

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

Indiana



**PART C DUE
February 3, 2025**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Division of Disability and Rehabilitative Services/Bureau of Child Development Services within the Family and Social Services Administration is the state agency in Indiana that is referred to as the Lead Agency for Part C of the Individuals with Disabilities Education Act (IDEA), otherwise known in the state as First Steps. During FFY23 the Lead Agency had contracts with 4 entities which operate 9 EIS programs/Cluster SPOEs delivering evaluation and assessment and service coordination services to infants, toddlers, and families statewide. The Lead Agency also had agreements with 41 agencies providing IFSP services statewide. The Lead Agency, Cluster SPOEs, and agencies engaged in stakeholder meetings quarterly, participated in the State Interagency Coordinating Council meetings and workgroups, and various other stakeholder meetings as needed (e.g. data system and recruitment/retention).

Provider recruitment and retention remained a focus for FFY23 for the Lead Agency. The Lead Agency enrolled 4 new provider agencies serving various areas of the state where data indicated a need for increased access to all IFSP service types. The Lead Agency worked with these agencies to expand the number of enrolled providers available to deliver services to children and families rather than hiring or contracting with providers already enrolled in the system. A recruitment campaign was launched to attract professionals to early intervention. The Lead Agency revised its website, created videos around early intervention being a rewarding career, developed talking points for local programs to work with career counselors and job fairs at colleges and universities, engaged in paid recruitment media, and paid Google search.

In order to monitor its recruitment efforts, the Lead Agency engaged in ongoing data analysis of the number of enrolled providers, number of unique providers delivering IFSP services, and number of billable early intervention hours delivered to children and families. Based upon FFY21 and FFY22 billing data, Indiana had a large part-time workforce and the turnover rate was quite high at 22% or higher. Updated personnel data indicates an increase in the number of enrolled service coordinators and ongoing service providers available to support Hoosier infants, toddlers, and their families, and updated billing data demonstrates improvement in IFSP service access. FFY23 data indicate an increase in the number of providers billing more than 10 hours of services per week as well as a decrease in the turnover rate to 4%. Improvement in access to IFSP services is also reflected in the state's improved FFY23 Indicator 1 (Timely Provision of Services) and 7 (45-Day Timeline) data.

Additional information related to data collection and reporting

The Lead Agency worked on stabilizing and debugging its statewide data system, EI Hub, improving data completeness and accuracy. The Lead Agency's monitoring vendor, Indiana University, developed a new process for collecting child and family outcome data, thus making it possible to report on a full year's worth of data and eliminating the need for the Lead Agency to utilize a sampling plan for Indicators 3 and 4. This improvement was delivered two years before the Lead Agency had previously indicated to the Office of Special Education Programs it would be able to be deployed. During the analysis of child outcome data, however, the Lead Agency has identified improvement strategies to the collection methodology which will lead to data improvement in FFY24/25. Details can be seen in Indicator 3 (Child Outcomes). The Lead Agency will work to make additional data completeness and accuracy improvements for FFY24. These improvements include but are not limited to putting in place additional data system validations, case management user roles, reliable dashboards and reports, and improved data entry training.

During the reporting period, the Lead Agency also focused on improving its Indicator 8 (Transition) data. Its data analyst, in collaboration with FSSA's data analytics team, developed an algorithm to generate an automated Local Education Agency (LEA) and State Education Agency (SEA) report. This automated report will ensure improved compliance with Indicator 8B (Timely Notification to the LEA/SEA) in FFY24.

The Lead Agency engaged in the development of a Request for Proposals (RFP) for its monitoring system. The RFP was released and awarded in FFY24. It includes an expanded scope of work around agency monitoring, enhanced EIS program monitoring, developing and implementing a child outcome data repository and data analysis, and the dissemination, collection, and analysis of family outcome surveys.

General Supervision System

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

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

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2023 as a representative sample.

Annual EIS Program/Cluster Monitoring addresses SPP/APR Indicators 1, 7, 8A, 8B, and 8C and in FFY2023 included additional State compliance and quality indicators such as Annual IFSP Written Prior to Expiration (34 CFR 303.342(c) and Insurance Correctly Documented in Child File (local records) and EI Hub (State database). Annual Monitoring Reports, including findings, for all EIS Programs/Clusters may be found on the First Steps website here: <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/#:~:text=Annual%C2%A0%C2%A0monitoring%20reports>.

In addition to above-mentioned Annual EIS Program/Cluster monitoring, the BCDS engages in additional monitoring activities with EIS Programs/Cluster such as data verification, policies and procedures guidance and implementation, risk-based fiscal audits, training and technical assistance, quarterly EIS Program/Cluster workgroups, vendor/contract management, and, as required, focused monitoring and dispute resolution.

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

The Lead Agency used a sample set of data and methodology consistent across each EIS Program/Cluster when conducting each EIS Program/Cluster's annual monitoring. Data for compliance indicators was gathered by looking at July 2023 data as a representative sample.

First, the Lead Agency worked with the data system vendor to identify all children who met inclusionary criteria, which was based upon the focus of the compliance indicator. From this list, a minimum subset sample size for individual record review was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. For smaller EIS Programs/Clusters (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files. A random number generator was used to select the individual files required for the sample. Individual child records were then reviewed by the Quality Review Contractor.

Following the completion of the Quality Review, the Quality Review Contractor created a Preliminary Results Report, which is provided to each EIS Program/Cluster. The EIS Programs/Clusters were then given a clarification period of one week to provide additional documentation for review by the Quality Review Contractor. The Quality Review Contractor then prepared a Local Monitoring Report Letter which was issued by the Lead Agency and served as a final data report for the monitoring year, including any findings for compliance indicators.

After the Lead Agency issued the Local Monitoring Report Letter, the Quality Review contractor met with each EIS Program/Cluster to discuss findings of noncompliance and the root cause of the noncompliance for any indicator where the target was not met.

Whenever the Quality Review Contractor identified an individual instance of noncompliance during the Annual Quality Review activities, the child's EI record was reviewed for evidence that the required action had been completed, although late, or that the child was no longer within the jurisdiction of the EIS Program/Cluster. Documentation of the child-specific correction was captured at the time of the Annual Quality Review activities. If the child-specific correction was not demonstrated at this time, all instances are reviewed during each subsequent data review activity until verification of correction of noncompliance can be confirmed or the child is no longer within the jurisdiction of the EIS Program/Cluster.

For each indicator where noncompliance was identified, the Quality Review Contractor conducted subsequent data pulls for each quarter until the Cluster demonstrates compliance or has met the target. October data is reviewed for quarter 2, January data is reviewed for quarter 3, and April data is reviewed for quarter 4. The Quality Review contractor completes quarterly verification reviews of a sample of up to 40 EI records, depending upon the size of the Cluster, following the data collection procedures outlined in the applicable indicator data protocol.

If all files (100%) as part of the subsequent data review are found to be compliant, the Quality Review Contractor will draft a verification of correction of noncompliance letter. The letter is sent to the Lead Agency for review and subsequently issued to the EIS Program/Cluster to close the finding(s).

If any files are found to be noncompliant as part of the subsequent data review, the Quality Review contractor will notify the EIS Program/Cluster via a data summary report and provide a one-week clarification period to submit additional documentary evidence to support completion of required activities.

Unless it is determined that the submission of additional documentary evidence supports completion of activities for all file(s) found to be out of compliance during the subsequent verification review, the indicator(s) under review will remain out of compliance for that quarter and the finding(s) will be sustained. The Quality Review Contractor will draft a notification letter sharing the subsequent quarterly data (regardless of compliance status). The result of this letter will either support verification of correction of noncompliance or continued noncompliance. The draft letter is sent to the Lead Agency for review and then formally issued to the EIS Program/Cluster.

If data confirms continued noncompliance, subsequent verification procedures will be repeated quarterly until the EIS Program/Cluster demonstrates and the Lead Agency has verified correction of noncompliance.

In the event that a EIS Program/Cluster does not come into compliance within one year from the notification of noncompliance, the finding of noncompliance will be sustained in its annual local monitoring report letter. Additional corrective action(s) may be ordered, and the verification of correction of noncompliance procedures will be followed until such time that the EIS Program/Cluster demonstrates and the Lead Agency has verified correction of noncompliance.

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

The Lead Agency utilizes the following data systems to conduct annual monitoring activities of all 9 EIS Programs/Clusters.

Early Intervention (EI) Hub

Indiana First Steps collects and maintains data through the use of the statewide data system, EI Hub, which is currently managed by a third-party vendor, procured via competitive bid. EI Hub includes demographic data such as race, gender, ethnicity, and language spoken, Individualized Family Service Plans (IFSP) data, and service provision data. The Lead Agency uses EI Hub to gather data for Federal and State reporting activities, monitoring of local programs, billing for services, and for a variety of other program management functions.

System Point of Entry EI Record Data Repositories

In addition to the information captured in EI Hub, each EIS Program/Cluster maintains complete electronic records for each child within their own data/document systems. These records are regularly used in conjunction with the EI Hub data system for verification and monitoring purposes.

The Lead Agency contracts with a Quality Review Contractor to collect and verify data used from the systems described above for the State Performance Plan/Annual Performance Report. Original data was gathered for the period of July 2023 as a representative sample. Subsequent data for purposes of verifying correction of noncompliance is gathered for the periods of October 2023, January 2024, and April 2024, as necessary.

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

The Lead Agency issues findings to each EIS Program/Cluster based upon data collected during the annual monitoring review as described above. Each individual instance of noncompliance is recorded and issued as part of the EIS Program/Clusters' findings letter.

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

Not applicable.

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

The Lead Agency has a system of graduated and progressive sanctions to ensure correction of identified noncompliance and to address areas needing improvement. This system includes:

Root Cause Analysis and Corrective Action Plans:

- Programs may be required to perform a Root Cause Analysis to pinpoint underlying issues causing noncompliance, and then develop Corrective Action Plans (CAPs) to outline steps for resolving these issues. Programs must submit CAPs to the Lead Agency for review and approval and provide subsequent documentation and evidence of CAP implementation and resolution of noncompliance.

Tiered Technical Assistance:

- Depending on the severity and scope of noncompliance, providers may be required to participate in various levels of Tiered Technical Assistance (universal, targeted, and intensive) offered through the Lead Agency's technical assistance and professional development contractor.

Financial Measures:

- The Lead Agency may deny or recover payments for services where noncompliance is confirmed.

Contract Actions:

- For persistent or severe noncompliance, the Lead Agency may amend or terminate contracts and agreements with the non-compliant programs.

Through this system, the Lead Agency ensures adherence to federal and state requirements, enhances the quality of early intervention services, and promotes positive outcomes for infants and toddlers with disabilities and their families.

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

In order to make annual determinations of each of the nine EIS Programs/Clusters, the Lead Agency considers information obtained through its annual monitoring visits as well as any other information obtained through the exercise of its general supervision system (e.g., focused monitoring, fiscal audits, dispute resolution). Below is a list of the criteria categories that are used to calculate overall performance based on maximum point values available per category:

- Level of Compliance with Compliance Indicators 1, 7, 8A, 8B, and 8C
 - Maximum points available: 10
- Target attainment for Results Indicators 2, 3A, 3B, 3C, 4A, 4B, 4C, 5, and 6
 - Maximum points available: 6
- Timely correction of noncompliance
 - Maximum points available: 2
- Valid, reliable, and timely data
 - Maximum points available: 2

Each EIS Program/Cluster is given one of the following determination statuses based upon their total points received out of 20 available points:

- Meets Requirements (16 – 20 points)
- Needs Assistance (12 – 15 points)
- Needs Intervention (8 - 12 points)
- Needs Substantial Intervention (0 - 8 points)

EIS Programs/Clusters are notified by letter of their determination annually in February. Determinations are not posted publicly.

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

Policies, procedures, and processes can be found on <https://www.in.gov/fssa/firststeps>. In particular, policies may be found on <https://www.in.gov/fssa/firststeps/program-policies-and-updates/policies/> and monitoring/performance reporting may be found on <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

Technical Assistance System:

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

The Lead Agency contracts with the Early Childhood Center (ECC) at Indiana University (IU) to implement Tiered Technical Assistance (TA) to its nine EIS Programs/Clusters and 41 provider agencies. TA supports are delivered utilizing high-quality, research-based practices that align with Indiana's early intervention policies and procedures including policies, procedures, and guidance provided by the federal Office of Special Education Programs (OSEP) and related federal technical assistance partners. TA includes facilitation of programs' ongoing self-assessments, monitoring programs' progress and collecting information about a program's ability to meet standards for providing early intervention services in Indiana and the outcomes of the children and families they serve.

Indiana First Steps utilizes a three-tier TA approach to support early intervention programs and their personnel which begins with high-quality universal TA and instruction available to all early intervention programs. Within the three tiers, programs are provided with support and TA at increasing levels of intensity, based on their performance. These services may be provided by a variety of personnel, and in different modalities. Decisions about the intensity and duration of support are based on individual programs and their needs. Movement between the tiers is fluid and access to supports shall change as the performance and needs of a program changes. Below is a description of the three tiers of TA:

Tier 1 – Universal Supports

- Within Tier 1, all programs have access to and may receive high-quality universal TA and instruction using research-based supports. Supports include evaluating programs to identify their needs, program development, and group supports.

Tier 2 – Targeted Supports

- Within Tier 2, supports are provided to programs that do not meet the requirements of IDEA. These programs may be provided increasingly intensive supports to match their needs. These services and supports could be provided in small group settings or at the individual program level. Intensity varies across group size, frequency and duration of support, and level of training of the professionals providing instruction or intervention.

Tier 3 – Intensive Supports

- Within Tier 3, programs receive high-quality individualized, intensive supports when the program has longstanding or significant noncompliance in implementing the requirements of IDEA. Individualized supports are typically delivered either face-to-face (including on-site, when requested) or through distance solutions, such as the use of video communication. The Lead Agency monitors TA utilization when required as part of a program's corrective action plan to address and resolve noncompliance.

