for a delay in meeting this timeline in order to determine that the local EI program is now correctly implementing the regulatory requirement for timely services.   
In addition to a review of child records, local Early Intervention programs submitted QEPs, which were approved by BEISFS, to address correction of all areas of noncompliance. Implementation of the QEP was validated within one year of issuance of the findings report. BEISFS Advisors reviewed documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation included reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate. BEISFS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2020 are correctly implementing regulatory requirements related to the timely delivery of IFSP services, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For each individual case of noncompliance, BEISFS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, to verify that the child received the services listed on his/her IFSP, although late. BEISFS has verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2020 have begun services for each child as identified on the IFSP, unless the child is no longer within the jurisdiction of the Early Intervention program.

**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**

All instances of noncompliance in FFY 2020 have been corrected within timelines.

## 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** |
| --- | --- |
| 2005 | 99.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Data | 99.19% | 99.87% | 99.91% | 99.91% | 99.97% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

**Targets: Description of Stakeholder Input**

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**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 | 22,497 |
| 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 | 22,511 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 22,497 | 22,511 | 99.97% | 95.00% | 99.94% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

**Measurement for Summary Statement 1:**

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

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

**Measurement for Summary Statement 2:**

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

**Instructions**

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

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

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

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

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

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

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

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

## 3 - Indicator Data

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

NO

**Targets: Description of Stakeholder Input**

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2020 | Target>= | 73.13% | 73.13% | 74.13% | 74.13% | 66.83% |
| **A1** | 66.83% | Data | 68.29% | 68.42% | 67.85% | 68.19% | 66.83% |
| **A2** | 2020 | Target>= | 66.80% | 67.80% | 68.80% | 68.80% | 56.40% |
| **A2** | 56.40% | Data | 58.62% | 58.64% | 58.45% | 57.39% | 56.40% |
| **B1** | 2020 | Target>= | 80.51% | 80.51% | 81.51% | 81.51% | 73.56% |
| **B1** | 73.56% | Data | 75.61% | 76.25% | 75.14% | 74.50% | 73.56% |
| **B2** | 2020 | Target>= | 53.67% | 53.67% | 54.67% | 54.67% | 46.17% |
| **B2** | 46.17% | Data | 50.31% | 49.93% | 49.28% | 48.05% | 46.17% |
| **C1** | 2020 | Target>= | 80.56% | 80.56% | 81.56% | 81.56% | 74.81% |
| **C1** | 74.81% | Data | 75.64% | 75.76% | 74.92% | 74.54% | 74.81% |
| **C2** | 2020 | Target>= | 60.73% | 60.73% | 61.73% | 61.73% | 54.51% |
| **C2** | 54.51% | Data | 57.57% | 58.28% | 57.14% | 55.68% | 54.51% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 67.00% | 67.00% | 67.00% | 67.50% | 68.00% |
| Target A2>= | 56.50% | 56.50% | 56.50% | 57.00% | 57.50% |
| Target B1>= | 74.00% | 74.00% | 74.00% | 74.50% | 75.00% |
| Target B2>= | 46.50% | 46.50% | 46.50% | 47.00% | 47.50% |
| Target C1>= | 75.00% | 75.00% | 75.00% | 75.50% | 76.00% |
| Target C2>= | 55.00% | 55.00% | 55.00% | 55.50% | 56.00% |

**FFY 2021 SPP/APR Data**

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

12,976

**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 | 68 | 0.52% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3,160 | 24.38% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,495 | 19.25% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 3,522 | 27.18% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 3,714 | 28.66% |

| **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 | 6,017 | 9,245 | 66.83% | 67.00% | 65.08% | Did not meet target | 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 | 7,236 | 12,959 | 56.40% | 56.50% | 55.84% | Did not meet target | No Slippage |

**Provide reasons for A1 slippage, if applicable**

In FFY 2021, Pennsylvania did not meet targets for Indicator 3, outcome A1 Positive Social-Emotional Skills for children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.   
  
The FFY 2021 data showed that 12,976 pairs of data were used in the analysis of Indicator 3. The ECO A1 scores ranged from 33.33% to 84.21%. Seven local Early Intervention programs were over 10% below Pennsylvania’s statewide average for A1. No pattern was noted for the geographic areas of the state for the low performing programs. There does not appear to be any data anomalies in the A-E Progress Categories. Analysis suggests that the COVID pandemic is having an impact on this indicator.   
  
As part of Pennsylvania’s Determination process, the lowest 10% of the local Early Intervention programs (N=5) were required to document and implement improvement activities on their QEP.

**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 | 57 | 0.44% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3,021 | 23.28% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 3,780 | 29.13% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 4,221 | 32.53% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,897 | 14.62% |

| **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 | 8,001 | 11,079 | 73.56% | 74.00% | 72.22% | 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 | 6,118 | 12,976 | 46.17% | 46.50% | 47.15% | Met target | No Slippage |

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

In FFY 2021, Pennsylvania did not meet targets for Indicator 3, outcome B1 Positive Social-Emotional Skills for children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.   
  
The FFY 2021 data showed that 12,976 pairs of data were used in the analysis of Indicator 3. The ECO B1 scores ranged from 60.00% to 87.80%. Five local Early Intervention programs were over 10% below Pennsylvania’s statewide average for B1. No pattern was noted for the geographic areas of the state for the low performing programs. There does not appear to be any data anomalies in the A-E Progress Categories. Analysis suggests that the COVID pandemic is having an impact on this indicator.   
  
As part of Pennsylvania’s Determination process, the lowest 10% of the local Early Intervention programs (N=5) were required to document and implement improvement activities on their QEP.