Professional Development System:

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

Indiana First Steps maintains a robust system of professional development as a key component of its Comprehensive System of Personnel Development. The following mechanisms describe how the Lead Agency ensures that service providers have the skills necessary to deliver high-quality early intervention services that improve the results for infants and toddlers with disabilities and their families:

Learning Management System (LMS)

- Indiana's Early Intervention (EI) Hub data system contains a learning management system module that serves as a continuously updated repository of training courses, webinars, and recorded conference sessions available to service providers at all times.

Professional Development System Contractor

- The Lead Agency contracts with the ECC at Indiana University to provide an array of professional development opportunities for service providers, which includes the following:
 - Foundational onboarding trainings are developed, revised, and maintained on the Lead Agency's learning management system to ensure essential trainings programming for new service providers.
 - Topical training modules are regularly developed to address emerging professional development needs of First Steps service providers.
 - National Webinar Speakers Series features national experts to share insights and best practices with providers.
 - Indiana Early Intervention Conference is an annual, 2-day event where multiple keynote addresses and dozens of break-out sessions provide professional development to approximately 800 early intervention provider participants.

Quarterly Newsletter

- The Lead Agency disseminates a quarterly newsletter with updates and communications to keep service providers informed about new developments, training opportunities, and available resources.

Initial and Annual Provider Credentialing Requirements

- To ensure the initial and continuous professional development of service providers, Indiana First Steps personnel requirements include the completion of onboarding trainings as well as annual professional development specific to early intervention, alongside any professional licensure continuing education requirements, to ensure that providers remain current in their field.

Stakeholder Engagement:

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

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

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

YES

Number of Parent Members:

5

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 FFY20, Indiana set out to rethink stakeholder engagement and work to create a more meaningful and sustainable process to be replicated for all stakeholder engagement within the First Steps system. To do this, it is first important to understand where stakeholders, particularly parents, are currently embedded within the system and are provided an opportunity to participate. Parents are represented across state implementation teams for various professional development initiatives such as the FGRBI state implementation team, the State Systems, Technology Utilization, and Work Force Development subcommittees of the ICC, and within the ICC Executive Board. The state also saves contact information of participants, with their permission, for the purpose of reaching out and soliciting participation for future stakeholder meetings. Additionally, Indiana sought to build new relationships with family members through their local programs by asking local programs to connect the state team with families in their programs who may not already be engaged with First Steps outside of receiving early intervention services but have provided feedback about the program or has expressed interest in participating in groups to improve the system. Indiana First Steps engaged a broad group of parent stakeholders who serve as ICC members, Family Guided Routines Based Intervention State Implementation Team members, parent organization representatives from INSOURCE, Family2Family, and Arc of Indiana, 1102 Taskforce members, and Division of Disability and Rehabilitative Services (DDRS) Advisory Board members, throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and programmatic capacity building strategies.

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.

In FFY23, the Lead Agency initiated quarterly Family Town Hall meetings hosted by the Lead Agency's Family Engagement Manager. These meetings, held virtually and at multiple times each quarter for parental convenience, are intended as a meeting place to share updates from the Lead Agency about various early intervention topics and gather parent feedback regarding experience and areas for improvement. In its introductory year, the Lead Agency, several partnering agencies and organizations, providers, parents, and advocates joined together to discuss a variety of topics such as community

resources, procedural safeguards and dispute resolution, system of payments and use of insurance, as well as other general topics pertaining to family engagement opportunities.

Soliciting Public Input:

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

The Lead Agency solicits public input utilizing a variety of strategies such as Gov Delivery messages sent via email and text messages, listserv distribution lists, newsletters, website, media publications as appropriate, public comment at ICC meetings, stakeholder meetings, and public comment notifications.

Making Results Available to the Public:

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

The Lead Agency has posted the SPP/APR for previous years FFY2014-2022. The Annual Performance Report (APR) for FFY 2014-2022 along with OSEP determinations, results matrix, and data rubric are publicly available on the First Steps website located at www.FirstSteps.in.gov on the Program Evaluation Reports at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. The Indiana APR for FFY23 will be posted following the APR submission on February 3, 2025.

Reporting to the Public:

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

The Lead Agency has posted the SPP/APR for previous years FFY2014-2022. The Annual Performance Report (APR) for FFY 2014-2022 along with OSEP determinations, results matrix, and data rubric are publicly available on the First Steps website located at www.FirstSteps.in.gov on the Program Evaluation Reports at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. The Indiana APR for FFY23 will be posted following the APR submission on February 3, 2025.

All public reporting on Indiana's Local Performance Report is available for all Clusters and all Indicators for FFY22 and FFY23 at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/#:~:text=Local%20performance%20reports>.

Intro - Prior FFY Required Actions

While the State has publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022) 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 2023 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 2021. In addition, the State must report with its FFY 2023 SPP/APR, how and where the State reported to the public on the FFY 2022 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

OSEP notes that the 2023 Governors Annual Report Final attachment included in the State's FFY 2021 SPP/APR submission is not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2022 SPP/APR

The State has posted publicly all performance data available for FFY21 per each EIS program/Cluster as noted within the Local Performance Report for FFY21 (<https://www.in.gov/fssa/firststeps/files/FFY2021PublicReportAPRResults.pdf>), disaggregated local data for indicators, 2, 5, and 6 cannot be produced for the following reasons:

Indicator 2 = *Due to issues during data migration of records from the legacy system to the current system, the address records were incorrectly end-dated which resulted in the address fields not displaying the active address for these children. To make these addresses active, users had to manually review each child's record, however, after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. Children who entered our program after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. Fortunately, all records of service delivered in both the legacy and current systems require the provider to select the location of service (i.e., home, child care, community setting, etc.) which is how the settings information was determined.

Indicator 5 = *Due to issues during data migration of records from the legacy system to the current system, the address records were incorrectly end-dated which resulted in the address fields not displaying the active address for these children. To make these addresses active, users had to manually review each child's record, however, after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. Children who entered our program after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address.

Indicator 6 = *Due to issues during data migration of records from the legacy system to the current system, the address records were incorrectly end-dated which resulted in the address fields not displaying the active address for these children. To make these addresses active, users had to manually review each child's record, however, after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address. Children who entered our program after 3/1/21 implementation of the new system, a significant issue was encountered with address validation which rendered many of those address records incomplete within the data system as well. The system

captured the street address of the child but did not include the county or SPOE as the system was designed to populate this information based on the validated address.

The State has posted publicly all performance data for FFY22 per each EIS program/Cluster. This report can be found on the State's website: <https://www.in.gov/fssa/firststeps/files/FFY2022-Public-Report-of-the-APR-Results.pdf>

The 2023 Governor's Annual Report is publicly posted on the State's website under information regarding the Interagency Coordinating Council (ICC): <https://www.in.gov/fssa/ddrs/files/2023-Govs-Annual-Report.pdf>

Intro - OSEP Response

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

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508.

Intro - Required Actions

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachments available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

The State's IDEA Part C determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 91.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 88.84% | 88.99% | 89.13% | 83.02% | 64.98% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 632 | 852 | 64.98% | 100% | 80.40% | Did not meet target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

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

53

Provide reasons for delay, if applicable.

Family Reasons for Delays: 53

Services never started due to family reason: 23

Family moved/phone number change: 2

Family illness: 11

Family scheduling conflict: 12

New baby: 2

Family hard to contact: 2

No show: 1

System Reasons for Delays: 167

No provider available at IFSP: 127

Provider illness: 12

Provider agency change: 3

Late Dr. Signature: 6

Miscalculation of 30 days: 13

Delayed Paperwork: 6

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).

Indiana's definition of timely services: All services written on the IFSP are initiated within 30 calendar days from the IFSP start date with parent approval, or within 30 days from the parent signature date on the IFSP service page for newly added services. 30 calendar days represents a reasonable amount of time for services to begin. Indiana allows for the delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for services delivered less frequently, such as hearing aid maintenance which is scheduled on a quarterly basis.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2023 as a representative sample.

Provide additional information about this indicator (optional)

FFY23 Compliance Monitoring Results - State total: 80.4% (685/852)

Initial Data Pull - July 2023:

Cluster A: 87.6% (99/113)

Cluster B: 78.8% (52/66)

Cluster C: 84% (84/100)

Cluster D: 88.6% (70/79)

Cluster F: 58.5% (24/41)

Cluster G: 80.9% (191/236)

Cluster H: 88.7% (47/53)

Cluster I: 75.3% (70/93)

Cluster J: 67.6% (48/71)

Q2 Subsequent Data Pull - October 2023:

Cluster A: 100% (20/20)

Cluster D: 100% (10/10)

Cluster H: 100% (10/10)

Q3 Subsequent Data Pull - January 2024:

Cluster B: 100% (20/20)

Cluster C: 100% (20/20)

Cluster F: 100% (10/10)

Cluster G: 100% (40/40)

Cluster I: 100% (20/20)

Cluster J: 100% (20/20)

As a result of FFY23 monitoring, all clusters demonstrated less than 100% compliance, thus continuing to exhibit noncompliance for Indicator 1, Timely

Provision of Services. Consequently, the Lead Agency sustained all findings for all clusters issued in FFY21 or FFY22.

Clusters F and G: Demonstrated less than 100% compliance thus were unable to correct their findings of noncompliance from FFY21, these clusters had their findings sustained for a second year.

Clusters A, B, C, D, H, I, and J: Demonstrated less than 100% compliance thus were unable to correct the findings of noncompliance within one year from FFY22, these clusters had their findings sustained.

Subsequent data were reviewed quarterly for each cluster until 100% compliance with Timely Provision of Services was demonstrated. Specifically the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H achieved 100% compliance, thereby closing their FFY22 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, F, G, I, and J achieved 100% compliance, thereby closing Clusters F and G's longstanding noncompliance from FFY21 and Clusters B, C, I, and J's findings from FFY22.

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the State in FFY21 and FFY22 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the nine findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. In all nine instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 7 | 0 | 7 | 0 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP review, or annual IFSP) quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H achieved 100% compliance, thereby closing their FFY22 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, I, and J achieved 100% compliance, thereby closing their findings from FFY22. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the seven findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the jurisdiction of the Cluster SPOE or program.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2021 | 2 | 2 | 0 |
| | | | |
| | | | |
| | | | |
| | | | |

FFY 2021

Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP review, or annual IFSP) quarterly for each cluster with FFY21 findings not yet verified as corrected until 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters F and G achieved 100% compliance, thereby closing their findings from FFY21. The Lead Agency determined both Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY21 under this indicator has been corrected. For the two findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the jurisdiction of the Cluster SPOE or program.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100%

compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY22 7 new findings were issued (Clusters A, B, C, D, H, I, and J) and 2 findings from FFY21 were sustained (Clusters F and G). Subsequent data was reviewed quarterly for each cluster until 100% compliance with Timely Provision of Services was demonstrated. Clusters A, B, C, D, H, I, and J did not demonstrate 100% compliance through subsequent data review, thus not closing their findings within one year. Clusters F and G did not demonstrate 100% compliance through subsequent data review, thus sustaining their finding from FFY21.

As mentioned above, in FFY23, 9 sustained findings were issued for this indicator. For Clusters A, B, C, D, H, I, and J findings were sustained from FFY22. For Clusters F and G findings were sustained from FFY21.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY21 and FFY22 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive Time Provision of Services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews in FFY23, indicating that regulatory requirements are being met and thus closing all sustained findings from FFY21 and FFY22.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 97.60% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|--------|--------|--------|--------|--------|
| Target>= | 95.00% | 95.00% | 95.50% | 96.00% | 96.00% |
| Data | 99.08% | 99.19% | 99.42% | 98.20% | 99.84% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------------|--------|--------|--------|
| Target >= | 96.50% | 96.50% | 97.00% |

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|---|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 14,879 |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Total number of infants and toddlers with IFSPs | 14,899 |

FFY 2023 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 14,879 | 14,899 | 99.84% | 96.50% | 99.87% | Met target | No Slippage |

Provide additional information about this indicator (optional).

In Indiana, natural environment information is captured by the Central Reimbursement Office (CRO) through provider claims submitted through the service logging module of the state's data system. All service logs require a location code for all services provided. The IFSP team is responsible for determining where the eligible child will receive services. If the natural environment is determined to not be the best location, the IFSP team must write a justification as part of the IFSP to address why services will not occur in the natural environment and what options were considered. A planned timeline must be also present on how the team plans to transition the child to the natural environment. All of this documentation is part of the child's IFSP.

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

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d))}}{\text{(\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d))}} \right] \text{ times } 100$.

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 = $\left[\frac{\text{(\# of infants and toddlers reported in progress category (d) plus \# of infants and toddlers reported in progress category (e))}}{\text{(total \# of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))}} \right] \text{ times } 100$.

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Historical Data

| Outcome | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1 | 2010 | Target>= | 55.00% | 55.00% | 52.00% | 52.00% | 52.00% |
| A1 | 49.00% | Data | 56.87% | 53.30% | 52.37% | 42.80% | 54.23% |
| A2 | 2010 | Target>= | 57.00% | 57.00% | 52.00% | 53.00% | 53.00% |
| A2 | 47.00% | Data | 58.93% | 55.67% | 55.12% | 47.14% | 56.54% |
| B1 | 2010 | Target>= | 57.00% | 57.00% | 52.00% | 52.00% | 52.00% |
| B1 | 59.00% | Data | 57.64% | 53.95% | 52.81% | 47.79% | 41.91% |
| B2 | 2010 | Target>= | 72.00% | 72.00% | 67.00% | 67.00% | 68.50% |
| B2 | 68.00% | Data | 72.85% | 70.55% | 69.33% | 66.38% | 72.65% |
| C1 | 2010 | Target>= | 55.00% | 55.00% | 50.00% | 52.00% | 52.00% |
| C1 | 52.00% | Data | 54.21% | 51.84% | 50.32% | 43.77% | 50.41% |
| C2 | 2010 | Target>= | 67.00% | 67.00% | 58.00% | 58.00% | 58.50% |
| C2 | 58.00% | Data | 65.16% | 62.93% | 61.88% | 59.45% | 64.93% |

Targets

| FFY | 2023 | 2024 | 2025 |
|-------------|--------|--------|--------|
| Target A1>= | 52.50% | 52.75% | 55.00% |
| Target A2>= | 54.00% | 55.00% | 56.00% |
| Target B1>= | 53.00% | 54.50% | 59.25% |
| Target B2>= | 69.00% | 69.50% | 70.00% |
| Target C1>= | 53.00% | 54.00% | 54.50% |
| Target C2>= | 59.00% | 59.50% | 60.00% |

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

| Outcome A Progress Category | Number of children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 610 | 7.01% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,591 | 29.77% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 315 | 3.62% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 3,437 | 39.49% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 1,751 | 20.12% |

| Outcome A | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 3,752 | 6,953 | 54.23% | 52.50% | 53.96% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 5,188 | 8,704 | 56.54% | 54.00% | 59.60% | Met target | No Slippage |

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

| Outcome B Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 336 | 3.88% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,799 | 20.75% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 104 | 1.20% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,570 | 18.11% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 4,860 | 56.06% |

| Outcome B | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,674 | 3,809 | 41.91% | 53.00% | 43.95% | Did not meet target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 6,430 | 8,669 | 72.65% | 69.00% | 74.17% | Met target | No Slippage |

Outcome C: Use of appropriate behaviors to meet their needs

| Outcome C Progress Category | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 575 | 6.61% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 2,214 | 25.45% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 268 | 3.08% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 2,496 | 28.69% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 3,147 | 36.17% |

| Outcome C | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,764 | 5,553 | 50.41% | 53.00% | 49.77% | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 5,643 | 8,700 | 64.93% | 59.00% | 64.86% | Met target | No Slippage |

FFY 2023 SPP/APR Data

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

| Question | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data | 12,862 |
| 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. | 2,990 |
| Number of infants and toddlers with IFSPs assessed | 9,873 |

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

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

NO

Provide the criteria for defining "comparable to same-aged peers."

Indiana's Part C program utilizes the Assessment, Evaluation, and Program System for Infants and Children 2(AEPS 2) to determine children's eligibility and developmental status in relation to "same-aged peers." At exit, the child's ongoing service providers compile progress data utilizing the AEPS skills checklist. This data is then provided to the child's service coordinator for final scoring, which is compared to the child's entrance outcomes. The service coordinator uses the checklist to determine scoring of the AEPS. Only trained service coordinators may compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

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

The AEPS 2 is administered by a multidisciplinary Eligibility Determination (ED) Team at the time of evaluation and assessment into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service provider(s) compile progress data on AEPS 2 skills and provide this data to the child's service coordinator for final scoring on the AEPS 2. The state developed a standard data collection tool for recording children's progress upon exit. All ongoing service providers are asked to complete the Exit Skills Checklist within the child's final month of service. The service coordinator uses this checklist to determine scoring of the AEPS 2. They then compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers." This instrument and procedures are still in place for FFY23. Data was collected for all of FFY2023. There are three domains of the AEPS that are associated with each of the three federal outcomes:

Outcome A - Social/Emotional domain

Outcome B - Cognitive domain

Outcome C - Adaptive domain

Provide additional information about this indicator (optional).

There are discrepancies between the FFY23 total number children assessed and the FFY23 denominator in its calculation for each outcome area due to service providers not completing or only partially completing the required AEPS exit skills checklist, thus the denominators reported are the total number of completed exit skills checklists for each outcome area.

The State is working to implement agency monitoring procedures. Child outcomes will be a focus of this monitoring. The State is working to execute a new monitoring contract with a new vendor. A deliverable within this contract is to strategize with the State around improving the completion of exit skills checklists for all children who exit receiving early intervention for 6 months or longer. The State is also working to implement new training for new and ongoing service providers. Child outcomes is a topic of training for providers. The State also recently executed a new training contract of which tired technical assistance is part. Agencies will be required to participate in technical assistance based upon their monitoring results. These strategies should lead to improved completion rates of the exit skills checklist thus stabilizing the State's denominator across all outcome areas and the total number assessed.

The State is working to stabilize its data system as well as train EIS Programs/Cluster SPOE personnel on data quality, data completeness, and timely data entry so data queries and reporting are more accurate. The State will work to provide EIS programs/Clusters access to data reports regarding their data completeness on regular intervals so data quality and completeness improves over time. Data requirement issues with the Qualtrix survey that is used to collect child outcome data have been identified and will be addressed in the coming year with the new monitoring vendor.

Cluster Data: Outcome A: Positive social emotional skills SS1

Cluster A: 51.8%
Cluster B: 45.7%
Cluster C: 59.4%
Cluster D: 58.0%
Cluster F: 47.0%
Cluster G: 55.9%
Cluster H: 43.1%
Cluster I: 57.4%
Cluster J: 51.7%

Cluster Data: Outcome A: Positive social emotional skills SS2

Cluster A: 59.2%
Cluster B: 52.8%
Cluster C: 64.7%
Cluster D: 61.4%
Cluster F: 53.3%
Cluster G: 61.9%
Cluster H: 50.2%
Cluster I: 58.8%
Cluster J: 58.3%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS1

Cluster A: 49.9%
Cluster B: 41.1%
Cluster C: 39.7%
Cluster D: 48.0%
Cluster F: 45.3%
Cluster G: 46.0%
Cluster H: 34.0%
Cluster I: 38.8%
Cluster J: 40.3%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS2

Cluster A: 71.7%
Cluster B: 69.8%
Cluster C: 77.9%
Cluster D: 77.5%
Cluster F: 71.0%
Cluster G: 75.6%
Cluster H: 63.6%
Cluster I: 75.8%
Cluster J: 73.3%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS1

Cluster A: 42.9%
Cluster B: 46.5%
Cluster C: 50.3%
Cluster D: 47.9%
Cluster F: 48.7%
Cluster G: 50.9%
Cluster H: 45.4%
Cluster I: 54.5%
Cluster J: 47.9%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS2

Cluster A: 62.2%
Cluster B: 60.5%
Cluster C: 68.5%
Cluster D: 60.5%
Cluster F: 56.5%
Cluster G: 67.1%
Cluster H: 60.5%
Cluster I: 65.2%
Cluster J: 63.8%

State Average by Income:

Outcome A SS1:

Family Fee: 62.2%

Presumptive Income: 48.6%

Outcome A SS2:

Family Fee: 67.8%

Presumptive Income: 53.8%

Outcome B SS1:

Family Fee: 48.9%
Presumptive Income: 42.0%

Outcome B SS2:
Family Fee: 81.7%
Presumptive Income: 68.8%

Outcome C SS1:
Family Fee: 55.9%
Presumptive Income: 46.4%

Outcome C SS2:
Family Fee: 71.3%
Presumptive Income: 60.4%

Families that participate in other government programs such as SNAP, TANF, WIC, CCDF, and/or Medicaid or the child is in foster care, guardianship, or family placement the income is documented as "Presumptive Income" for family cost participation. (Participation in these programs requires families to have an income level of 250% FPL or less.)

Families that do not participate in the above programs and the child is not in foster care, guardianship, or family placement provide income and are documented as "Family Fee" for family cost participation purposes.

Gender
State Average Female:
Outcome A SS1: 55.9%
Outcome A SS2: 64.4%
Outcome B SS1: 46.1%
Outcome B SS2: 77.3%
Outcome C SS1: 53.2%
Outcome C SS2: 70.1%

State Average Male:
Outcome A SS1: 53.2%
Outcome A SS2: 57.0%
Outcome B SS1: 42.8%
Outcome B SS2: 72.2%
Outcome C SS1: 48.3%
Outcome C SS2: 62.0%

State Average by Race:
Outcome A SS1:
Asian: 52%
Black/African American: 41.3%
Hispanic: 50.1%
2 or more Races: 54.9%
White: 58.1%

Outcome A SS2:
Asian: 55.6%
Black/African American: 45.1%
Hispanic: 54.7%
2 or more Races: 58.4%
White: 64.1%

Outcome B SS1:
Asian: 48.3%
Black/African American: 36.4%
Hispanic: 45.2%
2 or more Races: 47.1%
White: 45.4%

Outcome B SS2:
Asian: 72.8%
Black/African American: 58.9%
Hispanic: 69.1%
2 or more Races: 74.8%
White: 78.3%

Outcome C SS1:
Asian: 45%
Black/African American: 41.7%
Hispanic: 47.7%
2 or more Races: 49.0%
White: 52.8%

Outcome C SS2:
Asian: 62.4%
Black/African American: 53.9%

Hispanic: 63.3%
2 or more Races: 63.6%
White: 67.9%

3 - Prior FFY Required Actions

In the FFY 2023 SPP/APR submission, the State must explain any discrepancies between the FFY 2023 total number assessed and the FFY 2023 denominator 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.

Response to actions required in FFY 2022 SPP/APR

There are discrepancies between the FFY23 total number children assessed and the FFY23 denominator in its calculation for each outcome area due to service providers not completing or only partially completing the required AEPS exit skills checklist, thus the denominators reported are the total number of completed exit skills checklists for each outcome area.

The State is working to implement agency monitoring procedures. Child outcomes will be a focus of this monitoring. The State is working to execute a new monitoring contract with a new vendor. A deliverable within this contract is to strategize with the State around improving the completion of exit skills checklists for all children who exit receiving early intervention for 6 months or longer. The State is also working to implement new training for new and ongoing service providers. Child outcomes is a topic of training for providers. The State also recently executed a new training contract of which tiered technical assistance is part. Agencies will be required to participate in technical assistance based upon their monitoring results. These strategies should lead to improved completion rates of the exit skills checklist thus stabilizing the State's denominator across all outcome areas and the total number assessed.

The State is working to stabilize its data system as well as train EIS Programs/Cluster SPOE personnel on data quality, data completeness, and timely data entry so data queries and reporting are more accurate. The State will work to provide EIS programs/Clusters access to data reports regarding their data completeness on regular intervals so data quality and completeness improves over time. Data requirement issues with the Qualtrics survey that is used to collect child outcome data have been identified and will be addressed in the coming year with the new monitoring vendor.

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

| Measure | Baseline | FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|---------|----------|----------|---------|---------|--------|--------|--------|
| A | 2009 | Target>= | 100.00% | 100.00% | 94.00% | 94.00% | 94.00% |
| A | 96.30% | Data | 96.93% | 96.94% | 99.06% | 98.37% | 96.23% |
| B | 2016 | Target>= | 100.00% | 100.00% | 94.50% | 94.50% | 94.50% |
| B | 96.73% | Data | 96.87% | 97.42% | 97.53% | 97.55% | 95.94% |
| C | 2018 | Target>= | 96.00% | 96.00% | 93.00% | 93.00% | 93.00% |
| C | 95.29% | Data | 95.29% | 95.59% | 96.67% | 96.74% | 94.78% |

Targets

| FFY | 2023 | 2024 | 2025 |
|------------|--------|--------|--------|
| Target A>= | 94.00% | 95.00% | 96.50% |
| Target B>= | 95.00% | 96.00% | 97.00% |
| Target C>= | 94.00% | 95.00% | 96.00% |

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

FFY 2023 SPP/APR Data

| | |
|---|--------|
| The number of families to whom surveys were distributed | 16,245 |
| Number of respondent families participating in Part C | 8,998 |
| Survey Response Rate | 55.39% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 5,143 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 5,211 |
| 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 | 5,132 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 5,211 |
| 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 | 5,080 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 5,211 |

| Measure | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---------------|-----------------|---------------|------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 96.23% | 94.00% | 98.70% | 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) | 95.94% | 95.00% | 98.48% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 94.78% | 94.00% | 97.49% | 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 |

Response Rate

| FFY | 2022 | 2023 |
|----------------------|--------|--------|
| Survey Response Rate | 32.42% | 55.39% |

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

The metric Indiana used to determine representativeness is +/-3% discrepancy in the proportion of respondents compared to the target group. Representativeness of race/ethnicity and gender were analyzed by comparing the percentage of families enrolled in Part C based on FFY23 child count data with the percentage of surveys received.

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

Response Rate by Race/Ethnicity

Asian

Response rate representation: 1.38%

State child count data: 2.56%

Black/African American

Response rate representation: 11.16%

State child count data: 11.38%

Hispanic/Latino

Response rate representation: 13.36%

State child count data: 11.97%

Two or More Races

Response rate representation: 5.85%

State child count data: 7.41%

White

Response rate representation: 68.25%

State child count data: 66.52%

Other races are too small of percentage to report

Based upon the race/ethnicity data above, Indiana is receiving a representative sample of completed surveys from families whose children exited the First Steps program in FFY23. All responses disaggregated by race/ethnicity are +/-3%.

Response Rate by Gender

Female

Response rate representation: 37.12%

State child count data: 37%

Male

Response rate representation: 62.88%

State child count data: 63%

Based upon the gender data above, Indiana is receiving a representative sample of completed surveys from families whose children exited the First Steps program in FFY23. All responses disaggregated by race/ethnicity are +/-3%.

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

YES

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

The state has invested in training to support service coordinators in their understanding of the importance of gathering this data. Indiana will continue to use strategies offering the survey to each family upon exit from the program through a variety of platforms to promote accessibility. We believe that once the Family Portal is implemented as part of the new data system, families will have increased ease of access with the option to complete the survey online without the presence of the service coordinator.

Indiana will also data around the method in which surveys are completed by families with a primary language other than English with the purpose to identify and remove barriers for these families.