**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 | 53 | 0.41% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,864 | 22.07% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 2,904 | 22.38% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 4,736 | 36.50% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 2,418 | 18.64% |

| **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 | 7,640 | 10,557 | 74.81% | 75.00% | 72.37% | Did not meet target | 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 | 7,154 | 12,975 | 54.51% | 55.00% | 55.14% | Met target | No Slippage |

**Provide reasons for C1 slippage, if applicable**

In FFY 2021, Pennsylvania did not meet targets for Indicator 3, outcome C1 Positive Social-Emotional Skills for children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.   
  
The FFY 2021 data showed that 12,976 pairs of data were used in the analysis of Indicator 3. The ECO C1 scores ranged from 22.22% to 87.37%. Two local Early Intervention programs were over 10% below Pennsylvania’s statewide average for C1. No pattern was noted for the geographic areas of the state for the low performing programs. There does not appear to be any data anomalies in the A-E Progress Categories. Analysis suggests that the COVID pandemic is having an impact on this indicator.   
  
As part of Pennsylvania’s Determination process, the lowest 10% of the local Early Intervention programs (N=5) were required to document and implement improvement activities on their QEP.

**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 | 20,639 |
| 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. | 5,870 |

| **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.**

Pennsylvania’s Part B/619 and Part C Early Intervention programs use the same instruments, policies and procedures for gathering the child outcome data used for indicators B7 and C3. For both PA Early Intervention programs, “comparable to same-aged peers” is defined as a score of 6 or 7 on the COS rating scale.   
  
For both entry and exit data collection, one member of the IFSP team is designated to collect and enter the child outcome data. This designated member is also charged with involving the family in the child outcome data collection process and in reviewing all data collection and ratings with the family. All local Early Intervention programs must select an authentic assessment tool from an approved list to use for gathering child development information. The information from the authentic assessment tools is used to generate the COS rating.   
  
All child outcome COS ratings are entered into the PELICAN-EI data system. PELICAN-EI converts the 1 – 7 ratings into progress categories and summary statements. It has built-in data checks to ensure quality data entry. PELICAN-EI allows for reporting at both the state and local levels.   
  
For entry data collection, the designated member of the IFSP team has 60 days from the child’s initial IFSP date to complete the child outcome process and enter the COS rating into PELICAN-EI. The child outcome process includes: 1) completing the approved authentic assessment tool, 2) using the data from the authentic assessment tool and the publisher’s Instrument Crosswalk to understand the child’s skills in each of the three indicators, and 3) obtaining a 1 – 7 rating of the child’s skills in each of the three indicators using the Decision Tree for Summary Rating Discussions.   
  
For exit data collection, the process described above is used to make the COS rating. The designated member of the IFSP team has 60 days from the child’s anticipated exit from the Early Intervention program to gather and enter the data into the PELICAN-EI system. Exit data is only gathered on children who have received 6 consecutive months of Early Intervention services prior to their exit, with the starting point of services being the IFSP date.   
  
Additional policies and procedures can be found at: http://www.eita-pa.org/early-childhood-outcomes/

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

Pennsylvania presented 12,976 data points representing the number of Infants and Toddlers with IFSPs who were assessed.   
  
In FFY 2021, these 12,976 infants and toddlers represented those with IFSPs who received Early Intervention services for at least 6 months before exiting the Part C program were assessed and had at least one valid rating across the three child outcomes. Data on the three child outcomes is gathered independently and can result in different denominators in the data calculations. Pennsylvania continues to provide state training and guidance documents with instructions on how to collect accurate and complete ratings.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

In reporting the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program, the State reported 12,959 as the denominator in outcome A, 12,976 as the denominator in outcome B, and 12,975 as the denominator in outcome C. Additionally, the State reported 12,976 infants and toddlers with IFSP were assessed. The State explained this discrepancy.

## 3 - Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominators in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

# 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 | 2006 | Target>= | 88.00% | 89.00% | 90.00% | 87.08% | 94.50% |
| A | 67.00% | Data | 90.34% | 89.12% | 87.08% | 96.36% | 94.92% |
| B | 2006 | Target>= | 95.00% | 95.00% | 95.00% | 94.12% | 96.00% |
| B | ###C04BBASEDATA### | Data | 95.99% | 95.00% | 94.12% | 97.03% | 96.77% |
| C | 2006 | Target>= | 95.00% | 95.00% | 95.00% | 94.17% | 97.00% |
| C | 78.00% | Data | 95.93% | 95.85% | 94.17% | 99.51% | 99.16% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 95.00% | 95.50% | 95.50% | 96.00% | 96.00% |
| Target B>= | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% |
| Target C>= | 97.00% | 97.00% | 97.00% | 97.00% | 97.00% |

**Targets: Description of Stakeholder Input**

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 23,841 |
| Number of respondent families participating in Part C | 7,608 |
| Survey Response Rate | 31.91% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 6,382 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 6,715 |
| 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 | 6,421 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 6,648 |
| 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 | 7,269 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 7,359 |

| **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) | 94.92% | 95.00% | 95.04% | 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) | 96.77% | 97.00% | 96.59% | Did not meet 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) | 99.16% | 97.00% | 98.78% | 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 | 31.79% | 31.91% |

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

For the third year, local Early Intervention programs are responsible for dissemination of survey materials to families in their program. The programs are supported with dissemination materials including a printable postcard/flyer and information to use in social media postings. Training webinars are held annually to provide local Early Intervention programs with strategies to use to increase return rates. This strategy, increasing the responsibility of local Early Intervention programs in disseminating the family survey, has reversed a declining return rate and resulted in an increase of returned surveys. An increase in the racial representativeness of the surveys has also been noted.   
  
To ensure that families who respond to the survey are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, Pennsylvania monitors the respondent demographics throughout the survey time period. Monthly reports of returned survey demographics are provided to local Early Intervention programs. This data allows local Early Intervention programs to monitor survey returns in their area and provide targeted support to families who have not yet returned surveys.  
All survey materials, including the online survey itself, are available in both English and Spanish. Assistance with additional language interpretation/translations are available through the CONNECT Information Line.   
  