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.

No nonresponse bias was identified in the analysis of the response rate as it was determined to be representative.

The State is working to execute a contract with a new monitoring vendor. A deliverable within this new contract includes family outcome survey dissemination, translation, collection, and analysis. The State recognizes an opportunity to expand its representative metrics to include geography (EIS program/Cluster), gender, and income level in future family outcome survey data analysis.

Provide additional information about this indicator (optional).

The survey is offered to all families as they exit the program either when the child is turning three or the child has met all their goals and services are no longer needed. Service coordinators offer this survey in a variety of ways for families to complete. These methods are:

- Using a tablet or computer during an in person visit,
- Leaving a paper copy and self-addressed envelope with the family,
- by email,
- by text,
- over the phone.

If the survey was not completed at an in-person meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again, up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report the metric used to determine representativeness, as required by the Measurement Table.

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

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

Response to actions required in FFY 2022 SPP/APR

All families whose child has been enrolled in early intervention for 6months or longer receive a copy of the survey from their service coordinator as previously noted in this Indicator.

Indiana's representation metric is race/ethnicity. Indiana determines representativeness of response rate by comparing Indiana 618 child count data to that of the race/ethnicity of the child whose family responded to the survey. Based upon the race/ethnicity data above, Indiana is receiving a representative sample of completed surveys from families whose children exited the First Steps program in FFY23.

The State is working to execute a contract with a new monitoring vendor. A deliverable within this new contract includes family outcome survey dissemination, translation, collection, and analysis. The State recognizes an opportunity to expand its representative metrics to include geography (EIS program/Cluster), gender, and income level in future family outcome survey data analysis.

4 - OSEP Response**4 - Required Actions**

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 1.40% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------------|-------|-------|-------|-------|-------|
| Target >= | 1.57% | 1.57% | 1.37% | 1.40% | 1.42% |
| Data | 1.63% | 1.65% | 1.56% | 1.47% | 1.55% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------------|-------|-------|-------|
| Target >= | 1.43% | 1.44% | 1.45% |

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 1 with IFSPs | 1,628 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023 | 06/25/2024 | Population of infants and toddlers birth to 1 | 79,101 |

FFY 2023 SPP/APR Data

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 1,628 | 79,101 | 1.55% | 1.43% | 2.06% | Met target | No Slippage |

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

Provide additional information about this indicator (optional)

Indiana continues to allocate a significant amount of resources to marketing efforts focused on the Birth - 1 population. Indiana continued a contract with a marketing vendor around child find efforts, with a focus on finding all children under 12 months who might be eligible for early intervention. Materials have been made available in six languages and are publicly posted for use by any entity. The full outreach toolkit can be found on Indiana's website at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>.

Indiana seeks to educate families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 3.83% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 3.84% | 3.84% | 3.90% | 4.20% | 4.30% |
| Data | 4.58% | 4.85% | 4.51% | 4.73% | 5.93% |

Targets

| FFY | 2023 | 2024 | 2025 |
|-----------|-------|-------|-------|
| Target >= | 4.60% | 4.86% | 4.88% |

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Prepopulated Data

| Source | Date | Description | Data |
|--|------------|--|---------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 3 with IFSPs | 14,899 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023 | 06/25/2024 | Population of infants and toddlers birth to 3 | 238,792 |

FFY 2023 SPP/APR Data

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 14,899 | 238,792 | 5.93% | 4.60% | 6.24% | Met target | No Slippage |

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

Provide additional information about this indicator (optional).

Indiana continues to allocate resources to marketing efforts of the Birth - 3 population. Indiana continued a contract with a marketing vendor around its child find efforts. Indiana is committed to finding all children who might be eligible for early intervention. The materials were developed in alignment with the CDC's "Learn the Signs. Act Early." campaign. Indiana also utilized social media, paid media, paid advertisements, and its Local Planning and Coordinating Councils in each of its nine EIS program/Clusters to broaden its reach and audience. These materials have been made available in six languages and are publicly posted for use by any entity. The full outreach toolkit can be found on Indiana's website at <https://www.in.gov/fssa/firststeps/first-steps-child-find-and-outreach-toolkit/>.

Indiana seeks to educate families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 99.62% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 94.36% | 84.32% | 98.82% | 79.71% | 66.71% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 421 | 467 | 66.71% | 100% | 97.86% | 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.

36

Provide reasons for delay, if applicable.

All 36 late IFSPs due to exceptional family circumstances were due to either family scheduling conflicts or family illness.

10 late IFSPs (IFSP completed 46-60 days)

System Reasons: 10

SC Scheduling/Error: 6

Eligibility Determination Team Schedule: 4

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2023 as a representative sample.

Provide additional information about this indicator (optional).

State Total: 97.86% (457/467)

Initial Data Pull:

Cluster A: 98.5% (65/66)

Cluster B: 100% (40/40)

Cluster C: 100% (57/57)

Cluster D: 100% (44/44)

Cluster F: 95.7% (22/23)

Cluster G: 95.8% (114/120)

Cluster H: 100% (29/29)

Cluster I: 95.7% (45/47)

Cluster J: 100% (41/41)

Three clusters received a new finding for this indicator, and one cluster has a sustained finding from FFY21.

Q2 Subsequent Data Pull:

Cluster A: 100% (10/10)

Cluster F: 100% (5/5)

Cluster G: 100% (20/20)

Cluster H: 100% (5/5)

Cluster I: 100% (10/10)

Three clusters (A, F, and I) were able to close their finding of noncompliance within a one-year timeline. Cluster G was able to close its sustained finding of noncompliance for this indicator issued in FFY 2021.

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 8 | 8 | 0 | 0 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 45 Day Timeline was demonstrated.

In FFY22 8 new findings were issued (Clusters A, B, C, D, F, H, I, and J). Through review of subsequent data, Clusters A, B, C, D, F, H, I, and J all demonstrated 100% compliance with 45 Day Timeline thus closing their findings within one year.

For all findings of noncompliance issued, subsequent data was reviewed quarterly until the cluster was able to demonstrate compliance and close their finding. To verify correction of noncompliance, a sample size of up to 20 records were reviewed dependent upon the size of the cluster. For each of the 8 findings verified as corrected, every child who did not receive timely services had their record reviewed to verify that the child did receive services, though late, or the child was verified to have left the program. For these 8 clusters compliance was at 100% for this indicator per the subsequent data run. This indicates regulatory requirements are being met by these clusters.

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

For each of the 8 new findings verified as corrected, the state reviewed data on each individual child record found to not meet compliance during the initial data review and any subsequent data pulls. A review of data confirmed that each child received services, although late, or left the program. This indicates that each individual case of noncompliance was corrected within the required one-year period for clusters A, B, C, D, F, H, I and J.

For the one sustained finding in cluster G that was not corrected, the state continues to review data to confirm that each child received services although late or left the program.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2021 | 1 | 1 | 0 |
| | | | |
| | | | |
| | | | |
| | | | |

FFY 2021

Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services quarterly for each cluster with FFY21 findings not yet verified as corrected until 100% compliance with 45 Day Timeline was demonstrated.

Cluster G was not able to correct the finding of noncompliance for FFY21 within one year of the issuance of their finding. However, Cluster G was able to close its sustained finding in FFY23. Subsequent data was reviewed quarterly until the cluster was able to demonstrate 100% compliance and close their finding. To verify correction of noncompliance, a sample size of 20 records were reviewed. For Cluster G, the finding was verified as corrected and every child who did not receive timely services had their record reviewed to verify that the child did receive services, though late, or the child was verified to have left the program. Compliance was at 100% for this indicator for the subsequent data run. This indicates regulatory requirements are being met.

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

For the one finding verified as corrected, the state reviewed data on each individual child record found to not meet compliance during the initial data review and any subsequent data pulls. A review of data confirmed that each child received services, although late, or was no longer in jurisdiction of the cluster. This indicates that each individual case of noncompliance was corrected albeit after the required one-year period for Cluster G.

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY22 8 new findings were issued (Clusters A, B, C, D, F, H, I, and J) and 1 finding from FFY21 was sustained (Cluster G). Through review of subsequent data, Clusters A, B, C, D, F, H, I, and J all demonstrated 100% compliance with 45 Day Timeline thus closing their findings within one year. Cluster G did not demonstrate 100% compliance through subsequent data review, thus sustaining their finding from FFY21.

As mentioned above, in FFY23, 3 new findings were issued for this indicator for Clusters A, F, and I and sustained 1 finding from FFY21 for Cluster G. Through review of subsequent data, Clusters A, F, and I all demonstrated 100% compliance with 45 Day Timeline thus closing their findings within one year. Cluster G demonstrated 100% compliance through subsequent data review, thus closing their finding from FFY21.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY21 and FFY22 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive 45 Day Timeline had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA

23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

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

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|--------|--------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.21% | 96.43% | 100.00% | 98.18% | 98.90% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

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

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|---|---------------|-----------------|---------------|---------------------|----------|
| 556 | 571 | 98.90% | 100% | 97.37% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Indiana had a very high turnover rate in the position of service coordinator statewide from FFY21 through FFY23. The State implemented new recruitment and retention strategies since the fall of 2022. In January of 2023, the State increased the contract allocation for all System Points of Entry vendors. This increase went directly to increasing the starting salary of service coordinators as well as created over 30 new service coordinator positions statewide. Since implementation the turnover rate fell from 22% to 4%. In July of 2023 new System Points of Entry contracts were executed with new scopes of work. All Clusters must have a training coordinator and quality assurance manager. The State has also developed new onboarding training for service coordinators. It has also worked with its data system vendor to create a dashboard for service coordinators to monitor transition steps and timelines for children on their caseloads. All of these improvement strategies should result in regulatory requirements being met at 100%.

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.

0

Provide reasons for delay, if applicable.

Reasons for delay included family schedule or family illness, however, Indiana expects all children to have transition steps and services as there is ample time to have these steps and services in place for all children within the timeline.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS programs/clusters are monitored each year using a sample set of data and methodology consistent across each Cluster. Original data for this indicator was gathered looking at July 2023 data as a representative sample.

Provide additional information about this indicator (optional).

State Total: 97.4% (556/571)

Cluster A: 93.6% (73/78)

Cluster B: 100% (55/55)

Cluster C: 100% (74/74)

Cluster D: 100% (51/51)

Cluster F: 95.7% (22/23)

Cluster G: 96.3% (131/136)

Cluster H: 100% (32/32)

Cluster I: 97% (64/66)

Cluster J: 96.4% (54/56)

5 clusters received a finding of noncompliance for this indicator.

Q2 (October 2023) Subsequent Data Pull:

Cluster A: 100% (10/10)

Cluster F: 100% (5/5)

Cluster G: 100% (20/20)

Cluster I: 100% (10/10)

Cluster J: 100% (10/10)

Through review of one month of subsequent data from October 2023, all five clusters demonstrated 100% compliance closing this finding within one year.

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 3 | 3 | 0 | 0 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 8A Early Childhood Transition was demonstrated. Upon reviewing data from quarter 2 of FFY22 (October 2022), all Clusters achieved 100% compliance, thereby closing their FFY22 findings. The Lead Agency determined all Clusters are meeting regulatory requirements. In FFY22, the State verified correction for the findings for Clusters C, D, and I according to federal requirements within the one year period. This indicates the regulatory requirements are being met. No findings remain for FFY2022.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the three findings verified as corrected, every child where noncompliance was identified had their record thoroughly reviewed to ensure transition planning occurred although late or the child had left the jurisdiction of the Cluster. Clusters C, D, and I came into 100% compliance within the one year timeline.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
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8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining three (3) findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in [FFY 2021 (and add other years, as needed)]: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In FFY21 the State reported its initial monitoring data that two EIS programs/Clusters (A and F) demonstrated less than 100% compliance. It then reported that through review of subsequent data as reported under "Subsequent Data Pull" that Clusters A and F demonstrated 100% compliance. The State implemented pre-finding correction for noncompliance therefore issued zero findings in FFY21.

In FFY22 the State did not implement pre-finding correction and instead issued three new findings for Clusters C, D, and I. The State then reviewed quarterly data for each EIS program demonstrating noncompliance until the program demonstrated 100% compliance correctly implementing regulatory requirements. During its review of subsequent data for quarter 2 for FFY22, all three Clusters demonstrated 100% compliance, thus closing the findings for Clusters C, D, and I within one year.

The State has verified that all findings issued in FFY22 have been closed as 100% compliance has been demonstrated by all EIS programs/Clusters. All EIS programs/Clusters are (1) correctly implementing the specific regulatory requirements and (2) have corrected each individual case of noncompliance by verifying the SEA and LEA were notified although late, unless the child was no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP QA 23-01.

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the

State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

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

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|---------|---------|---------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 95.16% | 97.43% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|---|--|---------------|-----------------|---------------|---------------------|----------|
| 524 | 571 | 97.43% | 100% | 91.77% | Did not meet target | Slippage |

Provide reasons for slippage, if applicable

Due to the new data system Indiana is implementing, notification to the LEA has been sent manually through email to LEAs. It was difficult to verify through documentation in the child's file whether or not the information was sent. This process changed in June 2024. Notification to LEAs is happening monthly through an electronic process and all clusters will be at 100% compliance for this indicator moving forward.

Each month all children who turned 30 months of age during the previous month are identified. This list of children is sent to the SEA and the LEA as well as the EIS program/Cluster electronically. In addition to the children who turned 30 months, late referrals are also identified (children who were referred and an

IFSP was written after 30 months of age) and are included in the list sent to the SEA and the LEA. The data will be transmitted during the whole reporting period of July 1, 2024 to June 30, 2025.

Indiana provides child name, date of birth, and parent contact information to the appropriate school district (SEA and LEA) based on the address of the child's residence. This procedure has enabled Indiana to provide accurate notification the SEA and LEA of children potentially eligible for Part B services. Additionally, service coordinators (with parental consent) invite the LEA and other community partners (Head Start and local preschool representatives) to the transition meeting. These efforts are increasing LEA and other community partner attendance at the Part C Transition meetings.