Pennsylvania’s local program Determination process includes data from the annual family survey, including the three C4 questions, the Preschool Early Intervention B8 question, several other state-specific survey questions, and the survey return rate. Local Early Intervention programs are held accountable for their performance on these items through the Determination process. This accountability has also played a role in increasing survey return rates.

**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.**

On a monthly basis during the survey time period, BEISFS analyzed demographic data on returned surveys. Demographics included: geographic region, gender, race, and ethnicity. Analysis of geographic region also allows for generating response rates for each Early Intervention program. The survey data analysis was provided to local Early Intervention programs on a monthly basis to assist them in targeting efforts to increase response rates and representativeness of returned surveys.  
  
To prevent nonresponse bias, Pennsylvania incorporated the following strategies into the family survey design and dissemination process to increase responses:   
• The survey could be taken on multiple types of devices including iPhones, computers, tablets, and paper.   
• The survey included an introduction that explained the process of the survey and how the data would be used.   
• The survey was anonymous.   
• Survey questions could be skipped if not applicable to the family’s situation.   
• The three questions that are used to measure Indicator C4 were in the first five questions on the survey to prevent nonresponse due to survey fatigue.   
• If the family did not complete the survey in a single period, they could complete the survey at another time without having to repeat questions.   
• The survey was conducted over a 5-month period to ensure an adequate opportunity for families to respond.   
• Local Early Intervention programs were responsible for disseminating the survey to families in their programs. EI programs provided incentives and reminders to families.   
• BEISFS monitored the survey return rates for each EI program and incorporated return rate targets into the annual determination process.   
  
Nonresponse bias is analyzed on an annual basis and additional strategies are incorporated into the survey design and dissemination process as needed.

**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.**

On a monthly basis during the survey time period, BEISFS analyzed demographic data on returned surveys. Demographics included: geographic region, gender, race, and ethnicity. The survey data analysis was provided to local Early Intervention programs to assist them in targeting efforts to increase response rates and representativeness of returned surveys.   
  
Using the +/- 5% tolerance level established by the Response Calculator developed by the National Post School Outcome Center (NPSO), Pennsylvania analyzed seven race categories to determine the racial representativeness of the survey data. All other race/ethnicity categories were within tolerance levels.

**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).**

Pennsylvania compares the race categories of returned surveys with the race of infants and toddlers in the Early Intervention program. Data is analyzed both at the local Early Intervention program and at the state levels. A +/- 5% tolerance level, as established by the Response Calculator developed by the National Post School Outcome Center (NPSO), is used to determine the racial representativeness of the returned surveys. In FY 2021, Pennsylvania chose to use a +/- 5% metric for determining representativeness. In previous years, Pennsylvania’s Part C program has used +/- 3% as its metric. The metric for the Preschool Part B indicator B8 had been set for +/-5%. The Family Survey used for this indicator is sent to family members of Part C and Part B Preschool children. Setting both the Part C and Part B Preschool metric to +/- 5% allows for consistency in analysis of the representativeness of the survey.

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

Infant/Toddler Early Intervention Programs (Bureau of Early Intervention Services and Family Supports)  
  
 Table 1   
 Race/Ethnicity of Infants and Toddlers Represented by Parent Respondents  
  
 Total Respondent Group State Race/Ethnicity Population  
   
 Race/Ethnicity Percent Percent   
  
 American Indian/Alaska Native <1.0% <1.0%  
 Asian 3.09% 3.92%  
 Black or African American 13.65% 12.34%  
 Hispanic 14.41% 17.49%  
 Multiracial 8.88% 6.66%  
 Native Hawaiian/Other Pacific Islander <1.0% <1.0%  
 White 59.73% 59.19%

## 4 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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.

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

Pennsylvania’s data, as shown in Table 1, describes the race and ethnicity of the families responding to the survey and shows that it is representative of the population.

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the 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** |
| --- | --- |
| 2005 | 1.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 2.20% | 2.20% | 2.20% | 2.70% | 2.00% |
| Data | 2.50% | 2.64% | 2.70% | 2.79% | 2.03% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.20% | 2.40% | 2.60% | 3.10% | 3.20% |

Targets: Description of Stakeholder Input

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**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 | 3,302 |
| 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 | 127,582 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,302 | 127,582 | 2.03% | 2.20% | 2.59% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (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** |
| --- | --- |
| 2005 | 3.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 4.41% | 4.50% | 4.50% | 5.35% | 4.80% |
| Data | 4.86% | 5.00% | 5.35% | 5.79% | 4.85% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 5.00% | 5.20% | 5.40% | 6.00% | 6.10% |

Targets: Description of Stakeholder Input

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**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 | 22,511 |
| 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 | 399,126 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 22,511 | 399,126 | 4.85% | 5.00% | 5.64% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

Provide detailed information about the timely correction of 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 | 92.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.86% | 97.51% | 98.58% | 97.68% | 99.58% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 19,551 | 24,435 | 99.58% | 100% | 98.60% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of 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.**

4,541

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

In FY 2021, Pennsylvania did not meet targets for Indicator C7, although no slippage was noted.   
  
Seven out of the 22 EI programs in noncompliance accounted for 265 out of 343 (81.3%) of the late timelines. Fifteen of the 22 EI programs in noncompliance had 9 or less instances of delayed timelines. Delays were attributed to shortages of EI staff, scheduling issues, and weather emergencies.

**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.**

This data reflects infants and toddlers from all geographic regions, all 48 Infant/Toddler Early Intervention programs and all infants and toddlers who had an initial evaluation, assessment and initial IFSP meeting in the reporting year.