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.

Timely notice to their LEA was not provided on behalf of 48 children. In prior years, notification was provided by a contractor with direct access to what is now our legacy data system. Launched in March of 2021, the new data system was unable to automatically generate the required notices. The process of manually generating notices lacked accuracy and consistency. Fortunately, beginning in FFY24, the problem was solved as the state began to generate monthly SEA and LEA reports. Each month the LEA report is sent to the LEA based on the child location and affiliated LEA by each EIS program/Cluster.

Describe the method used to collect these data.

The Lead agency works with the data system vendor to identify children who had an IFSP and were within 90 days of their 3rd birthday within the time period. From this list, A minimum sample size for the state was determined by using a sampling calculator made available by Raosoft, Inc. (<http://www.raosoft.com/samplesize.html>). The actual number sampled exceeds the required sample size for a confidence level of 99%, with a confidence interval of +/-5% for the state. For smaller SPOEs (Clusters D, F, and H), the number of files reviewed was increased to include at least 20 files.

Records identified as part of the data pull were reviewed by the Quality Review Team.

Following the completion of the record review, the Quality Review Team provided the EIS program/Cluster preliminary data. The Clusters are then given a clarification period to provide additional documentation for review by the QR Team prior to issuing final data and findings.

The QR Team meets with each Cluster to discuss the root cause of the noncompliance for any indicator where the target was not met. This allows the Cluster to determine any need to change local policies and/or procedures as well as allows the Lead Agency to review state policies and/or procedures that may be creating barriers to achieving compliance.

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

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2023 as a representative sample.

Provide additional information about this indicator (optional).

State Total: 91.6% (524/571)

Cluster A: 94.9% (74/78)

Cluster B: 96.4% (53/55)

Cluster C: 100% (74/74)

Cluster D: 100% (51/51)

Cluster F: 95.7% (22/23)

Cluster G: 80.9% (110/136)

Cluster H: 96.9% (31/32)

Cluster I: 83.3% (55/66)

Cluster J: 96.4% (54/56)

Seven clusters (A, B, F, G, H, I, and J) received a new finding of noncompliance for this indicator in FFY23. Cluster G who in FFY22 had a sustained finding for this indicator from FFY21, did in fact close their finding of noncompliance through verification of FFY22 data. Thus, this Cluster received a new finding for FFY23.

Q2 Subsequent Data Pull:

Cluster A: 100% (10/10)

Cluster B: 100% (10/10)

Cluster F: 100% (5/5)

Cluster G: 100% (20/20)

Cluster H: 100% (5/5)

Cluster I: 100% (10/10)

Cluster J: 100% (10/10)

All seven clusters (A, B, F, G, H, I, and J) who received a new finding in FFY23 were able to close their finding of noncompliance for this indicator within the one-year timeline.

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 5 | 4 | 1 | 0 |

FFY 2022 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 8B Notification to the SEA and LEA was demonstrated. Upon reviewing data from quarter 3 of FFY22 (October 2022), all Clusters achieved 100% compliance, thereby closing their FFY22 findings. The Lead Agency determined all Clusters are meeting regulatory requirements.

In FFY22, the State verified correction for the findings for Clusters A, B, D, and I according to federal requirements within the one year period. Although the State failed to accurately report in its FFY22 SPP/APR, Cluster G did in fact correct its sustained finding from FFY2021 through review of FFY22 subsequent data. All Clusters demonstrated 100% compliance. This indicates the regulatory requirements are being met. No findings remain for FFY2022.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the four findings verified as corrected, every child where notification of the SEA and LEA had their record thoroughly reviewed to ensure notification occurred although late or the child had left the jurisdiction of the Cluster.

Clusters A, B, D, and I came into 100% compliance within the one year timeline while Cluster G came into 100% compliance although after the one-year period.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2021 | 1 | 1 | 0 |
| | | | |
| | | | |
| | | | |

FFY 2021**Findings of Noncompliance Verified as Corrected**

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

The State verified correction for the finding made for Cluster G according to federal requirements. Although the State failed to accurately report in its FFY22 SPP/APR, Cluster G did in fact correct its sustained finding from FFY21 through the State's review of Cluster G's FFY22 subsequent data. In this instance, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for the one finding. Cluster G came into compliance although after the one-year period. For each individual case of noncompliance, review of data confirmed that each child received SEA and LEA notification although outside of the required timeline or the child had left the jurisdiction of the Cluster. This indicates that each individual case of noncompliance was corrected although after the one-year period.

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022. Additionally, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2021 for Clusters A, D, F, and I, although its FFY 2021 data reflect less than 100% compliance.

Response to actions required in FFY 2022 SPP/APR

In FFY21 the State reported its initial monitoring data that 5 EIS programs/Clusters demonstrated less than 100% compliance. It then reported "Correction Period/Subsequent Data Pull prior to issuing findings letters" where all but one EIS program/Cluster (G) demonstrated 100% compliance. The State implemented pre-finding correction for noncompliance therefore only issued one finding to Cluster G. In FFY22 the State did not implement pre-finding correction and instead issued 4 new findings for Clusters A, D, F, and I in FFY22 and sustained the finding for Cluster G from FFY21. The State then reviewed quarterly data for each EIS program demonstrating noncompliance until the program demonstrated 100% compliance correctly implementing regulatory requirements. During its review of subsequent data for quarter 2 for FFY22, all five Clusters demonstrated 100% compliance, thus closing the findings for Clusters A, D, F, and I within one year and the sustained finding for Cluster G although outside the required one year timeline. As a result of the subsequent data review in FFY22, the State reported in its FFY22 APR under Correction of Findings of Noncompliance Identified in FFY 2021, that 1 finding of noncompliance was identified and 1 finding of noncompliance was subsequently corrected.

The State has verified that all findings sustained from FFY21 and FFY22 have been closed as 100% compliance has been demonstrated by all EIS programs/Clusters. All EIS programs/Clusters are (1) correctly implementing the specific regulatory requirements and (2) have corrected each individual case of noncompliance by verifying the SEA and LEA were notified although late, unless the child was no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP QA 23-01.

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | 96.00% |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|--------|--------|--------|--------|--------|--------|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.43% | 96.05% | 96.63% | 93.87% | 90.64% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

FFY 2023 SPP/APR Data

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

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 533 | 571 | 90.64% | 100% | 93.35% | Did not meet target | No Slippage |

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

Indiana does not accept exceptional family circumstances due to service coordinators having 6 months to hold the meeting. All reasons for delay were systems reasons. These included: meeting conducted earlier than 9 months from the child's third birthday; meeting conducted fewer than 90 days from the child's third birthday; and missing documentation of the meeting and the child has subsequently exited from the program. All reasons for delay (38) were considered system reasons.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS programs/clusters are monitored each year using a sample set of data and methodology consistent across each Cluster. Original data for this indicator was gathered looking at July 2023 data as a representative sample.

Provide additional information about this indicator (optional).

State Total: 93.3% (533/571)

Cluster A: 93.6% (73/78)

Cluster B: 100% (55/55)

Cluster C: 95.9% (71/74)

Cluster D: 100% (51/51)

Cluster F: 95.7% (22/23)

Cluster G: 89% (121/136)

Cluster H: 81.3% (26/32)

Cluster I: 90.9% (60/66)

Cluster J: 96.4% (54/56)

Seven new findings of noncompliance in FFY23 were issued to clusters A, C, F, G, H, I, and J for this indicator.

Q2 Subsequent Data Pull:

Cluster A: 100% (10/10)

Cluster C: 100% (10/10)

Cluster F: 100% (5/5)

Cluster G: 100% (20/20)

Cluster H: 100% (5/5)

Cluster I: 100% (10/10)

Cluster J: 100% (10/10)

Through subsequent data review of quarter 2 (October 2023), all seven clusters demonstrated 100% compliance thus closing their findings of noncompliance within the required one-year timeline.

Correction of Findings of Noncompliance Identified in FFY 2022

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 7 | 5 | 2 | 0 |

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY21 sustained findings and new FFY22 findings not yet verified as corrected until 100% compliance with 8C Timely Early Childhood Transition was demonstrated. Upon reviewing data from quarter 3 of FFY22, the state verified correction of noncompliance for Clusters B, D, H, and J according to federal requirements. Upon reviewing data from quarter 4 of FFY22, the state verified correction of noncompliance for Cluster I. All 5 EIS program/Clusters demonstrated 100% compliance within the year. Upon reviewing data from quarter 3 of FFY22, the state verified correction of sustained findings from FFY21 for Clusters A and G according to federal requirements. Both EIS clusters demonstrated 100% compliance albeit outside of the one year timeline for correction.

For each of the corrected findings of noncompliance, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for each individual instance of noncompliance for Clusters A, B, D, G, H, I, and J. For each of the 51 instances of noncompliance, the State reviewed each child's early intervention record and confirmed that each child received a transition meeting although outside of the specific timeline, or the child was no longer within the jurisdiction of the EIS program/Cluster. This indicates that each individual case of noncompliance was corrected consistent with OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|--|--|---|--|
| FFY 2021 | 2 | 2 | 0 |
| | | | |
| | | | |
| | | | |
| | | | |

FFY 2021

Findings of Noncompliance Verified as Corrected

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent Early Childhood Transition data were reviewed quarterly for each Cluster until 100% compliance was demonstrated. Upon reviewing data from quarter 3 of FFY22, the state verified correction of noncompliance for Clusters A and G albeit outside the one year timeline for correction. This indicates the regulatory requirements are being met.

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

The State verified that each individual case of noncompliance was corrected. The State reviewed each child's record and confirmed that the ten children received a transition meeting although outside of the required timeline. This indicates that each individual case of noncompliance was corrected consistent with the requirements in OSEP QA 23-01.

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining two (2) uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022. Additionally, the State must provide an explanation of why it did not identify any findings of noncompliance in FFY 2021 for Clusters A, B, C, D, F, G, and I, although its FFY 2021 data reflect less than 100% compliance.

Response to actions required in FFY 2022 SPP/APR

In FFY21 the State reported its initial monitoring data that eight EIS programs/Clusters demonstrated less than 100% compliance. It then reported "Subsequent Data Pull" that Clusters B, C, D, F, and I demonstrated 100% compliance. The State implemented pre-finding correction for noncompliance therefore it did not issue findings to these seven Clusters. Clusters A and G did not demonstrate compliance in the "Subsequent Data Pull" and therefore

they were issued a finding for this indicator for FFY21.

In FFY22 the State did not implement pre-finding correction and instead issued five new findings for Clusters B, D, H, I and J and sustained findings for Clusters A and G from FFY21. The State then reviewed quarterly data for each EIS program demonstrating noncompliance until the program demonstrated 100% compliance correctly implementing regulatory requirements. During its review of subsequent data for quarter 2 for FFY22, all Clusters demonstrated 100% compliance, thus closing the findings for Clusters B, D, H, I and J within one year and subsequently closed the sustained findings for Clusters A and G from FFY21.

The State has verified that all findings issued in FFY21 and FFY22 have been closed as 100% compliance has been demonstrated by all EIS programs/Clusters. All EIS programs/Clusters are (1) correctly implementing the specific regulatory requirements and (2) have corrected each individual case of noncompliance by ensuring each child received a transition meeting although late, unless the child was no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP QA 23-01.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

This indicator is not applicable because Indiana uses the Part C procedures for due process hearings.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

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 (EMAPS)).

Measurement

Percent = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005 | |

| FFY | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|------|------|------|------|------|
| Target>= | | | | | |
| Data | | | | | |

Targets

| FFY | 2023 | 2024 | 2025 |
|----------|------|------|------|
| Target>= | | | |

FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests.

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Increase the percentage of infants and toddlers with IFSPs who enter the system below age expectations and demonstrate substantial growth in the area of positive social emotional skills by the time they exit the program.

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://www.in.gov/fssa/firststeps/files/ToA.pdf>

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 |
|---------------|---------------|
| 2010 | 49.00% |

Targets

| FFY | Current Relationship | 2023 | 2024 | 2025 |
|--------|--|--------|--------|--------|
| Target | Data must be greater than or equal to the target | 52.50% | 52.75% | 55.00% |

FFY 2023 SPP/APR Data

| | | | | | | |
|--|---|---------------|-----------------|---------------|------------|-------------|
| Number of young children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | Number of young children who entered early intervention below age expectation | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
| 3,752 | 6,953 | 54.68% | 52.50% | 53.96% | Met target | No Slippage |

Provide the data source for the FFY 2023 data.

Indiana's Child Outcome Data reported in indicator 3A, SS1.

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

The state uses its child outcomes data, specifically Outcome A; Positive Social -Emotional Skills, 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 for this analysis. The state looks at the initial data collected from the AEPS (Assessment, Evaluation and Programing System for Infants and Toddlers-Second Edition) for children who enter the Part C program and receive services for 6 months or more. Those initial scores are then compared to exit data that is collected when the child exits the program using a state developed Exit Skills Checklist, which is derived from the AEPS.

At exit, the child's ongoing service providers compile progress data utilizing the checklist. This data is then provided to an Eligibility Determination Team (ED Team) member for final scoring, which is compared to the child's entrance scores. The ED Team uses the checklist to determine the scoring of the AEPS. There are three domains of the AEPS that are associated with each of the three federal outcomes:

Outcome A - Social/Emotional domain

Outcome B - Cognitive domain

Outcome C - Adaptive domain

Only ED Team members can compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

Progress Category A: Number of infants and toddlers who did not improve functioning.

Child enters and exits with the same raw score/lower raw score for the domain (lost skills) and listed as "progress not made".

Progress Category B: Number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

Child enters with a SD of -2 or -1.5 and exits with the same SD or lower but progress made

Child enters with a SD of 0 and exits with a SD of -2 but progress made

Child enters with a SD of 0 and exits with a SD of -1.5

Child enters with a SD of -1 and exits with a SD of -2

Progress Category C: Number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

Child enters with a SD of -1 and exits with a SD of -1.5

Child enters with a SD of -2 and exits with a SD of -1.5

Progress Category D: Number of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

Child enters with a SD of -2 or -1.5 and exits with a SD of 0

Child enters with a SD of -2 or -1.5 and exits with a SD of -1

Child enters with a SD of 0 and exits with a SD of -1

Child enters with a SD of -1 and exits with a SD of -1

Progress Category E: Number of infants and toddlers who maintain functioning at a level comparable to same-aged peers.

Child enters with a SD of 0 and exits with a SD of 0

Child enters with a SD of -1 and exits with a SD of 0

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.in.gov/fssa/firststeps/files/Evaluation-Plan_jt.pdf

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.

Caregiver Coaching through Family Guided Routines Based Intervention (FGRBI):

Family Guided Routines Based Intervention (FGRBI) is an approach to early intervention services that emphasizes the role of families in guiding their children's development and learning. It integrates family-centered practice, adult learning, coaching, and feedback with evidence-based interventions. The goal is to help caregivers engage their young children in learning through everyday routines and activities that are meaningful to them. FGRBI promotes collaboration between caregivers and early intervention providers to create individualized, culturally responsive services and supports. The principles of implementation science are being used as a guide in the implementation of professional development supporting the use of this evidence-based practice of caregiver coaching.

Data Driven Decision Making:

Indiana collects data to guide and inform decisions about the services and supports provided to infants, toddlers, and their families. This approach

ensures access to interventions that are tailored to each child's unique needs and progress is continuously monitored. Key components of this strategy include:

1. Data Collection: Gathering information from various sources, such as observations, standardized tests, and input from families.
 2. Data Completeness: Ensuring required data is entered in the data system are accurate and complete
 3. Analysis: Reviewing and analyzing the collected data to identify patterns, strengths, and areas requiring additional support.
 4. Decision Making: Using the analyzed data to make informed decisions about intervention strategies, resource allocation, and service planning.
- This systematic approach helps ensure that early intervention services are effective and responsive to each child's developmental needs and EIS programs are compliant with all regulatory requirements.

Program Access:

Indiana is dedicated to providing early intervention services to all eligible Hoosier infants and toddlers with disabilities or developmental delays and their families. Identification of all potentially eligible children and expanding access to early intervention services is crucial. Services support children's development and prepare them for future educational success. The program focuses on offering a comprehensive array of individualized services tailored to meet the unique needs of each child and their family.

Key components include:

1. Recruitment and Retention: Recruiting well-qualified and diverse workforce ensures that children receive high-quality early intervention services that meet the needs of children from various backgrounds, including those from underserved communities
2. Family-Centered Services: Collaborating closely with families to empower them as active participants in their child's development. This includes providing family education, counseling, and support services.
3. Multidisciplinary Team Approach: Engaging a team of professionals from various fields, such as healthcare, education, and social services, to create and implement personalized intervention plans.
4. Inclusive Practices: Promoting inclusive environments and practices that support the child's participation in natural settings, such as their home, childcare, or other community-based settings.
5. Transition Planning: Preparing children and families for a smooth transition to preschool services or other appropriate programs as they approach age 3.

By enhancing access to these vital services, Indiana aims to improve developmental outcomes, foster inclusion from an early age and ensure that all children have the opportunity to grow and learn.

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.

Caregiver Coaching through Family Guided Routines Based Intervention (FGRBI):

FGRBI training continued during the reporting period with the completion of the third and fourth cohorts and the start of three additional cohorts of providers across thirty-one agencies. The team at Indiana University took on full leadership for the fifth and all subsequent cohorts including the addition of two Indiana University staff as Professional Learning Community facilitators. Master coach training continued with two Indiana University staff under the direction of Molly Romano at Florida State University's Center for Early Childhood-Research and Practice (CEC-RAP) Center. By the end of the sixth cohort, 105 providers successfully reached the end of the 10-month professional development sequence. Technical assistance was provided through the provider agency implementation meetings and achievement of professional development milestones was communicated with agency leadership in these meetings. Continued training and informational opportunities were created and disseminated to educate providers, provider agencies, service coordinators and Eligibility Determination members about the FGRBI initiative. Provider feedback on the professional development experience was collected at the end of the sequence to measure provider satisfaction and how confident providers felt about the implementation of FGRBI. All providers surveyed indicated that they are using coaching during some of their home visits with over half of providers surveyed indicating that they use coaching in 75% or more of their home visits. 44 providers attended an FGRBI pre-conference session at the Indiana Early Intervention Conference in June of 2024 and were invited to complete the full professional development experience. Family feedback was gathered through the distribution of family surveys through provider participants. Both State and Provider Agency Implementation Teams continued to meet to ensure system supports are in place. Informational meetings on FGRBI continued with agencies and EIS program/Cluster System Point of Entry during the reporting period. These meetings continue to expand awareness and understanding of FGRBI principles.

Data Driven Decision Making:

The activities around improving the statewide data system, EI Hub, are critical to the improvement of the State's comprehensive monitoring system and improving quality standards for infants, toddlers, and their families. Indiana continued to focus on resolving bugs and issues in the EI Hub in FFY2023 and that will continue to remain a focus for FFY2024. While the EI Hub went live in March 2021, system deficiencies are creating data entry issues which have affected data completeness and quality. Local programs do not have the ability to generate meaningful reports necessary to manage timelines, compliance, and quality. Most of the reporting period was spent testing system fixes and implementing major case management releases resulting in the identification of additional bugs and issues. At the beginning of the reporting period, Indiana worked to advocate in meetings with the vendor for increased developer resources and time, which would lead to system improvements through the correction of identified issues, implementation of user roles, and the development of reports that will drive local program improvements. When this approach was unsuccessful, the Lead Agency sent the vendor a letter outlining the contractual requirements that were missed during implementation of the EI Hub. The Lead Agency and vendor engaged in meetings outlining the deficiencies in the system based on the original design documents, federal requirements, three years of stakeholder feedback, and business processes. An agreement and plan were developed to remediate the EI Hub over FFY24. This includes user story sprint cycles, a testing plan, and release schedule. Data in the new enrollment module have been analyzed to monitor recruitment strategies and better understand provider demographics such as gender, race, ethnicity, full education background, provider type, service provision location, etc.

Data has driven decision making for social media recruitment content directed at specific professions, presentations to institutions of higher education with specific degree programs, as well as where increased access to services efforts should be targeted. The data analyst continued her work with the data system vendor and the Family and Social Service Administration (FSSA) data analytics team. She developed heat maps and data dashboards to better understand provider availability and system capacity. Data has been monitored quarterly to determine the effectiveness of recruitment and service access strategies. Data indicates increased enrollment of service coordinators and service providers. It also indicates more children are receiving IFSP services and the number of billed IFSP service hours are higher than the last several years. The Data Analyst continues to participate in ICC, agency, and SPOE meeting listening sessions to best understand stakeholder needs around data reports/dashboards which could be utilized to drive future system improvements.

The data analyst, in collaboration with the FSSA data analytics team and local EIS program/Cluster SPOEs, developed an algorithm to generate Local Education Agency and State Education Agency reports directly from the statewide database. These reports were implemented in July 2024 and are a

critical strategy in the improvement of APR Indicator 8B – Timely Notification to the LEA/SEA. EIS program/Cluster SPOE knowledge and understanding of APR Indicator 8B compliance improved during the development phase of these reports and should also contribute to improved compliance.

Program Access:

The Lead Agency began to implement strategies to improve program access in January of 2023. It began with increased contract allocations for its System Points of Entry (SPOE) vendors and new service rates. SPOEs increased the starting salary for all service coordinators and increased the number of service coordinators to drive caseload sizes down as many service coordinators had caseloads of 100 children or more. Provider agencies were seeing their providers decrease the number of hours they would provide to First Steps. Many were requesting more hours in private therapy clinics or finding other employment as the rate for providers was not competitive with what hospitals, clinics, and schools were paying for the same services. During this reporting period, the Lead Agency monitored the effectiveness of the new service rates. As mentioned in the data driven decision making strategy above, the Lead Agency worked to improve its service coordinator and ongoing provider recruitment and retention. The Lead Agency enrolled 4 new provider agencies during the reporting period. It worked with those agencies to ensure they had the required number of personnel available to provide IFSP services to children and their families. The Lead Agency also stressed the importance of expanding the enrollment of new providers, not hiring or contracting with those who have already enrolled but work for other entities. The Lead Agency's Outreach and Training Director worked with the marketing vendor to strategize how to attract and retain professionals with the necessary credentials to provide IFSP services. This resulted in a plan for increased social media content focused on recruitment, information for local programs to use at college and university job fairs within their service areas, website content to feature careers in First Steps, promotional videos around why early intervention is important and how it is a viable career path, and paid media. Lead Agency website content can be found at: <https://www.in.gov/fssa/firststeps/providersagencies/provider-enrollment/>

During FFY23 219 new personnel were enrolled and an increase of 106,077 hours of EI were billed.

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.

Evidence-Based Practice Family Guided Routines Based Intervention (FGRBI): The Lead Agency will continue developing infrastructure to support the sustainability of the use of coaching practices guided by the Family Guided Routines Based Intervention framework by:

1. Gathering participant feedback following each cohort to consider changes as an ongoing improvement process.
2. Incorporating coaching principles, family-centered strategies and FGRBI language into professional development modules as they are finalized over the next 18 months. This will ensure that professional development content from onboarding modules to more advanced modules is aligned with a caregiver coaching service delivery model, and that the language is represented so that providers see it as part of the system.
3. Developing a group of additional Professional Learning Community facilitators to increase expertise throughout the state and increase capacity for the provision of professional development.
4. Continuing to consider the alignment of caregiver coaching with all new initiatives to ensure a unified approach to working with families. Ensuring consistency in messaging will allow providers to feel confident that the philosophy of caregiver coaching is embedded in the early intervention system.
5. Continuing to consider opportunities to build requirements for caregiver coaching professional development into initial and on-going credentialing processes over the next 1-2 years.
6. Incorporating FGRBI language into the face-to-face sheets completed at the end of sessions with families through training and technical assistance efforts. This will support integration of FGRBI as well as remind providers and families of the structure and language of FGRBI.
7. Maintaining regular communication between state decision makers and those implementing professional development to ensure seamless implementation and also to have data-based sustainability discussions to support that the model is being adapted to the needs of Indiana in a timely way.
8. Shifting from family surveys to family interviews to improve data collection around family experience with a coaching model of service delivery.
9. Increasing our focus on outcomes to ensure that we are seeing mid and long-range provider, family and child outcomes shifts in response to implementation of coaching practices.

Data Driven Decision Making:

1. The Lead Agency will implement the remediation plan developed with the data system vendor over the course of the next reporting period which will drive improved data completeness and accuracy in the coming reporting periods. The agency will monitor user story sprint cycles, implement a robust user acceptance testing plan with additional resources, and remain disciplined to ensure adherence to the release schedule. User roles will be implemented so the use of data dashboards and reports will become meaningful to local program staff. The team will hold training sessions with its EIS program/Cluster leaders to improve the understanding of data being collected, improve business processes around data input and system use, and develop and implement data quality reports for local programs.
2. The Lead Agency will execute a contract with a new monitoring vendor who will develop and implement a child and family outcome collection and repository. The agency will collaborate with this vendor to strategize ways to improve the completion of the required exit skills checklist, which is needed to analyze and report child outcomes data. The vendor will also work with the Lead Agency to implement new family outcome survey dissemination and collection practices.

These efforts should influence EIS program compliance and results data.

Program Access:

1. The Lead Agency's Director of Outreach and Training will attend the ECPC Leadership Academy in FFY24. She will work to create provider recruitment strategies which start with career exploration at the middle and high school levels. This strategy will ensure more students are aware of early intervention and its career opportunities with the goal of growing its potential for its future workforce.
2. The Lead Agency will develop robust internship procedures for EIS programs/Clusters and provider agencies. These procedures will include activities, assignments, and program requirements for students to complete during their internships. Through the exposure to careers in early intervention, developing knowledge of the EI system, and understanding best-practices will better prepare individuals to enter the workforce upon graduation.

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

Indiana is currently engaged in ongoing implementation of caregiver coaching through Family Guided Routines Based Intervention (FGRBI) in Indiana.

Provide a summary of each evidence-based practice.

Based upon the extensive work of Dr. Juliann Woods and her team at Florida State University, Family Guided Routines Based Intervention (FGRBI) is an approach that incorporates the Part C of IDEA legal mandates and guidelines to promote child directed learning in functional everyday routines and activities with families and caregivers. Early intervention providers can best influence developmental outcomes for young children by utilizing family-centered and evidence-based practices that increase parent/caregiver confidence and competence and are provided through a collaborative, cross

disciplinary service delivery process.

Key principles and evidence-based practices of early intervention for professionals across disciplines are utilized in FGRBI and caregiver coaching. FGRBI provides systematic implementation within a flexible framework that also provides a plan for family participation and leadership. The flexible framework facilitates individualization based on the interests and needs of young children at risk for or with disabilities and the priorities of their family. As families identify their priorities for their child and work as partners with the provider, outcomes are developed and supported by curricula most appropriate to address the child's IFSP. The FGRBI framework supports the triadic relationship between the parent, child and provider to embed learning targets into the meaningful and functional activities the family identifies.

FGRBI is a cluster of evidenced based and recommended practices that providers will teach (or coach) the caregiver to use with their child.