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

**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** |
| --- | --- | --- | --- |
| 22 | 22 | 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.***

In order to verify that the local Early Intervention programs with identified instances of noncompliance were correctly implementing the regulatory requirements for the 45-day timeline for the provision of initial evaluation, assessment and IFSP, BEISFS Advisors reviewed a sample of child records from that EI program. The records were reviewed either through the PELICAN-EI data system or onsite child record review. BEISFS Advisors reviewed the referral date, the evaluation date, and the IFSP date, and any reason for a delay in meeting this timeline in order to determine that the local EI program was correctly implementing the regulatory requirement for the 45-day timeline. In addition to the reviewed child records, local Early Intervention programs submitted a Quality Enhancement Plan (QEP), which was approved by BEISFS, to address correction of all areas of noncompliance. Implementation of the QEP was validated within one year of issuance of the findings report. BEISFS Advisors reviewed documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation included reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate. BEISFS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2020 are correctly implementing regulatory requirements related to meeting the 45-day timeline for initial evaluations, assessments, and IFSPs, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For each individual case of noncompliance, BEISFS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, and verified that the child received an initial evaluation, assessment, and IFSP if eligible, although late. BEISFS verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2020 were provided initial evaluations, assessments, and IFSPs if eligible, unless the child is no longer within the jurisdiction of the Early Intervention program.

**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**

All instances of noncompliance in FFY 2020 have been corrected within timelines.

## 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 | 81.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.69% | 98.01% | 97.72% | 97.88% | 98.60% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,362 | 10,868 | 98.60% | 100% | 98.38% | 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.**

330

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

In FFY 2021, Pennsylvania did not meet targets for Indicator C8a, timely transition planning, although no slippage was noted.   
  
Five EI programs are responsible for 71% of the delayed transition planning. Twenty-one EI programs had five or fewer delayed transition plans, and 22 programs had zero delayed transition plans. Programs with late transition plans were not limited to a specific region of the state.  
  
Delays were primarily attributed to staff shortages, scheduling issues, administrative delays, reported higher rates of cancelled or no-show appointments due to COVID-19 concerns, and weather emergencies. Transition planning was also impacted by staff shortages and scheduling issues.

**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 to June 30, 2022

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

The data reflects infants and toddlers from all geographic regions, 48 infant/toddler early intervention programs and all infant/toddlers who transitioned from the infant/toddler early intervention program.

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

**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** |
| --- | --- | --- | --- |
| 24 | 24 | 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.***

In order to verify that the local Early Intervention programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely transition plans, BEISFS Advisors reviewed a sample of child records from that EI program. The records were reviewed either through the PELICAN-EI data system or onsite child record review. BEISFS Advisors reviewed the date of the transition plan and any reason for a delay in meeting this timeline in order to determine that the local EI program is now correctly implementing the regulatory requirement for timely transition plans.   
  
In addition to a review of child records, local Early Intervention programs submitted a QEP, which is approved by BEISFS, to address correction of all areas of noncompliance. Implementation of the QEPs was validated within one year of issuance of the findings report. BEISFS Advisors reviewed documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation included reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate.   
  
BEISFS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2020 are correctly implementing regulatory requirements related to the timely development of transition plans, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For each individual case of noncompliance, BEISFS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, to verify that the child received a transition plan, although late. BEISFS has verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2020 have developed transition plans, unless the child is no longer within the jurisdiction of the Early Intervention program.

**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** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 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**

All instances of noncompliance in FFY 2020 have been corrected within timelines.

## 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 | 97.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 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** |
| --- | --- | --- | --- | --- | --- | --- |
| 10,868 | 10,868 | 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.**

0

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

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

Data was collected for this indicator for Infant/Toddler Early Intervention through a statewide data collection for the period of July 1, 2020 through June 30, 2021. In Pennsylvania, the eligibility criteria for both Part C and Part B preschool programs are similar. For this reason, all children within Pennsylvania's Part C program are considered potentially eligible for Part B preschool programs.

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

NO

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

State database

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

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 data reflects infants and toddlers from all geographic regions, 48 infant/toddler early intervention programs and all infant/toddlers who transitioned from the infant/toddler early intervention program.

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

**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** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 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 | 83.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.45% | 98.24% | 97.99% | 96.36% | 98.84% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,901 | 10,868 | 98.84% | 100% | 97.84% | 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.**

376

**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.**

1,364

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

In FFY 2021, Pennsylvania did not meet targets for Indicator C8c, timely transition meeting, although no slippage was noted. Further analysis of the child outcome data, both with state-level and local data, was conducted to determine the cause for the slippage.  
  
Five out of the 27 EI programs in noncompliance were responsible for 63% of the delayed transition meetings. Delays were primarily attributed to staff shortages, scheduling issues, administrative delays, and weather emergencies.

**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 data reflects infants and toddlers from all geographic regions, 48 infant/toddler early intervention programs and all infant/toddlers who transitioned from the infant/toddler early intervention program.

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

**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** |
| --- | --- | --- | --- |
| 27 | 27 | 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.***

In order to verify that the local Early Intervention programs with identified instances of noncompliance were correctly implementing the regulatory requirements for the provision of timely transition conferences, BEISFS Advisors reviewed a sample of child records from that EI program. The records were reviewed either through the PELICAN-EI data system or onsite child record review. BEISFS Advisors reviewed the date of the transition conference and any reason for a delay in meeting this timeline in order to determine that the local EI program was correctly implementing the regulatory requirement for timely transition conferences. In addition to a review of child records, local Early Intervention programs submitted a QEP, which was approved by BEISFS, to address correction of all areas of noncompliance. Implementation of the QEP was validated within one year of issuance of the findings report. BEISFS Advisors reviewed documentation of completion of any QEP activities as part of the validation of correction of systemic noncompliance. Documentation included reviewing updated local policies and procedures, documentation of staff training on new procedures, or observations of service delivery as appropriate. BEISFS has verified that all local Early Intervention programs who had identified noncompliance in FFY 2020 are correctly implementing regulatory requirements related to timely transition conferences, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For each individual case of noncompliance, BEISFS Advisors reviewed the record of the identified child, either through the PELICAN-EI data system or onsite record review, and verified that the child received a transition conference, although late. BEISFS has verified that all local Early Intervention programs with individual cases of noncompliance identified in FFY 2020 held transition conferences, unless the child was no longer within the jurisdiction of the Early Intervention program.

**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. 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**

All instances of noncompliance in FFY 2020 have been corrected within timelines.

## 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 since Pennsylvania has adopted Part C due process procedures under section 639 of the IDEA.

## 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

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  |  |  |  |
| Data |  | 100.00% |  |  |  |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**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 |  | 0.00% |  | N/A | N/A |

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

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 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)?**

Families of Infants, toddlers and preschoolers with IFSP/IEPs will have the confidence and capacity to help their children develop the skills needed to succeed in home, community, early childhood, and school settings.

**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://tiu11.padlet.org/manketell1/SSIP

Progress toward the SiMR

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 81.17% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 81.50% | 82.00% | 82.00% | 82.50% | 83.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # Part C and Part B/619 families who SA or VSA with survey item | # Part C and Part B/629 families who responded to survey item | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 11,832 | 14,643 | 81.17% | 81.50% | 80.80% | Did not meet target | No Slippage |

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

The data source of Pennsylvania’s SiMR is the annual Early Intervention Family Survey that is sent to families of infants, toddlers, and preschoolers in the Early Intervention program. The survey item used to measure progress on the SiMR is “Early Intervention staff worked with my family to develop ideas and strategies to help my child learn”.

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

Percent = [(# of respondent families participating in Part C and Part B 619 who strongly agree or very strongly agree with the statement “Early Intervention staff worked with my family to develop ideas and strategies to help my child learn”) divided by the respondent families in Part C and Part B 619)] times 100.

**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.**

Pennsylvania has collected progress data as described in the SSIP evaluation plan.   
  
Examples of progress data include: descriptive data of professional development activities, demographic data of families and EI staff participating in EI sessions using coaching strategies, a family self-assessment of skills, ratings of videos of family coaching sessions, and measurement of coaching fidelity.

**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.**

https://tiu11.padlet.org/manketell1/SSIP

**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.**

Overall PD Strategies  
  
- In FFY 2021, 424 PD coaching events were held. In all, 3,436 EI staff participated in these events.  
- The Coaching Corner, an online monthly newsletter, has 424 subscribers.   
- Online materials and videos have been developed and posted to the EITA Portal at https://www.eita-pa.org/coaching-across-settings/  
  
1. PD for Infant Toddler EI Programs in the Exploration Phase  
  
- 9 Infant Toddler EI Programs (Cohort 4) began the Exploration Phase  
- All 9 EI programs convened a Core Leadership Team. All members participated in 4 webinars on coaching, held monthly meetings, conducted a local needs assessment, and developed an action plan.  
- Each CLT identified 5 EI Staff to receive training EI Coach during the Installation Phase  
  
2. PD for Infant Toddler EI Programs in the Installation Phase   
  
- 11 Infant Toddler EI programs (Cohort 3) began the Installation Phase   
- All 11 CLTs continued to meet and attend training webinars with EI Staff in training to be an EI Coach.   
- EI Staff, participated in a Welcome Webinar, completed the nine-hour SS-OO-PP-RR and 5Q online modules, and four Applying Knowledge Webinars.  
- The average pre-test score for EI Staff taking the FGRBI modules was 43.6%. The average post score was 84.8%.   
- 92.6% of the EI Staff participating in the Applying Knowledge Webinars agreed that “Focusing on the specific practices and principles of the Key Indicators helped me to apply them to my own practice.”   
- 87.7% of the EI Staff participating in the online modules agree that “The FGBRI online modules as a component of the Installation PD process contributed to or reinforced my learning.”   
- EI Staff participated in Professional Learning Communities (PLC) where they shared video clips of their coaching practice and received feedback on skills development.   
- Of the 71 EI Staff participating in the PLCs, 83.1% rated the overall PLC experience (monthly content webinars with video discussion as Excellent or Very Good. In addition, 100% of participants rated the PLC as a component of the installation PD process contributed to my understanding of FGRBI and coaching using the Key Indicators with families as Excellent or Very Good.   
- Two Provider Coaches were trained to facilitate PLC sessions (December to May 2022).   
- 25 EI Staff participating in the PD sequence at the Installation Phase reached fidelity as an Early Intervention Coach by October 2022.  
- From the pool of EI Staff who reached fidelity as an EI Coach, the CLTs nominated 8 EI Coaches to receive training to achieve fidelity as a Provider Trainee Coach.   
  
3. PD for Infant Toddler EI Programs in the Implementation Phase   
  
- 19 Infant Toddler EI Programs (Cohorts 1 & 2) participated in the Implementation Phase.   
- All 19 CLTs continued to meet on a monthly basis and attend webinars.  
- The Provider Trainee Coaches who achieved fidelity in scoring coaching videos on the FGRBI Key Indicators conducted monthly coaching feedback sessions with EI Staff in their county.   
- All 6 Trainee Coaches in Cohort 1 achieved fidelity as Provider Coaches in November 2021. In May 2022, one of the Provider Coaches achieved fidelity as a Master Coach.  
- Trainee Coach Cohort 2 attended monthly webinars with Master Coaches (November 2021 to June 2022) to develop skills in providing feedback session with EI Staff. This included becoming reliable in Key Indicators of FGRBI in video examples submitted by EI Staff  
- An average of 30 EI Staff who reached fidelity as PA Early Intervention Coaches attend monthly Building Capacity Webinars with Master Coaches (August 2021 to June 30 2022). Participants consistently rate “the engagement of the webinar and opportunities to interact” as Excellent or Very Good.  
- An additional 52 Early Interventionists reached fidelity as an Early Intervention Coach through coaching sessions with the Trainee Coaches, Provider Coaches, Master Coaches by June 30, 2022.  
  
Governance and Accountability  
  
1. Develop guidance documents and activities to better support coaching   
  
- BEISFS continues to disseminate and enforce the guidance document called "EI Service Delivery: Coaching Across Settings".   
- A 1-hour online course, which reviews the requirements of the guidance document, was developed and posted online in August 2021. BEISFS continues to monitor that all EI programs direct service and administrative staff have completed the course.   
- Additional webinars and online objects on different aspects of coaching have been developed and posted to the EITA Portal at https://www.eita-pa.org/coaching-across-settings/  
 - Updates to the EI Provider Registry to allow for uploading training certificates to document completion of the EI service delivery course, to identify EI staff who have reached fidelity, and other upgrades to the online registry have continued.   
  
2. Continue to Hold Coaching Executive Meetings  
   
- Nine Coaching Executive Meetings were held in FFY 2021.   
- A Capacity Assessment, focused on Pennsylvania’s capacity to implement and sustain coaching efforts was completed by staff from the National Implementation Resource Network (NIRN).   
  
3. Coordination of Coaching Implementation Efforts with Partners  
  
- BEISFS Executive staff and EITA Coaching staff are collaborating with the Pennsylvania Department of Education, Bureau of Special Education in applying for the State Professional Development Grant (SPDG). This SPDG competition is focused on the collaboration between the Part C program and the school-age Part B program. The PD activities in the Part C and Preschool Part B programs will focus on providing additional support to coaching efforts.   
- Pennsylvania’s Part C and Preschool Part B Coordinator, Lisa Parker, will serve as a co-principal investigator for the SPDG if awarded.   
- If awarded, funding from the SPDG will support national experts, provide stipends for EI staff who reach fidelity, and stipends for EC staff participating in PD activities for preschool coaching.   
- EITA contracted with the NIRN to provide PD activities for BEISFS advisors and EITA Consultants. NIRN provided a two-day overview of Implementation Science Principles in October 2021. In addition, 10 BEISFS advisors and EITA consultants participated in twice monthly PD sessions with NIRN staff from October 2021 to September 2022.   
  
4. Update verification/monitoring tool to better support coaching efforts  
   
- The process for reviewing the EI verification tool and process and identify strategies to incorporate accountability for coaching goals was begun in FFY 2021.   
  
  
5. Continue to Engage Stakeholders in Coaching Efforts  
  
- In FFY 2021, meetings with CSE meetings were held in April and June 2022. CSE reviewed new policies, new materials, PD schedules, and implementation data. They provided feedback to the Coaching Initiative team.   
- BEISFS staff continued to meet with other stakeholder groups, including the SICC, SEAP, Pennsylvania Association of Intermediate Units, County Commissioners Association of Pennsylvania, and EI provider associations. Meetings focus on providing updates on coaching activities and gathering feedback on planned implementation activities.   
  
  
Family Engagement in Coaching Activities  
  
1. Continue to provide information to families in EI on the effectiveness of the coaching roll out.   
  
- New materials on coaching, its goals, and its impact on EI services and child development are under development. Online videos on the EITA Portal (.https://www.eita-pa.org/coaching-across-settings/) highlight the perspective of Pennsylvania families   
  
2. Collect data from family members receiving EI services using coaching  
  
- A coaching evaluation tool has been designed to gather input from families who are receiving EI services from trainee coaches working toward reaching fidelity as an EI Coach or Provider Coach. An evaluation plan for dissemination, monitoring and data analysis is in process.

**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.**

The short-term outcomes for the three areas of systems framework achieved in FFY 2021, Governance, Professional Development and Family Engagement, have been described in the previous section.   
  
The Active Implementation Science model, one of the evidence-based practices being implemented through SiMR activities, describes the Implementation Drivers that are key to ensuring positive outcomes from systems change activities. Effective implementation can be assured by addressing Competency Drivers (selection, training, and coaching), Leadership, and Organizational Drivers (systems interventions, facilitative administration, and decision support data systems).   
  
Pennsylvania’s SiMR was designed to ‘map’ the Implementation Science Drivers to infrastructure improvement activities: Competency Drivers to the Professional Development infrastructure area and Leadership and Organizational Drivers to the Guidance and Accountability infrastructure area. Pennsylvania has added a third infrastructure area, Family Engagement, to ensure that family members, as key stakeholders in the shift to the use of coaching as the universal strategy for delivering EI services, are provided with information about the SiMR activities and opportunities for feedback.   
  
The second evidence-based practice, coaching using the FGRBI model, also supports systems change activities within the Professional Development infrastructure area. The FGRBI model includes a professional development curriculum that is based on adult learning principles and well-researched fidelity measures that will ensure the quality of EI services provided through a coaching model.

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

NO

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

The following activities for each infrastructure improvement strategy are anticipated to be attained in FFY 2021.   
  
Professional Development and Coaching Support Activities  
  
1. PD for Infant Toddler EI Programs in the Exploration Phase  
   
- Ten Infant Toddler EI programs (Cohort 5) will begin the PD sequence in the Exploration Phase  
- Each Infant Toddler program will identify Core Leadership Team members and begin CLT activities  
  
2. PD for Infant Toddler EI Programs in the Installation Phase   
  
- Nine Infant Toddler EI Programs (Cohort 4) will begin the Installation Phase PD sequence.   
- The Early Interventionists who were nominated to be trained as EI Coaches will begin the Installation PD series.   
  
3. PD for Infant Toddler EI Programs in the Implementation Phase  
   
- Eleven Infant Toddler EI Programs (Cohort 3) will begin the Implementation Phase.   
- Those EI Coaches who reached fidelity and who were nominated to be Provider Trainee Coaches will begin the Implementation PD series.   
- Provider Coaches who have reached fidelity and who were nominated to be a Master Coach will begin their PD series.   
  
Governance and Accountability  
  
1. Develop guidance documents and activities to better support coaching efforts  
  
- Continue efforts to update the EI Provider Registry to allow for uploading training documentation related to coaching PD and fidelity.   
  
  
2. Update verification/monitoring tool to better support coaching efforts  
   
- Continue to review EI verification tool and process and identify strategies to incorporate accountability for coaching goals  
- Continue to update verification tool with additional items to support the use of coaching as the universal EI service delivery model.   
  
3. Continue to hold Coaching Executive Meetings   
  
- Meet on a bi-monthly basis with the Part C Coordinator, BEISFS Bureau Chiefs, Director and Project Managers of EITA, and outside expert consultant.   
- Hold Coaching Executive Subcommittee meetings as needed (ex., evaluation team, communications team, etc.)   
  
4. Continue to engage stakeholders in Coaching efforts  
  
- Continue to hold quarterly meetings with Committee for Stakeholder Engagement meetings CSE to review new policies, new materials, PD schedules, and implementation data  
- Continue to provide updates on coaching efforts at SICC, SEAP, EI Providers’ Association board meetings, parent organizations and other groups as requested  
- Continue to recruit family members of children receiving EI services as part of stakeholder groups.   
  
5. Develop an Implementation Plan for Coaching PD for Preschool EI programs  
  
- Determine evidenced based practices to implement in Preschool EI programs  
- Develop an implementation plan based on the active implementation science model. Plan will include roll out in Preschool EI programs using a cohort model.   
  
6. Sustainability   
  
- Continue development of a sustainability plan for coaching PD sequences and the documentation of of staff who are reaching and maintaining fidelity.   
- Continue to monitor the capacity needs for master coaches, provider coaches, and EI coaches and develop action steps based on need.   
  
  
Family Engagement  
  
1. Continue to provide information to families in EI on the effectiveness of the coaching roll out.  
   
- Develop and disseminate new materials on coaching, its goals, and its impact on EI services and child development.   
- Provide coaching information to parent support groups, parent training institutes, and other parent organizations  
  
2. Collect data from family members receiving EI services using coaching  
  
- Collect family survey data from families who are receiving EI services from trainee coaches working toward fidelity as an EI Coach or Provider Coach.   
- Analyze family data on an ongoing basis in order to respond to identified concerns

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

Two different evidence based practices were chosen for use in achieving Pennsylvania’s SIMR. One evidence-based practice, Family Guided Routines Based Intervention (FGRBI) is used for the PD content and fidelity measures of coaching strategies. The other evidence-based practice, Implementation Science, is used to guide the implementation process. These two practices will be used for Pennsylvania’s SSIP for FFY 2020-2025.   
  
Both evidence-based practices have extensive peer-review research to support their use as an evidence-based practice. In 2004, the first databased publication validating the impact of FGRBI on caregivers and children was published in the Journal of Early Intervention. Since then, over 20 additional single case design, quasi-experimental, and randomized control studies have been conducted and reported on the FGRBI model. The field of Implementation Science has a rich research-base of evidence that supports its use in achieving program outcomes.

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

FGRBI is an Early Intervention approach that incorporates the Part C IDEA legal mandates and guidelines to promote child-directed learning into the functional everyday routines and activities of young children and their families. Caregiver coaching has been added to the model to facilitate the shift from the EI provider working directly with the child to focus on the triadic nature of the provider supporting the parent and child interactions and embedded intervention in everyday routines, activities, and play. Coaching by providers to embed intervention is related to increased parent/caregiver implementation and intentional use of specific actions or strategies that enhance their child’s development. Additional information on FGRBI can be found at http://fgrbi.com/.   
  
The active implementation science model, as developed by the National Implementation Research Network, will be incorporated into Pennsylvania’s SSIP efforts. The NIRN work focuses on the use of implementation stages, implementation drivers, assessment of fidelity, and sustainability strategies as tools for ensuring effective implementation of system change. The NIRN model includes application tools, resource materials, and planning tools to assist in implementing new practices. Additional information on the NIRN model can be found at https://nirn.fpg.unc.edu/.

**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.**

The FGRBI model, as an evidence-based practice, will be used to support all professional development activities and coaching supports. The curriculum, tools, and fidelity measures will be used to ensure that EI providers develop expertise in implementing coaching practices in the provision of EI services. The use of the FGRBI model to improve staff practices in coaching will result in increasing family members’ competence and confidence in embedding learning strategies in their child’s typical activities and routines.   
  
The Active Implementation Science principles, in particular the Implementation Drivers, guided the design of the SiMR goals and strategies. The SiMR strategies focus on ensuring statewide leadership and regulatory support for the use of coaching in EI service delivery, focus on promoting leadership from local EI programs, and including stakeholder input in all SiMR activities. These strategies will ensure the effective implementation of coaching as a universal EI service delivery model.   
  
The combination of both evidence based practices, FGRBI and Implementation Science, will ensure that Pennsylvania reaches is SiMR.

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

Full details of data to be collected to monitor the fidelity of implementation can be found in the evaluation plan (https://tiu11.padlet.org/manketell1/SSIP). Since Pennsylvania is in the second year of implementation strategies for its new SiMR, data to monitor the fidelity of implementation will be reported in subsequent years.   
  
The FGRBI Coaching Checklist will be used to measure whether Early Intervention staff have reached fidelity as an Early Intervention Coach, Provider Coach or Master Coach. The Coaching Checklist relies on the scoring videos of EI service delivery sessions were coaching strategies are used.

**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.**

Because Pennsylvania is reporting on the second year of implementation of its new SiMR, little progress monitoring data is available. Some descriptive statistics can be found in the section on the improvement strategies implemented in FFY 2021. Additional information on data to be gathered in future years can be found in the evaluation plan.

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

A summary of the next steps for each evidence-based practice can be found in the section on the next steps for infrastructure improvement strategies. In that section, the Professional Development strategies are the next steps for the use of the FGRBI model. All of the infrastructure areas use Implementation Science to promote effective implementation and the next steps listed reflect the next steps in the use of Implementation Science.

**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.**

In FFY 2020, Pennsylvania analyzed data from previous SSIP activities and determined the need for a new SIMR. A new Theory of Action and Infrastructure Analysis led to the development of a new implementation plan and evaluation plan.   
  
FFY 2021 is the second year of reporting on that new SiMR and the impact of its implementation. Analysis of the data reported above and analysis of the logistics of implementation of roll out activities has not shown any concerns with current implementation plan. All activities are being held as planned and reaching planned impact.   
  
No changes to activities, strategies or timelines are needed at this stage of implementation.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Pennsylvania’s Early Intervention system has two primary stakeholder groups, one with a birth-5-year-old focus, the State Interagency Coordinating Council (SICC), and one with a 3–21-year-old focus, the Special Education Advisory Panel (SEAP). Using these two groups allows BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. The Committee for Stakeholder Engagement (CSE), a workgroup of the SICC, focuses on the review of data and specifically impacts the coordination of the state's birth-5 EI system. A total of 17 family members participated across the three stakeholder groups (SICC, CSE and SEAP).   
  
Membership in the SICC and CSE is composed of parents (as co-chairs), local program administrators, EI service delivery agencies, Department of Health, legislators, Children’s Health Insurance Program (CHIP), American Academy of Pediatrics, higher education, and a representative of Pennsylvania’s Education for Children and Youth Experiencing Homelessness Program. CSE also includes a representative of The PEAL Center, a Parent Training and Information Center, and the director of Parent to Parent of Pennsylvania and Family Engagement Initiatives.   
  
BEISFS and EITA met with SEAP, SICC, and CSE to review the annual APR data, including a review of historic data, current year data, targets, and activities implemented during the fiscal year. SEAP, SICC and CSE made recommendations for changes or additional activities as needed. This information was used by BEISFS to update its SPP/APR. The meetings with the SICC and CSE were held on December 1, 2022. The meeting with SEAP was held on September 23, 2022.

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

Further details on the stakeholder process can be found in the description of Family Engagement activities as described above in the implementation improvement strategies.

**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.**

All activities anticipated to be implemented in FFY 2022 can be found in the sections on next steps.

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

All activities anticipated to be implemented in FFY 2022 can be found in the sections on next steps.

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

Pennsylvania begin implementation of its new SiMR strategies in FFY 2020 and no barriers have been identified to date.

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

# 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**

Designated 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:**

Emily Hackleman

**Title:**

Part C Data Manager

**Email:**

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**Phone:**

7177833636

**Submitted on:**

04/24/23 12:31:08 PM

# Determination Enclosures

## RDA Matrix

**Pennsylvania**

2023 Part C Results-Driven Accountability Matrix

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

| **Percentage (%)** | **Determination** |
| --- | --- |
| 75.00% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 4 | 50.00% |
| **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) | 12,976 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 20,639 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 62.87 |
| **Data Completeness Score[[2]](#footnote-3)** | 1 |

**(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)** | 0 |

| **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** | 65.08% | 55.84% | 72.22% | 47.15% | 72.37% | 55.14% |
| **FFY 2020** | 66.83% | 56.40% | 73.56% | 46.17% | 74.81% | 54.51% |

**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** | 94.83% | YES | 2 |
| **Indicator 7: 45-day timeline** | 98.60% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 98.38% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 97.84% | YES | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 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** | **12,976** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 68 | 3,160 | 2,495 | 3,522 | 3,714 |
| **Performance (%)** | 0.52% | 24.38% | 19.25% | 27.18% | 28.66% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 57 | 3,021 | 3,780 | 4,221 | 1,897 |
| **Performance (%)** | 0.44% | 23.28% | 29.13% | 32.53% | 14.62% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 53 | 2,864 | 2,904 | 4,736 | 2,418 |
| **Performance (%)** | 0.41% | 22.07% | 22.38% | 36.50% | 18.64% |
| **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 (%)** | 65.08% | 55.84% | 72.22% | 47.15% | 72.37% | 55.14% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **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** | 9,812 | 66.83% | 9,245 | 65.08% | -1.74 | 0.0069 | -2.5370 | 0.0112 | YES | 0 |
| **SS1/Outcome B: Knowledge and Skills** | 11,742 | 73.56% | 11,079 | 72.22% | -1.35 | 0.0059 | -2.2881 | 0.0221 | YES | 0 |
| **SS1/Outcome C: Actions to meet needs** | 11,347 | 74.81% | 10,557 | 72.37% | -2.44 | 0.0060 | -4.0986 | <.0001 | YES | 0 |
| **SS2/Outcome A: Positive Social Relationships** | 13,732 | 56.40% | 12,959 | 55.84% | -0.56 | 0.0061 | -0.9271 | 0.3539 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 13,744 | 46.17% | 12,976 | 47.15% | 0.98 | 0.0061 | 1.6098 | 0.1074 | NO | 1 |
| **SS2/Outcome C: Actions to meet needs** | 13,725 | 54.51% | 12,975 | 55.14% | 0.63 | 0.0061 | 1.0346 | 0.3009 | NO | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **3** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **0** |

## Data Rubric

**Pennsylvania**

**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** | 1 | 1 |
| **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** | 12 |
| **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) = | 17 |

|  |  | **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 | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| 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\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*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)