FGRBI has four key components which are:

- 1) Family Guided, Individualized, Culturally Responsive Services and Supports.
- 2) Everyday Routines, Activities, and Places
- 3) Functional Participation-Based Outcomes
- 4) Embedded Instruction

Caregiver coaching supports each of these four components by informing and engaging families as decision-makers and teachers in their child's life. Families learn about FGRBI through coaching by the provider. Just as FGRBI is individualized for each child and family, caregiver coaching engages parents in participatory experiences and opportunities designed for them to build and strengthen their confidence and competence.

FGRBI is also aligned to DEC (Division early childhood) recommended practices for Early intervention services as outlined below:

- Family-centered practices: should be individualized, and responsive to each family's unique circumstances.
- Services should provide complete and unbiased information to make informed decisions.
- Family capacity-building practices: Promote participatory opportunities to build on existing parenting knowledge and skills.
- Promote the development of new parenting abilities that enhance parenting self-efficacy.
- Family and professional collaboration: Build relationships between families and professionals who work together, to promote family competencies and support the development of the child.

Additional information about FGRBI can be found at this link: www.fgrbi.com

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.

FGRBI will influence the SiMR by changing provider early intervention practices so parent/caregiver confidence and competence increase over time. Our goal is to work more effectively with all families, particularly under-served families, and this approach ensures that providers are listening, connecting with families where they are, and within their everyday routines and cultural context. By building on child and family interests and priorities, the FGRBI model for service delivery will help our providers connect effectively with families to coach them to support their child effectively throughout the day.

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

The Lead Agency will continue to use training evaluation questions for the professional development experience including a final survey that is completed at the end of each cohort. Providers will record a full-length home visit prior to and at the completion of the professional learning community sequence. The videos will be utilized to assess practice change using a FGRBI fidelity measure established by FSU. Providers will also submit clips of home video recordings for review, feedback, and scoring throughout the professional development process. Individualized data dashboards are created for each participating provider and are shared with their agency.

The Lead Agency believes it is necessary to measure ongoing implementation and determine additional ongoing support and training for providers who complete the FGRBI training sequence. This will be achieved by collecting post implementation data using a survey. Data will be collected at 3, 6, and 12 months post completion. Data will be analyzed to determine continued FGRBI implementation and efficacy.

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.

Data from each cohort including the final survey, pre-videos, and post-videos has been and will continue to be evaluated after the completion of each cohort to begin to identify trends and efficacy. 96% of providers in the first five cohorts expressed a high level of satisfaction with the online module portion of the professional development sequence. 91% of providers expressed a high level of satisfaction with their learning of the content in the Professional Learning Community portion of the professional development sequence. 100% of participants from the fifth cohort that submitted both pre and post video demonstrated an increase in fidelity of implementation scores (i.e., an increase in use of FGRBI family-centered practices). Family evaluation questions will continue to be distributed through providers that have completed the professional development sequence to gather information about family experience, and we will continue to identify the most effective strategies for improving family response rate.

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

The Lead Agency will continue with implementation of Family Guided Routines Based Intervention by completing the 10-month professional development sequence with two additional cohorts of providers under the guidance of team at Florida State University. An annual cohort supported primarily by the team at Indiana University with minimal support from the Florida State team will begin in August 2024 and a pre-conference cohort will follow the participants of the 2024 Indiana Early Intervention Conference FGRBI Pre-Conference session. One master coach at Indiana University will begin to support the development of student coders. An additional two coaches will achieve Provider Coach status, one of whom will continue to advance progress in reaching Master Coach status. Coaches will support the development of additional Professional Learning Community facilitators to build sustainability and Indiana expertise and decrease its reliance on FSU. Agencies will continue to participate in provider agency implementation teams to support sustainability. The State Implementation Team will meet on a bi-annual basis to provide support. The Master and Provider coaches will continue to support and communicate with the 105 providers that have completed the professional development sequence around maintaining the use of the FGRBI Key Indicators within their practice. Additional providers will be added to this group as additional cohorts complete the sequence.

Indiana will continue to evaluate data that results from post PD surveys. The plan continues to include fidelity measures related to model practices as well as implementation science practices and outcome measures. Staff from the ECC and the Lead Agency will monthly throughout the summer and fall

of 2024 to discuss how to improve outcome measures and ensure that implementing this model is moving us toward longer-term changes in family and child outcomes. While we do not expect these changes to happen quickly, we worked to identify mid-range outcomes that we posted would indicate a move in the right direction. A plan for evaluating long-term child and family outcome measures will begin to be developed. In addition to the work on FGRBI installation, materials will continue to be disseminated, and new materials will continue to be created to support service coordinators, eligibility determination team members, and providers who are and are not going through the training so they are better able to help families understand what their services will look like as Indiana transitions to this model.

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.

There hasn't been enough data collected on FGRBI implementation to demonstrate a need to modify Indiana's current SSIP. The Lead Agency will continue internal and stakeholder conversations around what data should be collected and analyzed to best determine the efficacy of FGRBI and how this evidence-based approach influences child outcomes. Therefore the Lead Agency will continue its improvement strategies without modifications.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

The ICC held 6 hybrid (virtual and in-person) meetings every other month with their executive committee meeting monthly. The State engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

In FFY23, the Family Engagement Manager attended the ECPC Leadership Academy and as part of her capstone project, developed a plan to improve family engagement at the state level. As a result, Family Town Halls were implemented as an improvement strategy. A survey was sent to all families enrolled in Indiana First Steps to gather information around their interest in directly engaging with state program leadership, early intervention topics they would like to know more about, and family participation availability. Data from the surveys indicated families were interested in learning more information about family resources, transition, family rights and procedural safeguards, and dispute resolution. Family Town Halls were executed in the Spring of 2024. They were held virtually over Microsoft Teams at both 12 pm ET and 6:30 pm ET and interpreters were provided. Each town hall featured a different topic. During this reporting period families were introduced to state leadership, provided presentations from statewide family organizations that support families of children with disabilities, and informed about procedural safeguards and dispute resolution in Part C. Due to low participation, the Lead Agency has placed these town halls on hold while it regroups and considers additional ways to engage meaningfully with families.

Stakeholders continued to be engaged in providing feedback around all improvement strategies and activities. It remained important for data to be presented in ways all could digest and understand. Stakeholders were provided with opportunities to review, ask questions, and provide feedback. Meetings with stakeholders were held in a variety of formats, dates, and times in the effort to expand participation and spur meaningful conversations. Stakeholders continue to come from a broad set of backgrounds which include: families, Indiana's general assembly, Department of Education, Department of Health, higher education, Riley Children's Health, Department of Child Services, family advocacy centers, local early intervention offices, and provider agencies. Participants were both male and female, of a vast age range, reside and work in varied geographical locations, and of various racial and ethnic backgrounds. Meetings with stakeholders were ongoing throughout the year and attendance and participation was excellent. Some examples of engagement included ICC hybrid meetings, scheduled quarterly stakeholder calls and in-person gatherings, and SPOE and agency meetings.

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

The Lead Agency engages stakeholders throughout the reporting period to gather input and feedback on its key improvement strategies. It engaged the ICC and its committees, EIS program/Cluster leaders, provider agencies, other state agency leaders, and parents in its data system remediation work, LEA/SEA report creation, and recruitment marketing strategy.

The Lead Agency convenes two stakeholder groups throughout the reporting period who are engaged around the implementation of FGRBI.

State Implementation Team: This team is made up of a mix of families, providers, agency and SPOE administrators, state and ECC staff and Florida State University representation. This group has been meeting bi-annually and will continue to meet to discuss FGRBI implementation, data, and ongoing activities. A subgroup has been meeting more frequently to engage in long-term planning.

Provider Agency Implementation Teams: Each agency with providers participating in the FGRBI Professional Development Sequence has been asked to form a Provider Agency Implementation Team. These teams meet every other month with ECC staff throughout the 10-month professional development sequence to support agencies in promoting system change. Agencies are encouraged to meet following provider participation on a bi-annual basis to encourage support and continued use of caregiver coaching practices. Feedback from these agency meetings is then discussed at the State Implementation Team meeting.

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.

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023 | 66.67% |

Targets

| FFY | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

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

Findings of Noncompliance Identified in FFY 2022

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

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

There were no differences, as the State did not report additional findings during this time.

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP review, or annual IFSP) quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H achieved 100% compliance, thereby closing their FFY22 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, I, and J achieved 100% compliance, thereby closing their findings from FFY22. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the seven findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the jurisdiction of the Cluster SPOE or program.

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

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 8 | 0 | 8 | 0 | 0 |

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

The State did not report any additional findings during FFY22.

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 45 Day Timeline was demonstrated.

In FFY22 8 new findings were issued (Clusters A, B, C, D, F, H, I, and J). Through review of subsequent data, Clusters A, B, C, D, F, H, I, and J all demonstrated 100% compliance with 45 Day Timeline thus closing their findings within one year.

For all findings of noncompliance issued, subsequent data was reviewed quarterly until the cluster was able to demonstrate compliance and close their finding. To verify correction of noncompliance, a sample size of up to 20 records were reviewed dependent upon the size of the cluster. For each of the 8 findings verified as corrected, every child who did not receive timely services had their record reviewed to verify that the child did receive services, though late, or the child was verified to have left the program. For these 8 clusters compliance was at 100% for this indicator per the subsequent data run. This indicates regulatory requirements are being met by these clusters.

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

For each of the 8 new findings verified as corrected, the state reviewed data on each individual child record found to not meet compliance during the initial data review and any subsequent data pulls. A review of data confirmed that each child received services, although late, or left the program. This indicates that each individual case of noncompliance was corrected within the required one-year period for clusters A, B, C, D, F, H, I and J.

For the one sustained finding in cluster G that was not corrected, the state continues to review data to confirm that each child received services although late or left the program.

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

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

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 3 | 0 | 3 | 0 | 0 |

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

The State did not report any additional findings during FFY22.

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 8A Early Childhood Transition was demonstrated. Upon reviewing data from quarter 2 of FFY22 (October 2022), all Clusters achieved 100% compliance, thereby closing their FFY22 findings. The Lead Agency determined all Clusters are meeting regulatory requirements. In FFY22, the State verified correction for the findings for Clusters C, D, and I according to federal requirements within the one year period. This indicates the regulatory requirements are being met. No findings remain for FFY2022.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the three findings verified as corrected, every child where noncompliance was identified had their record thoroughly reviewed to ensure transition planning occurred although late or the child had left the jurisdiction of the Cluster. Clusters C, D, and I came into 100% compliance within the one year timeline.

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

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

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 5 | 0 | 4 | 0 | 1 |

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

The State did not report any additional findings during FFY22.

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY22 findings not yet verified as corrected until 100% compliance with 8B Notification to the SEA and LEA was demonstrated. Upon reviewing data from quarter 3 of FFY22 (October 2022), all Clusters achieved 100% compliance, thereby closing their FFY22 findings. The Lead Agency determined all Clusters are meeting regulatory requirements.

In FFY22, the State verified correction for the findings for Clusters A, B, D, and I according to federal requirements within the one year period. Although the State failed to accurately report in its FFY22 SPP/APR, Cluster G did in fact correct its sustained finding from FFY2021 through review of FFY22 subsequent data. All Clusters demonstrated 100% compliance. This indicates the regulatory requirements are being met. No findings remain for FFY2022.

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

The Lead Agency has verified that each individual instance of noncompliance reported by the State in FFY22 under this indicator has been corrected. For each of the four findings verified as corrected, every child where notification of the SEA and LEA had their record thoroughly reviewed to ensure notification occurred although late or the child had left the jurisdiction of the Cluster.

Clusters A, B, D, and I came into 100% compliance within the one year timeline while Cluster G came into 100% compliance although after the one-year period.

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

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

Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 7 | 0 | 5 | 0 | 2 |

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

The State did not report any additional findings during FFY22.

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

To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly for each cluster with FFY21 sustained findings and new FFY22 findings not yet verified as corrected until 100% compliance with 8C Timely Early Childhood Transition was demonstrated. Upon reviewing data from quarter 3 of FFY22, the state verified correction of noncompliance for Clusters B, D, H, and J according to federal requirements. Upon reviewing data from quarter 4 of FFY22, the state verified correction of noncompliance for Cluster I. All 5 EIS program/Clusters demonstrated 100% compliance within the year. Upon reviewing data from quarter 3 of FFY22, the state verified correction of sustained findings from FFY21 for Clusters A and G according to federal requirements. Both EIS clusters demonstrated 100% compliance albeit outside of the one year timeline for correction.

For each of the corrected findings of noncompliance, subsequent data was reviewed. In all instances, compliance was at 100%. This indicates the regulatory requirements are being met.

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

The State verified correction for each individual instance of noncompliance for Clusters A, B, D, G, H, I, and J. For each of the 51 instances of noncompliance, the State reviewed each child's early intervention record and confirmed that each child received a transition meeting although outside of the specific timeline, or the child was no longer within the jurisdiction of the EIS program/Cluster. This indicates that each individual case of noncompliance was corrected consistent with OSEP QA 23-01.

Optional for FFY 2023, 2024, and 2025:

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

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

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

The State did not report any additional findings during FFY22.

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

The State did not report any additional findings during FFY22 for which it needed to verify correction of noncompliance.

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

The State did not report any additional findings during FFY22 for which it needed to verify correction of noncompliance.

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

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 30 | 0 | 20 | 0 | 10 |

FFY 2023 SPP/APR Data

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified in FFY 2022 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|--------|----------|
| 20 | 30 | | 100% | 66.67% | N/A | N/A |

| | |
|---|--------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 33.33% |
|---|--------|

Provide additional information about this indicator (optional)

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

| | |
|---|----|
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023). | 30 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding) | 20 |
| 3. Number of findings <u>not</u> verified as corrected within one year | 10 |

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

| | |
|--|----|
| 4. Number of findings of noncompliance not timely corrected | 10 |
| 5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C | 10 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1 | 0 |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7 | 0 |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A | 0 |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B | 0 |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C | 0 |
| 6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u> | 0 |
| 7. Number of findings <u>not</u> yet verified as corrected | 0 |

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

All findings of noncompliance issued in FFY21 and FFY22 have been corrected albeit beyond the one year timeline. All findings of noncompliance issued in FFY23 were closed within the one year required timeline. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data were reviewed quarterly until the EIS program demonstrated compliance. The State verified correction for each individual instance of noncompliance by thoroughly reviewing each child's early intervention record and confirming that each child received timely services, IFSP, transition steps and services, LEA/SEA notification, and transition conference although outside of the specific timeline, or the child was no longer within the jurisdiction of the EIS program/Cluster. This indicates that each individual case of noncompliance was corrected consistent with OSEP QA 23-01.

12 - OSEP Response

The State has established a baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

12 - 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

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:

Christina Commons

Title:

Part C Coordinator

Email:

Christina.Commons@fssa.in.gov

Phone:

317-234-1142

Submitted on:

04/21/25 4:26:35 PM

Determination Enclosures

RDA Matrix

Indiana

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

| Percentage (%) | Determination |
|----------------|------------------|
| 71.88% | Needs Assistance |

Results and Compliance Overall Scoring

| Section | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results | 8 | 5 | 62.50% |
| Compliance | 16 | 13 | 81.25% |

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

| | |
|---|--------|
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 9,873 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 12,862 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 76.76 |
| Data Completeness Score (please see Appendix A for a detailed description of this calculation) | 2 |

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

| | |
|--|---|
| Data Anomalies Score (please see Appendix B for a detailed description of this calculation) | 1 |
|--|---|

II. Child Performance

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

| | |
|---|---|
| Data Comparison Score (please see Appendix C for a detailed description of this calculation) | 1 |
|---|---|

(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

| | |
|--|---|
| Performance Change Score (please see Appendix D for a detailed description of this calculation) | 1 |
|--|---|

| Summary Statement Performance | Outcome A: Positive Social Relationships SS1 (%) | Outcome A: Positive Social Relationships SS2 (%) | Outcome B: Knowledge and Skills SS1 (%) | Outcome B: Knowledge and Skills SS2 (%) | Outcome C: Actions to Meet Needs SS1 (%) | Outcome C: Actions to Meet Needs SS2 (%) |
|-------------------------------|--|--|---|---|--|--|
| FFY 2023 | 53.96% | 59.60% | 43.95% | 74.17% | 49.77% | 64.86% |
| FFY 2022 | 54.23% | 56.54% | 41.91% | 72.65% | 50.41% | 64.93% |

(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 2025: Part C."

2025 Part C Compliance Matrix

| Part C Compliance Indicator (2) | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2022 (3) | Score |
|--|-----------------|---|-------|
| Indicator 1: Timely service provision | 80.40% | YES | 1 |
| Indicator 7: 45-day timeline | 97.86% | YES | 2 |
| Indicator 8A: Timely transition plan | 97.37% | YES | 2 |
| Indicator 8B: Transition notification | 91.77% | YES | 2 |
| Indicator 8C: Timely transition conference | 93.35% | YES | 2 |
| Indicator 12: General Supervision | 66.67% | YES | 0 |
| 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 |
| Programmatic Specific Conditions | None | | |
| Uncorrected identified noncompliance | None | | |

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

(3) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 90\%$ and $< 95\%$ for an indicator.

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 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 2023 in the State's FFY 2023 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 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 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 2019 – FFY 2022 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 (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). 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 2023 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 2023

| Outcome\ Category | Mean | StDev | -1SD | +1SD |
|------------------------------|-------------|--------------|-------------|-------------|
| Outcome A\ Category a | 1.52 | 3.25 | -1.74 | 4.77 |
| Outcome B\ Category a | 1.34 | 2.98 | -1.64 | 4.32 |
| Outcome C\ Category a | 1.25 | 2.62 | -1.37 | 3.87 |

| Outcome\ Category | Mean | StDev | -2SD | +2SD |
|------------------------------|-------------|--------------|-------------|-------------|
| Outcome A\ Category b | 24.44 | 8.87 | 6.69 | 42.19 |
| Outcome A\ Category c | 21.76 | 13.64 | -5.52 | 49.04 |
| Outcome A\ Category d | 26.56 | 9.69 | 7.17 | 45.94 |
| Outcome A\ Category e | 25.72 | 15.93 | -6.14 | 57.59 |
| Outcome B\ Category b | 26.16 | 9.47 | 7.23 | 45.1 |
| Outcome B\ Category c | 30.12 | 12.97 | 4.17 | 56.07 |
| Outcome B\ Category d | 30.25 | 8.17 | 13.92 | 46.59 |
| Outcome B\ Category e | 12.12 | 8.46 | -4.79 | 29.04 |
| Outcome C\ Category b | 21.94 | 9.15 | 3.64 | 40.24 |
| Outcome C\ Category c | 23.99 | 13.89 | -3.8 | 51.77 |
| Outcome C\ Category d | 32.49 | 8.51 | 15.48 | 49.51 |
| Outcome C\ Category e | 20.33 | 14.99 | -9.66 | 50.31 |

| 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 2023

| | |
|---|-------|
| Number of Infants and Toddlers with IFSP's Assessed in your State | 9,873 |
|---|-------|

| Outcome A — Positive Social Relationships | Category a | Category b | Category c | Category d | Category e |
|---|------------|------------|------------|------------|------------|
| State Performance | 610 | 2,591 | 315 | 3,437 | 1,751 |
| Performance (%) | 7.01% | 29.77% | 3.62% | 39.49% | 20.12% |
| Scores | 0 | 1 | 1 | 1 | 1 |

| Outcome B — Knowledge and Skills | Category a | Category b | Category c | Category d | Category e |
|----------------------------------|------------|------------|------------|------------|------------|
| State Performance | 336 | 1,799 | 104 | 1,570 | 4,860 |
| Performance (%) | 3.88% | 20.75% | 1.20% | 18.11% | 56.06% |
| Scores | 1 | 1 | 0 | 1 | 0 |

| Outcome C — Actions to Meet Needs | Category a | Category b | Category c | Category d | Category e |
|-----------------------------------|------------|------------|------------|------------|------------|
| State Performance | 575 | 2,214 | 268 | 2,496 | 3,147 |
| Performance (%) | 6.61% | 25.45% | 3.08% | 28.69% | 36.17% |
| Scores | 0 | 1 | 1 | 1 | 1 |

| | Total Score |
|--------------|-------------|
| Outcome A | 4 |
| Outcome B | 3 |
| Outcome C | 4 |
| Outcomes A-C | 11 |

| | |
|----------------------|---|
| Data Anomalies Score | 1 |
|----------------------|---|

Appendix C

II. (a) Data Comparison:

Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 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 (values are based on data for States with a summary statement denominator greater than 199 exiters). 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 2023

| Percentiles | Outcome A SS1 | Outcome A SS2 | Outcome B SS1 | Outcome B SS2 | Outcome C SS1 | Outcome C SS2 |
|-------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 10 | 46.08% | 34.56% | 54.67% | 27.46% | 53.10% | 33.55% |
| 90 | 80.98% | 70.42% | 82.41% | 58.27% | 84.63% | 73.68% |

| 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 2023

| 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 (%) | 53.96% | 59.60% | 43.95% | 74.17% | 49.77% | 64.86% |
| Points | 1 | 1 | 0 | 2 | 0 | 1 |

| | |
|---------------------------------|---|
| Total Points Across SS1 and SS2 | 5 |
|---------------------------------|---|

| | |
|------------------------------------|---|
| Your State's Data Comparison Score | 1 |
|------------------------------------|---|

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) 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 $p \leq .05$. 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 $p \leq .05$. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., $C3A \text{ FFY}2023\% - C3A \text{ FFY}2022\% = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY}2022\% * (1 - \text{FFY}2022\%)) / \text{FFY}2022N] + ((\text{FFY}2023\% * (1 - \text{FFY}2023\%)) / \text{FFY}2023N)] = \text{Standard Error of Difference in Proportions}$

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

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

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 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 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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 2022 N | FFY 2022 Summary Statement (%) | FFY 2023 N | FFY 2023 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 | 485 | 54.23% | 6,953 | 53.96% | -0.26 | 0.0234 | -0.1130 | 0.91 | NO | 1 |
| SS1/Outcome B: Knowledge and Skills | 241 | 41.91% | 3,809 | 43.95% | 2.04 | 0.0328 | 0.6222 | 0.5338 | NO | 1 |
| SS1/Outcome C: Actions to meet needs | 363 | 50.41% | 5,553 | 49.77% | -0.64 | 0.0271 | -0.2357 | 0.8137 | NO | 1 |
| SS2/Outcome A: Positive Social Relationships | 596 | 56.54% | 8,704 | 59.60% | 3.06 | 0.0210 | 1.4594 | 0.1444 | NO | 1 |
| SS2/Outcome B: Knowledge and Skills | 596 | 72.65% | 8,669 | 74.17% | 1.52 | 0.0189 | 0.8069 | 0.4197 | NO | 1 |
| SS2/Outcome C: Actions to meet needs | 596 | 64.93% | 8,700 | 64.86% | -0.07 | 0.0202 | -0.0350 | 0.972 | NO | 1 |

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

| | |
|---------------------------------------|---|
| Your State's Performance Change Score | 1 |
|---------------------------------------|---|

Data Rubric
Indiana

FFY 2023 APR (1)

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 |
| 12 | 1 | 1 |

APR Score Calculation

| | |
|---|----|
| Subtotal | 13 |
| Timely Submission Points - If the FFY 2023 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) = | 18 |

(1) 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.

618 Data (2)

| Table | Timely | Complete Data | Passed Edit Check | Total |
|---|--------|---------------|-------------------|-------|
| Child Count/Settings Due Date: 7/31/24 | 1 | 1 | 1 | 3 |
| Exiting Due Date: 3/5/25 | 1 | 1 | 1 | 3 |
| Dispute Resolution Due Date: 11/13/24 | 1 | 1 | 1 | 3 |

618 Score Calculation

| | |
|---------------------------------------|-------|
| Subtotal | 9 |
| Grand Total (Subtotal X 2.11111111) = | 19.00 |

Indicator Calculation

| | |
|--|--------|
| A. APR Grand Total | 18 |
| B. 618 Grand Total | 19.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 37.00 |
| 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 | 37.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

(2) 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 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) 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 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 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 all *EDFacts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

| 618 Data Collection | EDFacts Files/ EMAPS Survey | Due Date |
|--------------------------------|---|------------|
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 7/31/2024 |
| Part C Exiting | FS901 | 3/5/2025 |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 11/13/2024 |

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.

Dispute Resolution
IDEA Part C
Indiana
Year 2023-24

Section A: Written, Signed Complaints

| | |
|---|---|
| (1) Total number of written signed complaints filed. | 4 |
| (1.1) Complaints with reports issued. | 0 |
| (1.1) (a) Reports with findings of noncompliance. | 0 |
| (1.1) (b) Reports within timelines. | 0 |
| (1.1) (c) Reports within extended timelines. | 0 |
| (1.2) Complaints pending. | 0 |
| (1.2) (a) Complaints pending a due process hearing. | 0 |
| (1.3) Complaints withdrawn or dismissed. | 4 |

Section B: Mediation Requests

| | |
|--|---|
| (2) Total number of mediation requests received through all dispute resolution processes. | 0 |
| (2.1) Mediations held. | 0 |
| (2.1) (a) Mediations held related to due process complaints. | 0 |
| (2.1) (a) (i) Mediation agreements related to due process complaints. | 0 |
| (2.1) (b) Mediations held not related to due process complaints. | 0 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints. | 0 |
| (2.2) Mediations pending. | 0 |
| (2.3) Mediations not held. | 0 |

Section C: Due Process Complaints

| | |
|--|-------|
| (3) Total number of due process complaints filed. | 0 |
| Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)? | PARTC |
| (3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures). | N/A |
| (3.1) (a) Written settlement agreements reached through resolution meetings. | N/A |
| (3.2) Hearings fully adjudicated. | 0 |
| (3.2) (a) Decisions within timeline. | 0 |
| (3.2) (b) Decisions within extended timeline. | 0 |
| (3.3) Hearings pending. | 0 |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 0 |

This report shows the most recent data that was entered by:
Indiana

These data were extracted on the close date:
11/13/2024

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 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2025

Honorable Mitch Roob
Secretary
Indiana Family and Social Services Administration
402 West Washington Street
Indianapolis, IN 46204

Dear Secretary Roob:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Indiana needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of Indiana's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Indiana's 2025 determination is based on the data reflected in Indiana's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Indiana and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Indiana's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2025: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Indiana.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Indiana's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Indiana's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Indiana is required to take. The actions that Indiana is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Indiana's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Indiana's 2025 determination is Needs Assistance. A State's 2025 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

Indiana's determination for 2024 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

- (1) advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or
- (2) identify the State as a high-risk grantee and impose Specific Conditions on the State's IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising Indiana of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: [Individuals with Disabilities Education Act \(IDEA\) Topic Areas](#), and requiring Indiana to work with appropriate entities. The Secretary directs Indiana to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Indiana to access technical assistance related to those results elements and compliance indicators for which Indiana received a score of zero. Indiana must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on:

- (1) the technical assistance sources from which Indiana received assistance; and
- (2) the actions Indiana took as a result of that technical assistance.

As required by IDEA Sections 616(e)(7) and 642 and 34 C.F.R. § 303.706, Indiana must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Indiana must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Indiana on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Indiana's submission of its FFY 2023 SPP/APR. In addition, Indiana must:

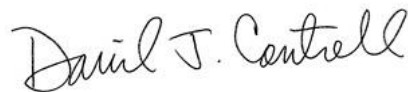
- (1) review EIS program performance against targets in Indiana's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Indiana must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Indiana's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Indiana's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Indiana over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator