

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2022**

**District of Columbia**



**PART C DUE  
February 1, 2024**

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

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The District of Columbia Office of the State Superintendent of Education (OSSE), is the lead agency for administering Part C of the Individuals with Disabilities Education Act (IDEA) of 2004, and its implementation. In the District of Columbia, Strong Start is the only program and it serves all the children in Part C.

As the lead agency for IDEA, Part C, OSSE sets high expectations, provides resources and support, and exercises accountability to ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides high-quality evidence based early intervention services to infants and toddlers with developmental delays and disabilities and their families. As the single point of entry for infants and toddlers with suspected developmental delays and disabilities from birth to the third birthday, Strong Start identifies and evaluates infants and toddlers with suspected developmental delays and provides high-quality, age-appropriate early intervention services for eligible children and their families. Strong Start is committed to ensuring that all children who need early intervention services are able to access them. Strong Start Child Find unit conducts outreach to build public awareness with referring sources, administers developmental screenings, participates in community events, provides targeted communications, and has well-developed partnerships that ensure all families are aware of Strong Start services and supports.

The State Performance Plan/Annual Performance Report (SPP/APR) for Federal Fiscal Year 2022 (FFY 2022) details the work of OSSE towards improving outcomes of infants and toddlers with developmental delays and disabilities and their families and covers the period July 1, 2022 - June 30, 2023. The key accomplishments during this reporting period include:

1. Implemented and documented fidelity assessment requirement data
2. Created a fidelity data compliance monitoring template for local/state reporting
3. Identified and trained Fidelity Observers from each vendor agency
4. Conducted Ongoing Monthly Teaming Meeting Fidelity Observations
5. Conducted monthly topic specific Reflection Groups
6. Held two in-person Professional Development Series sessions for early interventionists and service coordinators to continue on building their capacity to provide Part C services
7. Began working with the National Center for Pyramid Model Innovations and created the state leadership team to plan the implementation of the Pyramid Model approach in Strong Start
8. Partnered with the Riverside Insights to host two professional development trainings for evaluators as the system is transitioning from the Battelle Developmental Inventory Second Edition (BDI-2) to the BDI-3 to determine eligibility of children
9. The Child Find unit began implementing a new protocol requiring all children screened to receive both an Ages and Stages Questionnaire (ASQ) and an ASQ: Social Emotional (SE)
10. Increased Child Find training topic portfolio and began tracking Caregiver/Early Childhood Educator workshop feedback data
11. Continued expansion of the community playgroups in partnership with DC Public Libraries

#### Additional information related to data collection and reporting

#### General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

In the District of Columbia, OSSE is the lead agency for purposes of the IDEA Part C. IDEA requires that the lead agency have a system of general supervision that has multiple mechanisms to support and oversee the DC EIP system. The lead agency is responsible for administering the grant and for monitoring the implementation of IDEA Part C.

In order to support the general supervision system of the DC Early Intervention Program, OSSE created in FFY22 the State Part C office. The office is composed of the Part C director, Part C Special Assistant, Clinical Manager and three early intervention specialists. This structure allows OSSE to conduct all monitoring activities and identify and correct any issues of non-compliance with the IDEA and state requirements.

The lead agency conducts monitoring activities and makes annual determinations on compliance about the performance of Strong Start, the local program, to ensure compliance with IDEA Part C. The lead agency also publicly reports annually on the performance of the lead agency and the local program. The primary focus of the lead agency's monitoring activities is to improve outcomes for all infants and toddlers with developmental delays and disabilities and their families while ensuring that all early intervention programs meet the requirements of IDEA Part C. To achieve the desired performance results, OSSE works collaboratively with Strong Start administration and early intervention contracted vendor agencies and engages in shared accountability practices that maximize success for all infants and toddlers with developmental delays and disabilities and their families. These accountability practices include database reviews, record reviews, dispute resolution systems (i.e., due process hearings, complaints and mediation), annual review of service provider contract provisions, fidelity compliance monitoring and audit reviews of vendor invoices to ensure services are provided in a manner consistent with Individualized Family Service Plans and evidence-based best practices.

OSSE's monitoring approach is outcome-oriented. OSSE's monitoring system identifies noncompliance, with the ultimate goal of improving outcomes for all infants and toddlers with developmental delays and disabilities and their families. While monitoring activities must, by federal law, examine compliance issues, OSSE has deliberately structured its monitoring approach to address the broader purposes of IDEA, which include delivering services in the natural learning environment, capacity building, parent support and teamwork. This is emphasized through a review of and response to data in these areas. Strong Start operates a dedicated service coordinator unit model in which all service coordinators are full-time District of Columbia employees, allowing the program to provide families with one service coordinator for the duration of their time in the program. Additionally, OSSE has structured the District in three regions and assigned a service coordination supervisor and a team of service coordinators (SC) to each region.

OSSE includes the following activities for general supervision:

1. Annual Determinations. OSSE uses a variety of data to assign a performance determination to the local Strong Start program.
2. Data oversight. OSSE requires the Strong Start program and all providers to use the Strong Start Child and Family Data System (SSCFDS) to record

child demographic, service plan and service delivery information. This system is the system of record for all children receiving DC EIP services.

3. Fiscal oversight. Monitoring of funds disbursed to early intervention programs and providers is through the review of monthly invoices for services delivered in the previous month. The State Part C office billing unit reviews all vendor agencies' invoices to determine if there is documentation on file to support the invoiced amount and whether or not the billing packet is submitted in accordance with both the Government of the District of Columbia and Strong Start's billing and reimbursement requirements.

4. Training and technical assistance. A key feature of OSSE's system of general supervision is the direct linkage between monitoring activities and technical assistance and professional development. The State Part C office provides targeted training and technical assistance to Strong Start and its early interventionists throughout the year.

5. Database monitoring. OSSE reviews data in the SSCFDS to identify noncompliance and assess progress toward federal and local targets for special education. Data for APR indicators is reviewed quarterly for indicators 1, 7 and 8. Data reports are also generated through database systems for federally required Section 618 data tables. Strong Start receives findings of noncompliance for noncompliance identified through database reviews. Findings of noncompliance identified through database reviews must be corrected as soon as possible but in no case later than one year after the noncompliance was identified.

6. Focused monitoring. OSSE selects a priority area to examine for compliance and outcomes/quality. The goal is to maximize resources, emphasize important variables and increase the probability of improved results. Focused monitoring activities are used to investigate why the local program is not meeting expected targets. A report will be generated that identifies a program's strengths, areas for improvement and any areas of noncompliance.

7. Program self-assessment. Strong Start program conducts regular data and file reviews to identify the program's quality of practice. Strong Start uses the aggregate information to develop a continuous improvement plan that is designed to reinforce areas of strength and improve areas for growth. All of the data used to develop the improvement plans will be held with the program and are conducted solely for the purpose of self-assessment; progress made on the improvement plans is reviewed by OSSE.

#### **Technical Assistance System:**

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

A key feature of OSSE's system of general supervision is the direct linkage between monitoring activities, technical assistance and professional development. OSSE also conducts targeted training to address gaps and additional needs for providers, service coordinators, Child Find staff and intake specialists. OSSE requires all evaluation, direct service and service coordination personnel to complete a series of training modules on working with infants and toddlers with developmental delays and disabilities and their families before they are allowed to work in Strong Start. The training modules include an overview of IDEA, its related requirements and foundational information about the Natural Learning Environment Practices (NLEP) framework.

In addition, targeted technical assistance is provided to evaluation and direct service providers, primary referral sources, paraprofessionals and service coordinators. OSSE ensures that the training provided helps providers improve understanding of the basic components of early intervention services available in the District and supports providers to meet the interrelated social/emotional, health, developmental and educational needs of eligible children under IDEA, Part C and assist families in enhancing the development of their children and fully participating in the development and implementation of IFSPs. All service provider personnel must complete the series of online training modules, the Strong Start foundation training on DC-specific early intervention and NLEP best practices, as well as the Strong Start foundation training fidelity post-test prior to receiving a referral for service. Strong Start also conducts ongoing reoccurring training sessions that are mandatory for all service coordination, evaluation and direct services providers. Technical assistance is required for vendors or providers that the system identifies as demonstrating persistent noncompliance in an identified area. Any provider needing assistance can request individualized onsite or field training to ensure that appropriate procedures or evaluation/assessment protocols are being followed. The State Part C team communicates regularly with the local Strong Start program to ensure any TA needs are adequately identified and addressed as needed.

OSSE utilizes technical assistance (TA) centers funded by the Office of Special Education Programs (OSEP). The Early Childhood Technical Assistance (ECTA) Center assisted OSSE in reviewing and revising general supervision and developing the SPP/APR. During FFY22, OSSE utilized the ECTA center and the Center for IDEA Early Childhood Data Systems (DaSy) to initiate the current plans for rolling out the Infant Mental Health (IMH) / Pyramid Model Institute initiative to best prepare system providers to support all families through a social-emotional lens. Moreover, OSSE applied and was accepted into ECTA Family Outcomes intensive target cohort addressing differentiated models for increasing family outcomes and family survey response rates. OSSE will continue to access the TA centers in the upcoming fiscal year as we continue to implement the SSIP and have already begun to seek out additional training and technical assistance around child outcomes.

#### **Professional Development System:**

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

OSSE supports and complies with the federal law and regulations that require early intervention services to be family centered, community-based, and provided in the natural environment, to the maximum extent appropriate.

In 2017, DC EIP adopted the Natural Learning Environment Practices (NLEP) framework as its evidence-based approach to early intervention service delivery. In Sept. 2021 OSSE fully implemented all NLEP components including the coaching interaction style, interest-based learning, family routines, and the primary service provider and teaming approach. The critical component of early intervention practice is to embed services and supports into naturally occurring learning opportunities. Natural environments are settings where the child, family, and care providers participate in everyday routines and activities that are important to them and serve as important learning opportunities. Using a coaching interaction style, early intervention providers support families to promote functional participation in these activities. Interventions within the context of a naturally occurring learning activity create opportunities for children to learn and practice skills that promote participation, build relationships and get their needs and wants met. In the primary service provider and teaming approach families are matched with a lead early interventionist who serves as the primary provider on the child's team. A child's team will include interventionists from all disciplines who can support the family and the primary provider in addressing their child's specific developmental needs, while building capacity to support the child's individualized needs in the process.

In FFY22, OSSE implemented a plan for assessing fidelity to the coaching and teaming approach and began monitoring completion data via self-assessments, coaching observations and teaming observations. All agency Fidelity Observers were identified and trained in February 2023 by the State Part C Clinical Manager. For FFY22, the fidelity compliance requirements were:

1. Early interventionists complete one self-assessment using the NLEP Coaching Fidelity Self-Assessment
2. Early interventionists complete one Coaching Fidelity Observation with an approved fidelity observer from their agency
3. Vendor agencies complete one Teaming Fidelity Observation with an approved Fidelity Observer from Strong Start

In May of 2023, OSSE conducted the first of a series of professional development trainings for the Strong Start program. The topics for these trainings came from feedback and discussions with leadership and stakeholders regarding need for education in key support areas for staff and providers. The first session of this series, "Teaming, Joint Visits and the role of the Primary Service Provider," was attended by 169 registrants with a combination of vendor agency providers and Strong Start staff. The training was facilitated by OSSE's State Part clinical manager and the Strong Start program

director. The post-training survey results showed that participants acquired a more solid and fundamental understanding of what teaming, joint visits and the role of the PSP is, and what the system guidance and expectations are for providers and service coordinators.

The second session, "Frequency Changes, Service Increases and When to Discharge," was attended by 154 registrants from the vendor agencies and Strong Start staff. The goal for this training was for the Strong Start system to come to a better understanding of the process for changing service frequency, what should be considered when making a change to service delivery and having conversations with families regarding discharge. The response from this training was a clearer understanding of Strong Start policy and process regarding service changes, and the role of the service coordinator in this process.

The next session in the professional development series will start in January 2024 and continue through 2025 with bimonthly webinars based on the topic "Balanced Intervention: Supporting Caregiver & Child Learning during (and between!) Early Intervention Visits". This series will build awareness of early intervention practice and a balanced perspective to facilitating learning for both caregivers and children during visits. These sessions will also offer participants opportunities to reflect on their practices, practice using specific strategies between sessions, and learn from others during interactive chat conversations that engage participants during each webinar.

The OSSE Comprehensive System of Professional Development (CSPD) Leadership Team consists of the Part C Director, Part C Special Assistant, Part C Clinical Manager and the Strong Start Program Director. During FFY22, the group focused on fidelity compliance accountability within provider agencies, expanding the Child Find training portfolio, developing and hosting recurring professional development sessions and engaging with ECTA/DaSy TA centers around IMH, child outcomes and family outcomes. With the first year of the newly developed fidelity compliance requirements completed, OSSE plans to start focusing not only on compliance completion rates, but also to establish fidelity baseline benchmarks to the coaching and teaming approaches for providers. As completion rates increase, OSSE will develop methods to further analyze fidelity compliance per agency and support clinical fidelity observers with any non-compliance issues with provider implementation of NLEP best practices.

#### **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 mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

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

YES

#### **Number of Parent Members:**

2

#### **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.**

ICC parent members were involved in the workgroups and the ICC meetings to review and recommend targets, develop improvement strategies and evaluate progress. The evaluation plan for each FFY is reviewed and approved by the ICC which includes the recommended activities, targets and measurements under each of the strands of DC EIP Theory of Action. During each of the ICC meetings in FFY22, the plan is reviewed and members of the ICC are presented with the progress to date and able to ask questions or provide feedback.

The ICC continued working on filling 3 open vacancies that have been open since Oct. 2022. OSSE has now identified 2 parents and is working with the Mayors Office of Talent and Appointments (MOTA) for appointment to the ICC in FFY23. OSSE was able to recruit and begin the onboarding process for a member to join the ICC from the local Parent Training and Information Center (PTIC), which will further increase the parent engagement reach of the

ICC moving forward. The Strong Start Newsletter was disseminated at a higher frequency (monthly) in 2023, which helped to increase the broad stakeholder reach of many new initiatives and resources within Part-C including the new Parent Support Group initiative. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops available and the effectiveness of the Community Playgroup program implementation.

OSSE acknowledges the difficulties engaging and recruiting parents and for this reason and as part of FFY23 plan, OSSE is increasing its efforts by having service coordinators reach out via email to parents, working more closely with DC's PTIC Advocates for Justice in Education to increase parent engagement activities to include more parent workshops/trainings/informational sessions and other similar activities for parent input. OSSE also plans to target some parent ICC recruitment efforts to the newly created Parent Support Groups pool of caregiver participants that may be interested in participating on the ICC.

#### **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 FFY22 OSSE focused on increasing the capacity of parents to be involved and provide feedback on the different activities that OSSE is implementing to improve outcomes.

#### **Recruiting of new parents to serve in the ICC:**

OSSE designed a new recruiting flyer that was reviewed and approved by the ICC. As a result, 3 new parents are now in the process of interviewing and appointment by the Mayor's Office of Talent and Appointments. In FFY23 the new appointed parents will be onboarded by OSSE and understand the Annual Performance Report (APR), target setting, and the implementation of Part C in DC.

#### **Improving Equity in Family Outcomes:**

OSSE was selected into the Improving Equity in Family Outcomes Cohort. The purpose of this intensive TA is to support OSSE's efforts to improve the quality of family data and to use these data to improve implementation of recommended practices with families and family engagement at multiple levels. The 24-month initiative started in July 2023 and the team is made up of the State Part C leadership, three Strong Start Service Coordinators, two parents, and a representative of the DC Parent Training Information (PTI) center. In addition to participating in monthly calls with the TA and few cross-state meetings, OSSE has developed a plan of action to increase the representativeness of family outcomes data and increase equitable family outcomes across all families.

#### **Engagement with the PTI center and other stakeholders:**

OSSE is working very closely with the PTI center to recruit new parents and engage in different topics that include early identification, screening, referral and advocacy. The PTI center is now attending the ICC meetings and is participating at the Equity in Family Outcomes cohort as a member of the team. This will ensure we have the parent perspective as OSSE works on increasing the response and representativeness of all demographic groups of DC in the family survey. OSSE is also working with Parents Amplifying Voices in Education (PAVE) via lunch and learns to present the work of early intervention, the ICC and how to get involved.

#### **Community playgroups:**

After receiving feedback from parents, in January 2023, Strong Start resumed monthly in-person Community Playgroups at Francis A. Gregory Neighborhood Library and Mount Pleasant Neighborhood Library. Across 18 playgroup sessions, 190 families attended with an average of 10.5 families per playgroup. The Mt. Pleasant library play group was conducted in Spanish to provide services to Spanish speaking families looking for inclusive peer engagement opportunities in the District. In addition, a third playgroup location was secured to begin in December 2023 (Woodridge Library) to continue expanding the geographical accessibility of the playgroups for families. Strong Start received playgroup feedback survey responses from families. Of the responses received, 100 percent stated that collaborating with Strong Start community playgroup staff was at least "Beneficial or Highly Beneficial" in helping build their knowledge and capacity to provide developmentally appropriate learning opportunities for their child. In addition, 100 percent of respondents stated that collaborating with Strong Start community playgroup staff was at least "Beneficial or Highly Beneficial" in helping build their knowledge and capacity in accessing appropriate resources and relevant information. Not only did the new DC Public Library Community Playgroup MOU increase the number of locations, there were also 2 parent workshops included annually to increase opportunities for families to access essential early intervention/early childhood information in their communities. In addition, Strong Start was able to partner with other essential community resources in the city to host vendor tables at the community playgroups. This provided families participating in playgroups with additional resources to meet their needs and connect them to additional services/resources that may otherwise be burdensome to access or get to. A list of these CBO's is provided below:

- Amerihealth-MCO (Mt. Pleasant- 4/5/2023)
- Georgetown University Mobile Clinic (Francis Gregory- 4/5/2023)
- Smart From the Start (Francis Gregory- 6/7/2023)
- Children's National Pediatric Residency Program (Mt. Pleasant- 6/7/2023)
- Collaborative Solutions for Communities Parenting Education & Support Program (Mt. Pleasant- 8/2/2023)

#### **Expansion of the partnership with child development facilities:**

In 2023, Strong Start implemented quarterly meetings with select child care centers in Wards 7 and 8 and DC Managed Care Organizations (MCOs) to review the status of referrals and cases in danger of closure. These meetings helped to identify ways to support families in reengaging in the eligibility process through continuing attempts at family contact or initiating subsequent referrals after a case was previously closed. Strong Start partnered with CFSA to facilitate a training for social workers and service coordinators on ways to engage and support families linked with CFSA and DC Early Intervention. This cross-agency relationship and the policies established to track and monitor dual-served families has helped us remain connected with families who may have otherwise left the program. Strong Start also begin finalizing action plans for a series of ongoing Parent Support Groups that will address various EI/ECE topics currently being seen by families, providers and professionals in DC. These groups will act as ongoing judgment free spaces for caregivers to come together and share experiences, stresses, successes and seek addition resources/information that may not be readily available or accessibly to them presently.

#### **Developmental screenings:**

OSSE and DC Health renewed their Memorandum of Understanding (MOU) to support the early identification and Part C eligibility determination of infants and toddlers and implement a District-wide system of coordinated developmental screening for children from two (2) to sixty (60) months of age. In addition to continuing with the expansion of the online Ages and Stages Questionnaire (ASQ), two program analysts, positions funded in FY24, will contact families when cases are closed by a service coordinator prior to conducting an eligibility evaluation. This process will allow OSSE to learn why families decline to participate in the program, which will help us better target communication and messaging for new families, as well as gain potential ideas for parent workshops that may be attractive to families. OSSE's DC EIP Child Find team also implemented a new protocol requiring all children that are screened by the Child Find team to receive an ASQ-3 and an ASQ:SE-2 to help increase opportunity to identify social-emotional delays and engage families with a wholistic social-emotional lens.

OSSE's DC EIP Child Find team also created a training document outlining eight professional development training offerings that are accessible to community programs and families. Overviews and individual curriculum objectives are outlined in the document to help guide interested providers/families to topics that best meet their individual needs. Strong Start held three different bi-monthly trainings ("Developmental Milestones for Infants/Toddlers," "Developmentally Appropriate Practice for Infants/Toddlers" and "ASQ-3 Developmental Screening") with the Division of Early Learning's Learning Management System for a total of twelve (12) annual trainings.

#### **Soliciting Public Input:**

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

Targets were set in Jan. of 2022 and all stakeholder input was described in the FFY20 APR. No recommendations on modifying the targets were made for this FFY. OSSE collected stakeholder input during the ICC meetings of Jan. 20, May 12, Sept. 14 and Dec. 8, 2023 about the progress made on the different initiatives set in the SSIP, the performance data for FFY22, the FFY22 evaluation plan with activities, data related to the APR indicators and Strong Start data such as number of referrals, children with IFSP and children receiving services.

OSSE also participates regularly in the State Early Childhood Development Coordinating Council (SECDCC) and shares information and obtains feedback from stakeholders. OSSE also used the family survey, the newsletter, parent workshop feedback, and community playgroup caregiver feedback to receive input on certain areas of focus from families on how the program is performing and included any comments or suggestions.

OSSE sends the Strong Start quarterly newsletter to all active and closed families in the system, providers, child development centers, DC public schools, ICC members and District sister agencies.

OSSE's timeline to solicit feedback from the public ranges from 45-90 days.

#### **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.**

OSSE makes all documents available to the public on its website. The Theory of Action with revised coherent improvement strategies, the evaluation plan and the FFY2021 APR were sent to all members of the workgroups and the ICC members and were posted on OSSE's website on January 31, 2023 for the general public. The report to the public on Part C indicator results is made available to the public within 90 days of the submission of the FFY APR report. The results for FFY2021 were posted on OSSE's website on March 27, 2023.

#### **Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 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 2021 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 2021 APR in 2023, is available.**

OSSE reported FFY2021 performance on the targets in the SPP/APR on OSSE's website at <https://osse.dc.gov/page/annual-public-reporting-part-c>

#### **Intro - Prior FFY Required Actions**

DC has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, DC must provide the required information.

#### **Response to actions required in FFY 2021 SPP/APR**

This is included in FFY 2022 Introduction section under the "Activities to Improve Outcomes for Children with Disabilities".

#### **Intro - OSEP Response**

#### **Intro - Required Actions**

## Indicator 1: Timely Provision of Services

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	37.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	87.44%	94.02%	91.89%	93.46%	85.36%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,000	1,334	85.36%	100%	86.21%	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.*

150

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

Reasons for family delays include that family was out of town and provider couldn't start within 30 days of IFSP, family's availability to start services, family didn't show up for session, family unresponsive to attempts made by interventionist to schedule first visit, family did not accept any dates and times offered by interventionist prior to 30-day timeline, and interventionist unable to connect with family via phone and text.

For system delays, 45 delays were due to service coordinator (not uploading the IFSP on time or not creating the service request timely), provider delay accounted for 63 delays, Managed Care Organizations (MCOs) were responsible for 17 delays, and program delay (not finding a provider available within 30 days) accounted for 59.

The program selected all instances of exceptional family circumstances during the fourth quarter to be reviewed through a record review to verify that documentation was available to support family delay as the reason for delay.

**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).**

The District of Columbia's criteria for timely receipt of services is within 30 days from the time of parent signing the IFSP services are initiated.

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

State database

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

July 1, 2022 to June 30, 2023

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

The reporting period reflects data for the entire federal fiscal year 2022

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

A drop down menu in the data system captures reason for delay such as exceptional family circumstances, program delay, provider delay, Managed Care Organization (MCO) delay or service coordinator delay. The program selected all instances of exceptional family circumstances during the fourth quarter to be reviewed through a record review to verify that documentation was available to support family delay.

Even though there is no slippage, OSSE has been working on addressing this level of non-compliance with the local Strong Start program. The main factor of non-compliance is related to provider delays due to availability of providers specially during the peak months of referrals which occurred between March and June. Strong Start has been working with its vendor agencies to increase the recruiting of new staff but unfortunately the new providers have been replacing others who have left the system. IN FFY23 OSSE will work with the universities in the area that offer programs with Speech and Language Pathology, Physical Therapy, Occupational Therapy, Early Childhood Education or Special education to provide information on early intervention pathway and opportunities to work in early intervention after graduation.

OSSE is working on an enhancement request to the District to be able to hire additional service coordinators and address the high caseloads that creates an impact on the timelines and quality of the service coordination.

**Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	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.**

In accordance with Office of Special Education Programs (OSEP) memo 09-02, and the new General Supervision Guidance, findings of noncompliance for State Performance Plan (SPP)/APR indicators C-1, C-7, C-8A, C-8B and C-8C must be corrected by both correcting the identified instance of noncompliance and by demonstrating that the program is correctly implementing the specific regulatory requirement as documented by 100% of performance on a subsequent review of data. As such, corrections of noncompliance are documented in two processes, Prong 1 and Prong 2.

Prong 2 subsequent data record review included the data of IFSPs that occurred in October of 2022. 10% of the 122 records were reviewed and the results were as follows:

- 9 records received initial early intervention services in a timely manner within 30 days of the IFSP
- 2 records have documented delays attributable to family circumstances and therefore considered timely
- 1 record did not start services on a timely manner due to a provider delay and also the service coordinator failed to follow up and ensure timely initiation of services.



Criteria for verification of both prongs for pre-finding correction were not met therefore a finding of non-compliance was issued on May 3, 2023 to Strong Start program. Strong Start was given 120 days from the date of the letter to verify correction of the finding.

Subsequently, OSSE did an additional record review that included the data of IFSPs that occurred in July of 2023. 10% of the 99 records were reviewed and the results were as follows:

- 9 records received initial early intervention services in a timely manner within 30 days of the IFSP
- 1 record had documented delays attributable to family circumstances and therefore were considered timely

OSSE determined on Nov. 28, 2023 that the finding of non-compliance issued on May 3 to Strong Start program had been corrected.

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

OSSE reviewed every single record of non-compliance that was identified in the FFY 2021 APR. Prong 1 record review showed that all 53 children did start initial services, however not within the 30 days.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### Response to actions required in FFY 2021 SPP/APR

Please see above section "FFY 2021 Findings of Noncompliance Verified as Corrected" for a detailed explanation of the noncompliance findings in FFY2021 and the reporting on the correction.

## 1 - OSEP Response

## 1 - Required Actions

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	55.00%

FFY	2017	2018	2019	2020	2021
Target>=	95.40%	95.50%	98.00%	97.10%	97.20%
Data	100.00%	100.00%	99.18%	100.00%	100.00%

### Targets

FFY	2022	2023	2024	2025
Target >=	97.30%	97.40%	97.50%	97.60%

### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,222
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Total number of infants and toddlers with IFSPs	1,222

#### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,222	1,222	100.00%	97.30%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

N/A

#### 2 - Prior FFY Required Actions

None

#### 2 - OSEP Response

#### 2 - Required Actions

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

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- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
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At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

#### Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2015	Target>=	72.50%	75.50%	85.00%	83.43%	83.43%
A1	86.08%	Data	87.34%	85.74%	83.43%	87.57%	83.39%
A2	2015	Target>=	68.00%	70.00%	72.00%	70.56%	71.00%
A2	71.18%	Data	77.56%	72.78%	70.56%	73.82%	69.01%
B1	2015	Target>=	66.50%	71.50%	71.50%	67.60%	68.10%
B1	69.61%	Data	74.29%	69.13%	67.60%	67.50%	63.92%
B2	2015	Target>=	49.00%	51.00%	57.00%	54.00%	54.00%
B2	55.70%	Data	63.93%	57.59%	55.84%	58.73%	56.62%
C1	2015	Target>=	77.50%	80.50%	80.50%	76.40%	76.40%
C1	81.04%	Data	84.96%	80.93%	78.84%	84.34%	77.16%
C2	2015	Target>=	73.00%	75.00%	75.00%	76.00%	76.00%
C2	76.56%	Data	80.56%	78.96%	77.69%	80.62%	74.65%

#### Targets

FFY	2022	2023	2024	2025
Target A1>=	83.43%	84.74%	85.74%	86.10%
Target A2>=	71.50%	72.00%	72.00%	72.50%

Target B1>=	68.60%	69.10%	69.60%	69.62%
Target B2>=	55.00%	55.20%	55.40%	55.80%
Target C1>=	77.40%	78.40%	79.40%	81.05%
Target C2>=	76.20%	76.40%	76.50%	76.70%

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

725

#### 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	14	1.93%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	121	16.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	159	21.93%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	285	39.31%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	146	20.14%

Outcome A	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	444	579	83.39%	83.43%	76.68%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	431	725	69.01%	71.50%	59.45%	Did not meet target	Slippage

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

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 2.59\%$  /  $\pm 2.89\%$ ) occurred for Outcome A1 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while

in the program.

- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

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

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 2.85\%$  /  $\pm 3\%$ ) occurred for Outcome A2 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

#### 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	12	1.66%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	271	37.38%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	110	15.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	270	37.24%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	62	8.55%

Outcome B	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	380	663	63.92%	68.60%	57.32%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	332	725	56.62%	55.00%	45.79%	Did not meet target	Slippage

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

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 3.18\%$  /  $\pm 3.16\%$ ) occurred for Outcome B1 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

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

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 3.06\%$  /  $\pm 3.04\%$ ) occurred for Outcome B2 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

#### **Outcome C: Use of appropriate behaviors to meet their needs**

<b>Outcome C Progress Category</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	4	0.55%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	152	20.97%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	66	9.10%



Outcome C Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	265	36.55%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	238	32.83%

Outcome C	Numerator	Denominator	FFY 2021 Data	FFY 2022 Target	FFY 2022 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	331	487	77.16%	77.40%	67.97%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	503	725	74.65%	76.20%	69.38%	Did not meet target	Slippage

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

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 3.13\%$  /  $\pm 3.47\%$ ) occurred for Outcome C1 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

#### Provide reasons for C2 slippage, if applicable

For the FFY22 cycle, data shows that the District had a slippage in all summary statements and outcomes. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 2.69\%$  /  $\pm 2.82\%$ ) occurred for Outcome C2 from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the

capacity building required to reach fidelity has had a temporary impact on service delivery and, therefore, on overall child outcomes.

- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% in Dec. 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

#### FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,114
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.	319
Number of infants and toddlers with IFSPs assessed	725

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."**

The District utilized the Assessment, Evaluation and Programming System for Infants and Children interactive (AEPSi) to capture the entry and exit data for children participating in early intervention. The AEPSi is a curriculum-based assessment used to determine progress towards developmental and IFSP goals. The system is designed to provide OSEP child outcomes information based on a child's progress. AEPSi uses empirically derived cutoff scores to determine if a child is typically developing or has a delay. If a child's AEPSi score is above the cutoff, the child is determined as not having delayed development and is performing at the level of same-age peers. AEPSi was aligned with OSEP Indicator #3 in the fall of 2005, and the crosswalk was validated in Jan. 2006. The crosswalk was again validated in July 2010 and minor modifications were made. Data analysis conducted with Early Childhood Outcomes (ECO) in 2010 allowed the AEPSi test scores to be empirically aligned with the ECO 7-point Summary Form. This research helps ensure that the ECO Summary Form generated by AEPSi is accurate and valid.

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

Child outcomes exit data were collected on children for FFY 2022. The following process was used to complete data collection and analysis for child outcome determinations:

The District utilized the scores that were collected for children through the AEPSi, which calculates the OSEP categories. Data were collected only if infants and toddlers received early intervention services for six months or longer. The entry AEPSi is completed by the initial evaluation provider and the exit AEPSi is completed by the child's provider no more than 60 days prior to the child's exit from the program. The initial evaluation and assessment teams administer the entry assessment with the family. One of the interventionists and the family administer the assessment every six months thereafter. Both the interventionist and the service coordinator discuss with the family the importance of the exit assessment. Prior written notice for the assessment is provided to the family in advance of the assessment. The family signs consent for the assessment and the family participates during the assessment. The service coordinator also provides the family with a copy of their "Child Progress Record", which is a visual record of the child's accomplishments, current targets and future goals/objects. This comparative report can also visually depict the growth in development through changes in coloring/shading on the report, a darker shade for the entry data and a lighter shade showing the growth and forward movement documented by the exit assessment.

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

OSSE has already engaged with the TA center to analyze the data further and determine other supports needed. OSSE is developing a plan to address the different variables that are impacting DC's child outcomes results such as fidelity, AEPS completion rate, providing services in child care centers and cancellation rates.

### 3 - Prior FFY Required Actions

None

### 3 - OSEP Response

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/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	2017	2018	2019	2020	2021
A	2006	Target>=	93.00%	93.10%	95.00%	93.00%	93.20%
A	88.00%	Data	97.25%	97.92%	94.09%	85.96%	85.77%
B	2006	Target>=	88.40%	88.50%	95.00%	93.00%	93.20%
B	85.00%	Data	97.75%	96.67%	94.25%	89.55%	84.85%
C	2006	Target>=	83.40%	83.50%	95.00%	95.00%	95.00%
C	78.00%	Data	97.75%	99.58%	97.04%	88.62%	83.79%

## Targets

FFY	2022	2023	2024	2025
Target A>=	93.40%	93.60%	93.80%	94.00%
Target B>=	93.40%	93.60%	93.80%	94.00%
Target C>=	95.20%	95.50%	95.70%	96.00%

## Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

## FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,205
Number of respondent families participating in Part C	355
Survey Response Rate	29.46%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	307
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	347
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	302
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	339
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	299
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	333

Measure	FFY 2021 Data	FFY 2022 Target	FFY 2022 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)	85.77%	93.40%	88.47%	Did not meet 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)	84.85%	93.40%	89.09%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	83.79%	95.20%	89.79%	Did not meet 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?	YES
If your collection tool has changed, upload it here.	
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.	NO

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The District of Columbia Early Intervention Program (DC EIP) is working through a number of strategies on improving the representativeness of the demographics of children enrolled in the Strong Start program along with improvement in the performance of all three OSEP family outcome indicators. For this reason OSSE applied and was selected into the Improving Equity in Family Outcomes Cohort, an intensive technical assistance (TA) opportunity focused on advancing equity in family outcomes. The purpose of this intensive TA is to support OSSE in their efforts to improve the quality of family data and to use these data to improve implementation of recommended practices with families and family engagement at multiple levels. The 24-month initiative started in July 2023 and the team is made up of the State Part C leadership, three Strong Start Service Coordinators, two parents, and a representative of the DC Parent Training Information (PTI) center. In addition to participating on monthly calls with the TA and few cross-state meetings, OSSE has developed a plan of action to increase the representativeness of family outcomes data and increase equitable family outcomes across all families. Please see a detail of the activities and action steps designed to support this initiative in the section below "steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services".

#### Response Rate

FFY	2021	2022
Survey Response Rate	24.45%	29.46%

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

The ECTA response rate and representativeness calculator was utilized to determine if the surveys received were representative of the target population. Representativeness was analyzed by examining the number of families enrolled in the Part C program by race and ethnicity (Dec. 1 child count) compared to the number of families who responded to the survey by race and ethnicity, and by the primary language of the parents surveyed. Representativeness was determined by using a +/-3% threshold.

**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.**

#### 1. Race and ethnicity

Representativeness was analyzed by comparing the percentage of surveys received by race and ethnicity by the percentage of families in the Dec. 1 Child Count by race and ethnicity. The Child Count data shows the following: African American or Black families had the highest percentage in Child Count (54.7%), followed by White (20.5%), Hispanic (14.8%), More than one race families (7.6%), Asian families (2.1%), American Indian or Alaska Native (0.1%), and Native Hawaiian or Pacific Islander (0.1%). Compared to FFY21, African American families increased by 6.3% while White families decreased by 5.9% in the Dec. 1 count.

African American or Black families had the highest representation in surveys received (43%), followed by White (23%), Hispanic (14.8%), More than one race (12%), Asian (3%), American Indian or Alaska Native (1%) and Native Hawaiian or Pacific Islander families (0%). The results show that African American or Black families were under-represented (-11% difference) and More than one race families (5% difference) were over-represented in the surveys that were received. American Indian or Alaska Native families (1% difference), Asian families (0% difference), White families (2% difference)

and Hispanic families (2.9% difference) were representative of the children in the program.

## 2. Age of Infant or toddler

Representativeness was analyzed by comparing the percentage of surveys received by age to the percentage of children in the surveys sent by age as of Dec. 1, 2023. The data of the surveys sent show the following: 3 Years old had the highest target representation with a 39% of children, followed by 2 years (38%), 1 Year (14%), 4-5 Years (8%), 10-12 Months (1%), 7-9 Months (0.2) and 0-3 Months and 4-6 Months with 0%.

Families with Children 2 Years old had the highest representation in surveys received (43%), followed by 3 Years (32%), 1 Year (14%), 4-5 Years (7%), 0 - 3 Months (2%) and 4-6 Months, 7-9 Months and 10-12 Months with 1%. The results show that 3 Years old children were under-represented (-7% difference) and 2 Years (4% difference) were over-represented in the surveys that were received. The rest of the age groups were representative of the children in the program.

## 3. Language of parents

DC through the stakeholder input during ICC and the family outcome cohort meetings, selected to include the language of the parents as the additional variable to be analyzed. The District through the DC Language Access Act obligates the DC government to provide equal access and participation in public services, programs, and activities for residents of the District of Columbia who cannot (or have limited capacity to) speak, read, or write English. The family survey is available in English and in 6 additional languages (Amharic, Chinese, French, Korean, Spanish, Vietnamese).

Representativeness was analyzed by comparing the percentage of surveys received by language spoken at home to the language spoken at home of the surveys sent. The data of the surveys sent show the following: English spoken at home had the highest target representation with 84% of families, followed by Spanish (15%), Amharic (1%), French (0.2%), and Korean, Vietnamese and Chinese with 0%.

English spoken at home had the highest representation in surveys received (81%), followed by Spanish (14%), Amharic (2%), French (1.4%), Korean (0.6%) and Chinese and Vietnamese with 0%. The results show that the demographics of the parents responding are representative of the demographics of the children based on the language spoken at home as the difference between the target and actual representation is +/- the 3% threshold.

**The demographics of the parents responding are representative of the demographics of children receiving special education services. (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.**

As part of OSSE's action plan for the Family Outcomes Cohort TA, OSSE has an activity with action steps to increase the response rate. OSSE's goal is to get at least a 35% response rate over the next two years. Among some of the strategies that the team participating in the cohort is considering include:

- designing a new survey
- evaluating the current method of distributing the survey via email and considering other methods such as texting
- considering a survey that is confidential but not anonymous in order to be able to link the demographics of the families directly to our current data system
- developing infographics for families about the importance of the survey, how it is used and with the results of the most recent survey

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

For FFY22, the survey was increased to quarterly for those families that exited the program during that quarter in addition to the survey sent in November for all families currently receiving services. This year we also incorporated a change and the survey only went to families who received services for at least 6 months. The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out. The statewide response rate for this year's family outcomes survey is 29.46%. The response rate went up 5.01% compared to FFY21.

Families that identified themselves as having More than one race had the highest response rates (54%), followed by White families (37%), Asian families (36%), Hispanic families (28%), and African American or Black families (24%). White, More than one race and Asian family response rates are above the statewide percent while African American or Black (-5.9%) and Hispanic (-1.3%) family response rates are below the statewide percent. There is indication of nonresponse bias since African American or Black and Hispanic family response rates are below the statewide percent.

Related to the language spoken at home, the families that identified themselves as English and Spanish speakers have a 29% response rate which is in line with the statewide response rate of 29.46%. Amharic (78%) and French (250%) speakers are well above the statewide response rate. There is no indication of nonresponse bias based on language spoken at home.

Related to age, families that identified their child being 7-9 months (133%), 10-12 months (33%), 1 year (30%) and 2 years (33%) old are above the statewide percent while 3 years (24%) and 4-5 years (25%) old are below the statewide percent. There is indication of nonresponse bias families with children over 3 years old.

To address the nonresponse bias described above and to promote response from a broad cross section of families, OSSE has identified several strategies through the Improving Equity in Family Outcomes Cohort. The activities and action steps designed with stakeholder input include the following:

1. Develop a new family outcomes survey for DC Early Intervention Program (DC EIP).
  - a. Review current surveys in ECTA
  - b. Assess current questions
  - c. Collect samples of surveys from other states
  - d. Determine "what" elements we want to know.
  - e. Write questions to gather intended information.
  - f. Develop draft versions and obtain parent feedback
  - g. Develop final version of survey
2. Design a new process to disseminate the family outcomes survey and collect the data.
  - a. Discuss current practice.

- b. Determine if another method should be used, such as text messaging vs. e-mails.
  - c. Talk to other states to learn the methods, cost, etc.
  - d. Engage with families to determine best approach to distribute survey
  - e. Document revised plan, where needed.
  - f. Pilot new process and make adjustments for full implementation
3. Develop literature and communication to increase knowledge of and purpose of the family outcomes.
- a. Collect information on what other states have developed
  - b. Develop infographics for survey and results
  - c. Include information about family outcomes survey in welcome package and newsletters
  - d. Publish infographics in website

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

For FFY22 the survey was distributed online via email to all active families as of Dec. 1 that have received services for at least 6 months and quarterly to all cases closed during the period. The family survey is available in English and in 6 additional languages (Amharic, Chinese, French, Korean, Spanish, Vietnamese).

In May of 2023 OSSE conducted a meeting with all service coordinators from the Strong Start program to help them understand the purpose of the family survey and its impact on the family outcomes indicator, to review the results of the state's data for the family outcomes indicator and to support the service coordination unit in engaging with all families to increase participation and representativeness. Additionally, OSSE is now including information on the family survey in the quarterly newsletter that goes out to all families in the system.

#### **4 - Prior FFY Required Actions**

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2021 SPP/APR**

OSSE has addressed these actions in detail the preceding section.

#### **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.

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	0.55%

FFY	2017	2018	2019	2020	2021
Target >=	0.80%	0.85%	1.25%	1.50%	1.50%
Data	1.17%	1.37%	1.46%	1.41%	1.58%

### Targets

FFY	2022	2023	2024	2025
Target >=	1.60%	1.60%	1.63%	1.65%

### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

**Prepopulated Data**

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 1 with IFSPs	149
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 1	8,261

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
149	8,261	1.58%	1.60%	1.80%	Met target	No Slippage

Provide additional information about this indicator (optional)

N/A

**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.

## 6 - Indicator Data

Baseline Year	Baseline Data
2005	1.68%

FFY	2017	2018	2019	2020	2021
Target >=	4.50%	5.00%	3.48%	3.50%	3.60%
Data	2.92%	3.72%	3.52%	3.67%	4.45%

#### Targets

FFY	2022	2023	2024	2025
Target >=	4.10%	4.30%	4.40%	4.50%

#### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

#### Prepopulated Data

Source	Date	Description	Data
SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2023	Number of infants and toddlers birth to 3 with IFSPs	1,222
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2021	06/20/2023	Population of infants and toddlers birth to 3	23,879

**FFY 2022 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
1,222	23,879	4.45%	4.10%	5.12%	Met target	No Slippage

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

N/A

**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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	60.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	94.97%	98.06%	95.29%	97.76%	96.32%

### Targets

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
877	1,397	96.32%	100%	92.98%	Did not meet target	Slippage

### Provide reasons for slippage, if applicable.

During the FFY22 performance year, the DC Early Intervention Program, Strong Start, experienced continuous growth in referrals and evaluations conducted. This increase and the increase in children eligible, paired with significant staff shortages due to a 11% service coordinator (SC) position vacancy rate and a high percentage of service coordinators on FMLA leave (averaging 9% over the course of the year), contributed to the slippage of indicator 7. In addition, one supervisory role was vacant for 4 months, which affected the program's ability to provide consistent oversight and monitoring of our service coordination teams

SC Vacancies (in FTEs)  
 Jul-22 3  
 Aug-22 3  
 Sep-22 4  
 Oct-22 4  
 Nov-22 4  
 Dec-22 4  
 Jan-23 4  
 Feb-23 5  
 Mar-23 5  
 Apr-23 2  
 May-23 2  
 Jun-23 2  
 Overall FFY22 Vacancy Rate 11%

SC FMLA Absences (in FTEs)  
 Jul-22 2  
 Aug-22 2  
 Sep-22 2  
 Oct-22 2  
 Nov-22 2  
 Dec-22 2  
 Jan-23 2  
 Feb-23 4  
 Mar-23 4  
 Apr-23 5  
 May-23 5  
 Jun-23 5  
 Overall FFY22 Absence Rate 9%

Lastly, the program also had a considerable amount of delays due to evaluation teams availability (34 cases). Vendor agencies that contract with the early interventionists have had issues with shortages during some periods of the year. This caused evaluations to be late and therefore the IFSP 45-timeline was missed.

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

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

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

The reasons for system delays were: 34 due to evaluation team delay, 47 due to service coordinator delay (late upload of IFSP or failure to follow up with family), 14 program delays (switch of initial service coordinator due to leave of absence) and 3 due to Managed Care Organization (MCO) delay. Reasons for family delays include families that were out of town, family's availability for the evaluation or family didn't show up for the evaluation, and family unresponsive to attempts made by service coordinator to schedule.

The program selected all instances of exceptional family circumstances during the fourth quarter to be reviewed through a record review to verify that documentation was available to support family delay as the reason for delay.

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

State database

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

July 1, 2022 to June 30, 2023

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

The reporting period reflects data for the entire federal fiscal year 2022

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

A drop down menu in the data system captures reason for delay such as exceptional family circumstances, program delay, evaluation team delay, Managed Care Organization (MCO) delay or service coordinator delay. The program selected all instances of exceptional family circumstances during the fourth quarter to be reviewed through a record review to verify that documentation was available to support family delay.

While FFY 21 data reflected less than 100 percent compliance for children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline for the reporting period, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All 128 children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted during the reporting period did have an IFSP developed although late and not within the 45-day timeline.

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

### Response to actions required in FFY 2021 SPP/APR

While FFY 21 data reflected less than 100 percent compliance for children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline for the reporting period, no findings were issued because correction according to federal requirements was verified before a finding was issued. Upon record reviews conducted for those children it was verified that correction had occurred prior to issuance of findings. All 128 children with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted during the reporting period did have an IFSP developed although late and not within the 45-day timeline.

In addition, for prong two of verification, the state did another review of subsequent data of 10% of 229 records from a month sample. A total of 23 records were reviewed which verified that all children in the new sample had an IFSP developed within the 45 day timeline, documented delays attributable to family circumstances and therefore considered timely or were closed prior to evaluation due to guardian withdrawal or unsuccessful attempts to contact. Therefore no finding was issued due to pre-finding correction.

## 7 - OSEP Response

## 7 - Required Actions

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	80.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	94.40%	100.00%	100.00%	100.00%	100.00%



**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
200	200	100.00%	100%	100.00%	Met target	No Slippage

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

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

0

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

Not applicable

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

State database

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

4th quarter of FFY 2022 April 1, 2023 to June 30, 2023

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

The 4th quarter reporting period April 1, 2023 through June 30, 2023 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2022.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response****8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
227	227	100.00%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

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

0

Provide reasons for delay, if applicable.

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

Data were collected from the State database on a monthly basis. The District utilized the fourth quarter of FFY 2022 (April 1, 2023 - June 30, 2023) to complete a compliance review for this indicator.

The following steps were taken to complete data collection and analysis for this indicator:

- The database was used for identifying all children who would be turning three during the reporting period.
- The Strong Start database produces a spreadsheet of all children potentially eligible for Part B services between the ages of 2 years 6 months and 3 years of age.
- On a monthly basis, an email is sent to the local education agency (LEA) of record and the State education agency (SEA) to inform them that the list of children potentially eligible for Part B is available. The list is uploaded by Strong Start program into a secure platform called Box and then made available for the LEA and SEA to then download.

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

YES

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

YES

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

State database

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

4th quarter of FFY 2022 April 1, 2023 to June 30, 2023

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

The 4th quarter reporting period April 1, 2023 through June 30, 2023 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2022.

**Provide additional information about this indicator (optional).****Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

#### 8B - Prior FFY Required Actions

None

#### 8B - OSEP Response

#### 8B - Required Actions

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

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

- 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;
- 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
- 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

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

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

#### Instructions

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

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

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

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

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

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

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

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	90.32%	93.98%	93.64%	97.39%	97.32%

**Targets**

FFY	2022	2023	2024	2025
Target	100%	100%	100%	100%

**FFY 2022 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
167	182	97.32%	100%	98.35%	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.

**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.

12

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

All 3 cases were service coordinator delays. In 2 instances the meeting took place but the SC scheduled the initial IFSP meeting and did not hold the transition meeting at the same time and on the second one the SC scheduled the initial IFSP/transition meeting 2 days after the timeline.

In 1 instance the SC was in contact with the parent but made initial contact 20 days prior to the transition conference deadline. Offered parent to meet but it was 1 day after the deadline. After that SC failed to continue reaching to the parent and allowed services to continue until 3rd birthday without transition conference.

Reasons for family delays include family didn't show up for the initial scheduled transition meeting, family unresponsive to attempts made by service coordinator to schedule transition meeting and family rescheduling the meeting.

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

State database

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

4th quarter of FFY 2022 April 1, 2023 to June 30, 2023

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

The 4th quarter reporting period April 1, 2023 through June 30, 2023 is considered representative of the full reporting year because the same variables are in place for this quarter of the fiscal year, which is the same as in all quarters. The District of Columbia Part C program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for the entire FFY 2022.

**Provide additional information about this indicator (optional).****Correction of Findings of Noncompliance Identified in FFY 2021**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	0	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.**

In accordance with Office of Special Education Programs (OSEP) memo 09-02, and the new General Supervision Guidelines, findings of noncompliance for State Performance Plan (SPP)/APR indicators C-1, C-7, C-8A, C-8B and C-8C must be corrected by both correcting the identified instance of noncompliance and by demonstrating that the program is correctly implementing the specific regulatory requirement. As such, corrections of noncompliance are documented in two processes, Prong 1 and Prong 2.

Prong 2 record review included subsequent review of the data of children who turned 3 in October of 2022. 10% of the 79 records were reviewed and the results were as follows:

- 7 records had a transition conference within timelines
- 1 record had a late transition conference due to service coordinator not following up on a timely manner with the parent to schedule the meeting

Criteria for verification of both prongs for pre-finding correction were not met therefore a finding of non-compliance was issued on May 3, 2023 to Strong Start program. Strong Start was given 120 days from the date of the letter to verify correction of the finding.

Subsequently, OSSE did an additional record review that included the data of children who turned 3 in July of 2023. 10% of the 65 records were reviewed and the results were as follows:

- 10 records had a transition conference within timelines

OSSE determined on Nov. 28, 2023 that the finding of non-compliance issued on May 3 to Strong Start program had been corrected.

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

OSSE reviewed every single record of non-compliance that was identified in the FFY 2021 APR. Prong 1 record review showed that all 17 children did receive a transition conference, however not within timelines.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

Please see above section "FFY 2021 Findings of Noncompliance Verified as Corrected" for a detailed explanation of the noncompliance findings in FFY2021 and the reporting on the correction.

## 8C - OSEP Response

## 8C - Required Actions

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

## 9 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

### 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1 Number of resolution sessions	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/15/2023	3.1(a) Number resolution sessions resolved through settlement agreements	0

### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.



In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

#### Historical Data

Baseline Year	Baseline Data

FFY	2017	2018	2019	2020	2021
Target>=					
Data		0.00%			

#### Targets

FFY	2022	2023	2024	2025
Target>=				

#### FFY 2022 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

#### 9 - Prior FFY Required Actions

None

#### 9 - OSEP Response

#### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### 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 baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1 Mediations held	1
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.a.i Mediations agreements related to due process complaints	0
SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/15/2023	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by

Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2017	2018	2019	2020	2021
Target>=					
Data					100.00%

#### Targets

FFY	2022	2023	2024	2025
Target>=				

#### FFY 2022 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 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
0	0	1	100.00%		0.00%	N/A	N/A

Provide additional information about this indicator (optional)

#### 10 - Prior FFY Required Actions

None

#### 10 - OSEP Response

#### 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, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)?

Medicaid-eligible infants and toddlers will demonstrate a substantial increase in their rate of developmental growth in the acquisition and use of knowledge and 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)

YES

Provide a description of the subset of the population from the indicator.

DC's SiMR includes all Medicaid-eligible infants and toddlers which is a subset of the entire population from Indicator 3.B1.

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://osse.dc.gov/node/1578876>

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
2015	39.56%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	55.45%	56.45%	57.45%	58.00%

FFY 2022 SPP/APR Data

The numerator is the sum of Medicaid eligible infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d)	The denominator is the total of Medicaid eligible infants and toddlers reported in progress category (a) plus number of infant and toddlers reported in progress category (b), plus number of infant and toddlers	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
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	reported in progress category (c), plus number of infant and toddlers reported in progress category (d)					
150	354	49.67%	55.45%	42.37%	Did not meet target	Slippage

#### Provide reasons for slippage, if applicable

For the FFY22 cycle, data shows that the District had a slippage in the SiMR indicator. OSSE used the calculator developed by the Early Childhood Technical Assistance (ECTA) center and was able to identify that meaningful difference (confidence interval of  $\pm 4.69\%$  /  $\pm 4.31\%$ ) occurred for the SiMR indicator from last fiscal year to the current reporting period. This means that year-to-year differences are large enough and, unfortunately, given the direction, should be considered real declines, not just insignificant year-to-year fluctuations. OSSE then took a look into the possible barriers to child outcome progress across all identified summary statements and determined the potential causes of such a slippage are the following areas:

- The pandemic: Many of the children who exited the program during the FFY22 were either born or spent most of their early intervention time during the pandemic and experienced a lack of access to peers. Families also faced ongoing stress during this time.
- Fidelity: In the previous years we have focused on the infrastructure of the program and the procedures to implement the Natural Learning Environment Practices (NLEP) framework which include coaching interaction style, primary service provider (PSP) and teaming. What this means for the system is that providers have had a shift from being one of multiple early interventionists on a particular child case, to being the primary early interventionist, while simultaneously being supported to build capacity in serving as the PSP. During FFY22 OSSE started to focus on fidelity. This included fidelity observations of providers and self assessments done by those providers to measure progress in coaching. With regards to compliance with fidelity measurement, as it stands, completion rate for fidelity observations is 70% where completion rate for self assessments is 57%. What this tells us is that low compliance coupled with a shift in the way services are delivered and the capacity building required to reach fidelity has had a temporary impact on overall child outcomes.
- Increase of services in child care centers: We have found that the number of coaching sessions that are taking place in the child care centers has increased. Based on the Dec. 1, 2022 child count, 17% percent of all children in the program received services in a child development center compared to 7% on Dec. 1, 2021. Coaching in childcare centers can be a barrier to compliance and ultimately fidelity. The caregiver is often the classroom teacher or teacher's aide, and has limited time/opportunity to work with the coach during the session. This means that it will take longer to build a coaching relationship, and to build the capacity of the coachee (classroom teacher) to support the child through their routines and outcomes. Other variables that might impact service delivery in the child care setting include absences, scheduled activities and field trips.
- Child Outcome Summary assessment completion: We have determined that there is an inconsistent rate of completion in our system that supports our determination of child outcomes and progress. The Assessment, Evaluation and Programming System (AEPS) is administered to children in the following intervals: entry, every six months, and as they exit the program. What we have found is that children have missing assessments at the time of exit and we used the latest AEPS reported in the system. This means that OSSE is not able to capture and report on the full progress of the child while in the program.
- Cancellation rate: Strong Start has observed an increase in the cancellation rate from parents. Cancellation rate for the last 4 years have been 23.6% on average compared to 18.6% average for 2018 and 2019. This is particularly true for children and families who are living in low income areas and have Medicaid coverage that are most often impacted by societal factors related to health, wellness and access to adequate resources (food, shelter, employment, safety). A higher cancellation rate means that services are not delivered consistently as planned in the IFSP and therefore impacting the progress of the child.

OSSE has already engaged with the TA center to analyze the data further and determine other supports needed.

#### Provide the data source for the FFY 2022 data.

The data came from the Child and Family Data System (SSCFDS) that OSSE uses for all children in the Part C early intervention program. A Qlik application was developed to extract the required data elements for child outcomes into a summary report.

This indicator is based on Outcome B, acquisition and use of knowledge and skills (including early language/communication) for Medicaid eligible children. We selected B1, which is of those children who are Medicaid eligible and 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.

The numerator is the sum of Medicaid eligible infants and toddlers reported in progress category (c) plus number of infants and toddlers reported in category (d).

The denominator is the total of Medicaid eligible infants and toddlers reported in progress category (a) plus number of infant and toddlers reported in progress category (b), plus number of infant and toddlers reported in progress category (c), plus number of infant and toddlers reported in progress category (d).

Progress category (a) is the infant and toddlers who did not improve functioning.

Progress category (b) is the infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

Progress category (c) is the infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

Progress category (d) is the infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

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

The following process was used to complete data collection and analysis for child outcome summary. Child outcomes data were collected on all children who exited in FFY 2022 and received services for at least 6 months. Children with Medicaid were identified and analyzed for their outcome scores for this measure. OSSE utilized the scores that were collected for children through the Assessment, Evaluation, and Programming System for Infants and Children interactive which calculates the OSEP categories. Data were collected only if infants and toddlers received early intervention services for six months or longer. The entry AEPSi is completed by the initial evaluation provider and the exit AEPSi is completed by the child's provider no more than 60 days prior to the child's exit from the program. The initial evaluation and assessment teams administer the entry assessment with the family. One of the interventionists and the family administer the assessment every six months thereafter. Both the interventionist and the service coordinator discuss with the family the importance of the exit assessment. Prior written notice for the assessment is provided to the family in advance of the assessment. The family signs consent for the assessment and the family participates during the assessment. The service coordinator also provides the family with a copy of their "Child Progress Record", which is a visual record of the child's accomplishments, current targets and future goals/objects. This comparative

report can also visually depict the growth in development through changes in coloring/shading on the report, a darker shade for the entry data and a lighter shade showing the growth and forward movement documented by the exit assessment.

**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, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

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

NO

## **Section B: Implementation, Analysis and Evaluation**

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

<https://osse.dc.gov/node/1114921> under Report to the Public FFY2022

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

Updated to include activities for 2024 calendar year. Strategies remained the same. OSSE will continue with the implementation of the fidelity assessment process and evaluate progress, develop the Infant Mental Health framework, migrate to the new Special Education Data System (SEDS), organize professional development opportunities to build the capacity of early interventionists in the system professional development offerings, implement ongoing monitoring of the system, offer targeted technical assistance and review and update OSSE's general supervision system protocols in preparation for differentiated monitoring and support (DMS) from US Department of Education.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

Updated to include activities for 2024 calendar year.

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

1. Leadership strand:

In FFY22, OSSE focused on continuing the development and implementation of NLEP while beginning to track newly established fidelity compliance data per agency and provider. This included implementing and tracking provider coaching fidelity self-assessment data, fidelity observers training requirements and provider coaching fidelity observation data for fidelity. These components are described in more detail below.

### **A. Fidelity Assessment**

OSSE focused on measuring the implementation of NLEP to fidelity. This included new provider fidelity requirements, provider coaching fidelity self-assessment requirements, guidelines for fidelity observers and the coaching fidelity observation checklist tool for fidelity observers.

In April of 2022, OSSE developed the Fidelity Assessment Requirements & Guidelines to support vendor agencies and early intervention providers in understanding and meeting program fidelity requirements. These required activities orient providers to the high-quality fidelity practices and procedures expected of all DC early intervention providers.

In February of 2023, the clinical managers from nine vendor agencies, along with additional identified staff and OSSE's in-house clinical team met with and were trained by OSSE's State Part C clinical manager on how to conduct fidelity observations. The training included case studies, sample documentation forms, discussion and feedback on form use and questions related to technical assistance. This training had 100 percent attendance and the result of this training served to fully qualify all identified persons and fidelity coaching observers. Vendor agency clinical leads now possess the knowledge to observe coaching sessions for their staff using streamlined indicators in order to support the system with meeting full fidelity.

In FY23, early intervention providers were expected to complete one self-assessment using the NLEP Coaching Fidelity Self-Assessment and one Coaching Fidelity Observation with an approved fidelity observer from their agency. OSSE was looking to establish a baseline of completion rates for the provider required fidelity self-assessment and coaching fidelity observation expectations.

OSSE's goal for FY24 is to increase the completion rates to achieve at least 80 percent full compliance of completed self-assessments and clinical observations by all providers in the system. Additionally, further data analysis on each of the components of the self-assessment will be conducted to analyze progress from year to year and determine future needs for professional development activities.

### **B. Infant Mental Health (IMH) Framework**

In FFY22 OSSE began working to create an IMH framework for early intervention in DC that can be used in conjunction with the coaching interaction style and the principles of the NLEP and that will build the capacity of early interventionists to recognize, reflect up on, and support families with their social emotional wellness.

As part of the process to select an approach to implement and improve overall social emotional child outcomes, OSSE:

- Enrolled a team of individuals that included the State Part C clinical manager and three service coordinators in the IMH certificate program at Georgetown University.
- Attended the Annual National Conference from the National Center for Pyramid Model Innovations.
- Presented information about the Pyramid Model approach to the ICC and selected that approach to be implemented in the Part C early intervention program.
- Conducted a planning session with the Pyramid Model Consortium that included the State Part C leadership, the local program Strong Start leadership, service coordinators, four evaluators and two vendor agencies that contract to provide services with Strong Start.
- Developed an implementation plan to roll out the pyramid model with a pilot group in 2024

## 2. Data strand:

OSSE has been working on the implementation of the new B-21 data system. In FFY22 OSSE deployed the Part B section of the new system. In FFY23 the State Part C and the Strong Start program worked with the developers to design and build the Part C section. OSSE plans to deploy the Part C section in calendar year 2024.

## 3. Professional Development and Technical Assistance strand:

### A. Trainings

In May of 2023, OSSE conducted the first of a series of professional development training for the Strong Start program. The topics for these trainings came from feedback and discussions with leadership and stakeholders regarding need for education in key support areas for staff and providers. The first session of this series was entitled "Teaming, Joint Visits and the role of the Primary Service Provider." The second session was entitled "Frequency Changes, Service Increases and When to Discharge."

The next session in professional development series will start in Jan. 2024 and continue throughout 2025 with bimonthly webinars based on the topic "Balanced Intervention: Supporting Caregiver & Child Learning during (and between!) Early Intervention Visits." This series will build awareness of early intervention practice and a balanced perspective to facilitating learning for both caregivers and children during visits. These sessions will also offer participants opportunities to reflect on their practices, practice using specific strategies between sessions, and learn from others during interactive chat conversations that engage participants during each webinar.

### B. NLEP Teaming Meeting Observations

Conducted Ongoing Monthly Teaming Meeting Observations for all vendor agencies.

The Strong Start clinical team attended monthly teaming meetings with each vendor agency team. A fidelity observation was completed for all attended teaming meetings to ensure that all components of fidelity in the primary service provider (PSP) approach to teaming are present. Strong Start was able to provide real time feedback to providers and vendor agencies about fidelity implementation to teaming.

### C. Strong Start Provider Reflection Group

Established groups where providers in the DC early intervention community can come together monthly to discuss issues related to using a coaching interaction style, family-related challenges and challenges related to delivery of early intervention services in child development centers. The group is also an opportunity to reflect on what providers have been doing to support families in early intervention and to engage in peer coaching opportunities with current providers in the DC early intervention system.

Strong Start held 10 NLEP Reflection groups, with 108 participants and an average of 10 participants per group. Topics included "Timely Documentation & Community Playgroups", "Discussing Challenging Situations with Parents", Exploring the Spectrum of AAC/AT", "Empowering Families and Keeping them Engaged", "Service Delivery in Child Development Centers", "Supporting Families through the Transition Out of Strong Start", "Coaching Families in the CFSA/Foster System", "Coaching Families with Medically Complex Children and Children with Severe/Multiple Disabilities", and "Extended Option: The Breakdown".

Of the feedback survey responses received from providers, 100% stated that participation in reflection groups enhanced their knowledge of effective teaming and NLEP implementation.

## 4. Accountability strand:

In order to support the general supervision system of the DC Early Intervention Program, in FFY21 OSSE created the State Part C office. The office is composed of the Part C director, Part C Special Assistant, Clinical Manager and three early intervention specialists. This structure allows OSSE to conduct all monitoring activities and identify and correct any issues of non-compliance with the IDEA and state requirements.

**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.**

During each of the ICC meetings in FFY22, the evaluation plan, which includes the activities for each strategy, is reviewed and members of the ICC are presented with the progress to date and able to ask questions or provide feedback. Using the Theory of Action strands below are the outcomes achieved during FFY22:

## LEADERSHIP STRAND

1. Providers will provide services in a consistent manner using evidence-based practices (EBP)

- Developed and implemented coaching fidelity analysis training exercise for fidelity observers (Feb. 2023)
- Developed coaching and teaming fidelity observation checklist tools for fidelity observers (April 2023)
- Communicated fidelity requirements to agencies and reviewed data from fidelity observations to evaluate completion rate progress (Oct. 2023)

As a result of the above implementation strategies, provider agencies have increased their level of accountability in participating in each phase of the established fidelity assessment process. Reporting fidelity has also increased, where clinical managers are more present and reaching out for support on specific aspects of the fidelity process. Fidelity observers are better prepared to evaluate their providers after the training exercise with the clinical manager. In addition, more avenues for data collection and analysis were created as the fidelity requirements (self-assessment, coaching observation and teaming observation) were communicated effectively to agencies with active data monitoring oversight in place by the state team. Baseline for completion rates was established. Overall, 41 percent of interventionists were in full compliance with the established NLEP fidelity requirements.

2. Early interventionists will increase the infant mental health competencies and skills of staff to address and improve the social-emotional well-being of children

- Engaged with Pyramid Model Consortium personnel and conducted a State planning meeting and two TA consults around an IMH framework and the needed structure to support the system during IFSP services, teaming meetings and capacity building (August 2023)
- Developed an implementation timeline of IMH framework in Strong Start with a proposed rolled out in 2024 with a pilot group (December 2023)

As a result of the above implementation strategies, internal state level Strong Start clinical staff-built knowledge of evidence-based infant mental health concepts as they relate to the DC early intervention Part-C process. Strong Start was also able to establish an initial state team that will focus and drive the IMH action steps, who were able to meet with PMI TA leadership staff around the timeline and implementation process. This created increased capacity for how to identify appropriate pilot agencies to work with on best practices for rollout.

## DATA STRAND

3. Develop and implement a new B-21 data system to improve the collection, reporting and use of high-quality data

- Continued to design and develop the Part C section of the new data system (Ongoing)



As a result of the above implementation strategies, OSSE and Strong Start leadership are continuing to prepare to migrate to the new Power School B-21 data system and integrate early intervention and special education in one system that supports smooth and effective transitions. The Part B section of Power School was deployed in July of 2023.

#### PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE STRAND

4. Support provider agencies in providing professional development that supports their staff in building competencies to use EBP and maintaining federal and District compliance.

- Developed, updated and reorganized ICC recruitment documents, child find training portfolio document, provider fidelity guidelines, playgroup registration and quarterly newsletter content (October 2023)
- Organized and held two professional development opportunities: "Teaming, requesting joint visits and the role of the primary service provider and frequency changes" & "Service increases to build the capacity of early interventionists in the system" (May & Sept 2023)
- Implemented and monitored the completion of the fidelity process for early intervention providers completing one self-assessment using the NLEP Coaching Fidelity Self-Assessment and one Coaching Fidelity Observation with an approved fidelity observer from their agency (October 2023)

As a result of the above implementation strategies, providers have more clarity on the distinctive fidelity requirements that need to be reported and now have opportunities to provide a self-reflective evaluation of their implementation progress towards fidelity measures and the SIMR indicator. Agencies are now better supported in conducting internal observations of providers and are aware of the annual fidelity requirements moving forward. This will prepare agencies for the next phase of data analysis, which will look deeper into specific aspects of the established NLEP fidelity data metrics.

5. Providers will increase their understanding and use of the NLEP framework

- Redesigned, updated and implemented revised pre-service Foundations training components for early interventionists (January 2023)
  - Began the migration to updated evaluation tool to determine eligibility from Battelle Developmental Inventory, Second Edition (BDI-2) to the Third Edition (BDI3) by securing a contract with the publisher Riverside Insights and hosting a training by Riverside with all evaluators in the system (December 2023)
  - Successfully held 10 NLEP Reflection groups, with service coordinators and agency providers (Oct. 2022 – September 2023)
  - Strong Start held 3 different bi-monthly trainings (Developmental Milestones for Infants/Toddlers, Developmentally Appropriate Practice for Infants/Toddlers and ASQ-3 Developmental Screening) with the Division of Early Learning's Learning Management System that reiterated NLEP best practices and how to engage with Part C providers to child development centers and early educators (Feb. 2023 – Oct. 2023).
- As a result of the above implementation strategies, fidelity information was updated across all pre-service and in-service trainings to better prepare providers for implementation with families. In addition, trainings on the BDI-3 were conducted for evaluators which built their capacity to provide efficient and effective evaluations by using Riverside's mobile data solution. The child development center trainings helped to introduce the NLEP components into the child care settings, which ultimately helps strengthening the communication between Part C providers, early educators and families.

#### ACCOUNTABILITY AND MONITORING STRAND

6. Develop and implement a monitoring system that provides an overall accountability system for early intervention focusing on compliance and quality improvement

- Implemented ongoing monitoring of the system and offered targeted technical assistance to local team as well as clinical managers/fidelity observers (August 2023)
- Developed a monitoring tool for overall fidelity compliance to be shared with the local Part C team quarterly and annually (September 2023)
- Created the State Part C office (March 2023)

As a result of the above implementation strategies, provider agencies were introduced to how fidelity observations should be implemented within each agency and how teaming should be reflected in provider notes/activities. Additionally, by implementing the contract performance monitoring tool Strong Start is able to evaluate the provision of services by vendor agencies according to the requirements on their agreement. Strong Start is able to identify issues that require attention by the providers and provide technical assistance when required. Vendor agencies are held accountable to the standards and requirements in their contract. In addition, the State Part C office is now better equipped to conduct all monitoring activities and identify and correct any issues of non-compliance with the IDEA and state requirements.

**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.**

Based on OSSE's theory of action below are the next steps for each strategy for the FFY23 reporting period:

#### LEADERSHIP STRAND

1. Fully implement and track provider Coaching Fidelity compliance completion progress, with an overall completion goal of 80% across all provider agencies.
2. Develop a data process for comparing annual coaching observation data for individual providers across all agencies, to identify specific areas for capacity building around NLEP implementation fidelity.
3. Explore different options for Fidelity Observer compliance oversight and determine if a third party or internal clinical team audit would be best suited to implement unbiased fidelity observer data tracking measures for each agency.
4. Continue to engage with the Pyramid Model Consortium personnel to build out DC IMH state implementation team, continue access ongoing TA/PD supports and begin pilot rollout with at least one identified agency.
5. Engage stakeholders and other state Part C personnel working on IMH implementation, to receive feedback on best practice action steps and implementation guidance while moving towards system wide implementation.

#### DATA STRAND

1. Test final functionality of the system and train all users.
2. Develop FAQs and user guidelines for the new data system.
3. Final migration and implementation of the Part C section to Power School B-21 data system.

#### PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE STRAND

1. Continue to develop high need professional development offerings driven by provider feedback and operational needs.
2. Continue the webinar series with Dana Childress around "Balanced Intervention: Supporting Caregiver & Child Learning during (and between!) EI Visits", to further enhance provider capacity to implement the core components of NLEP evidence-based best practices.
3. Continue to participate in the Equity in Family Outcomes Technical Assistance Cohort, to assist in developing a plan to improve family outcomes data via increasing family survey representativeness and response rates.

4. Rollout of the new AEPS-3 and AEPSi platforms as the system is released, with ongoing development of updated user guidelines and TA opportunities.
6. Expand monthly reflection group topic pool to address current early intervention trends, areas for best practice improvement, new operational procedures and additional topics relayed by provider stakeholders and Strong Start personnel.
7. Develop and relay annual and quarterly fidelity compliance reports to Strong Start local leadership to identify areas for improvement and disseminate agency completion rates.
8. Conduct a training of service coordinators and early interventionists regarding the timelines to complete the AEPS and to use AEPS data to write functional outcomes in the IFSP that are linked to the areas of progress for the child in the AEPS to address the slippage of the SiMR indicator.

#### ACCOUNTABILITY AND MONITORING STRAND

1. Continue to update provider treatment note audit systems to be further analyzed in congruency with provider coaching fidelity observation data, to ensure continuity of services and documentation.
2. Develop a TA/PD plan to assist service coordinators and providers with aligning IFSP goals to AEPS outcomes, with an emphasis on the documentation of the exit AEPS assessment in order to improve child outcomes.
3. Further analyze child outcomes data, with specification of family cancellation and provider cancellation rates to determine if an increase in cancellation rates (in addition to other identified barriers) is contributing to lower child outcomes data results.
4. With the new structure of the State Part C office continue to improve the monitoring and general supervision of the system to ensure full compliance with the guidelines released in 2023 by OSEP.
5. Review and update DC Part C Early Intervention general supervision system for fiscal; integrated monitoring, sustaining compliance and results, data and SPP/APR; and dispute resolution protocols in preparation for differentiated monitoring and support (DMS) from US Department of Education.

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

During this reporting period OSSE continued to implement the Natural Learning Environment Practices (NLE) framework and focused on established guidelines to assess fidelity in the use of coaching as a style of interaction with families and team members and the Primary Service Provider Approach to teaming.

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

Research shows that children learn best when they are participating in these naturally occurring learning opportunities that are a part of everyday routines and activities within the real life of the child and family. Evidence-based natural learning environment practices (NLEP) start with looking at the activities infants and toddlers participate in during their everyday life at home and in the community; these everyday activities provide learning opportunities which, in turn, can lead to increased participation and skill development for the child. Natural learning environment practices also focus on child interests to increase participation, as well as parent responsiveness to the child through the use of strategies that support child learning and development. Consistent with the NLEP approach, Strong Start's work does not just provide services to children but supports parents and other adults in a child's daily life to build adults' capacity to promote children's development and learning in the natural learning environment.

#### NATURAL LEARNING ENVIRONMENT PRACTICES (NLEP) FRAMEWORK

DC EIP supports infants and toddlers with developmental delays and their families. OSSE's approach to early intervention is based on evidence. This means that Strong Start uses strategies and supports that we know work based on research. Family members and other care providers learn practices that use a child's interests and everyday activities as learning opportunities. The child's natural environment becomes a safe space for the child to practice and learn new skills.

#### INTEREST-BASED LEARNING AND FAMILY ROUTINES

Early interventionists use the child's involvement in activities with people and objects they find fun and exciting as the best way for them to learn and grow.

#### COACHING INTERACTION STYLE

Coaching allows the early interventionist to build a family's ability to support their child through new skills and increased confidence. Coaching interactions during early intervention visits help families develop their skills to support and promote their child's growth and development through natural learning opportunities. Coaching during ordinary family routines helps families identify, practice and reflect on strategies and interactions with their children, problem solve and receive supportive feedback.

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that builds the confidence and competence in parents including:

1. Joint Planning: an agreed-upon plan between the primary service provider (PSP) for what routines or activities will be worked on in the session
2. Observation: examination of another person's actions or practices to be used to develop skills, strategies, or ideas
3. Action/Practice: spontaneous or planned events that occur within the context of a real-life situation that provide the parent with opportunities to practice, refine, or analyze new or existing skills
4. Reflection: analysis of existing strategies to determine how the strategies are consistent with evidence-based practices and how they may need to be implemented without change or modified to achieve the intended outcome(s)
5. Feedback: information provided by the PSP based on direct observation or parent report. Feedback is designed to expand the parent current level of understanding

#### PRIMARY SERVICE PROVIDER APPROACH TO TEAMING

The PSP model is used to support families of infants and toddlers in reaching the goals in their Individualized Family Service Plan (IFSP). Using this approach, a team of professionals works together to support children, families and caregivers. One member of the team, serving as the PSP, functions as the primary liaison between the family and other team members. Using a coaching interaction style, the PSP receives consultation from the other team members and interacts with and coaches other team members, the family and caregivers. The selection of the PSP occurs at the initial IFSP meeting after reviewing the goals, also referred to as the outcome statements.

In addition to providing services, the PSP collaborates and coordinates with the other team members on meeting the IFSP outcomes by meeting regularly to utilize the group's collective skills, experience and expertise. The child and family should have access to all team members as needed via teaming meetings and joint visits. Teaming happens in the form of a meeting with team members of other disciplines. Early interventionists use a coaching interaction style to problem solve and support each other during the meeting. Teaming meetings help to build and develop the early interventionist's own capacity, to enable them to collaborate across disciplines and better support their families. Joint visits should be conducted if the family requests direct access to another team member, or when the PSP or another team member has questions that can only be answered with direct observation from a non-PSP team member. During a joint visit, a team member may work directly with the child and consult the child's parents, caregivers and PSP. After the joint visit(s), the child's parents and caregivers will receive ongoing support and guidance from the PSP to continue implementing what they've learned during their child's naturally occurring daily routines and activities.

**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.**

OSSE fully implemented all components of the NLEP framework in Sept. of 2022 including coaching interaction style and the primary service provider (PSP) approach to teaming. OSSE is now focusing on ensuring that these practices are implemented with fidelity. As fidelity increases, early interventionists will be equipped to build on the capacity of the caregivers, caregivers will have the confidence and competence to support their child, and child and family outcomes will increase. This will result in OSSE's SiMR more likely to be achieved.

Service coordinators, agency clinical managers and early interventionists will be better prepared with high quality fidelity implementation support processes for ongoing evidence-based NLEP service monitoring when OSSE does the following in FFY23:

- 1) implement compliance fidelity assessment requirements;
- 2) conduct NLEP fidelity observer training;
- 3) conduct ongoing DCEIP NLEP Professional Development Series sessions;
- 4) conduct NLEP teaming meeting observations; and
- 5) host monthly Strong Start provider reflection groups.

Data collection procedures and ongoing service implementation monitoring will provide families with increased access to high quality EI services and will ensure that appropriate capacity building teaming and coaching practices are being utilized to fidelity and therefore having an impact on the District's SiMR.

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

**Fidelity Assessment**

In FY23, early intervention providers were expected to complete one self-assessment using the NLEP Coaching Fidelity Self-Assessment and one Coaching Fidelity Observation with an approved fidelity observer from their agency. OSSE was looking to establish a baseline of completion rates for the provider required fidelity self-assessment and coaching fidelity observation expectations. Of the 145 early interventionists in the system, 57 percent completed the fidelity self-assessments and 70 percent completed the fidelity coaching observations. Overall, 41 percent of interventionists were in full compliance with the established NLEP fidelity requirements.

**NLEP Fidelity Observer Training**

In February of 2023, the clinical managers from nine vendor agencies, along with additional identified staff and OSSE's in-house clinical team met with and were trained by OSSE's State Part C clinical manager on how to conduct fidelity observations. The training included case studies, sample documentation forms, discussion and feedback on form use and questions related to technical assistance. This training had 100 percent attendance and the result of this training served to fully qualify all identified persons and fidelity coaching observers. Vendor agency clinical leads now possess the knowledge to observe coaching sessions for their staff using streamlined indicators in order to support the system with meeting full fidelity.

**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.**

OSSE is working on implementing the practices to fidelity and building the capacity of all early interventionists so that caregivers can support their child's growth and development and ultimately improve child outcomes for Medicaid-eligible children. Additional data that was collected that supports the ongoing implementation of the NLEP framework as its evidence-based practice include the following:

**DCEIP NLEP Professional Development Series:**

In May of 2023, OSSE conducted the first of a series of professional development training for the Strong Start program. The topics for these trainings came from feedback and discussions from leadership and stakeholders regarding need for education in key support areas for staff and providers.

The first session of this series, "Teaming, Joint Visits and the role of the Primary Service Provider," was attended by 169 registrants with a combination of vendor agency providers and Strong Start staff. The training was facilitated by OSSE's State Part clinical manager and the Strong Start program director. Response from this training was a more solid and fundamental understanding of what teaming, joint visits and the role of the PSP is, and what the system guidance and expectations are for providers and service coordinators.

The second session, "Frequency Changes, Service Increases and When to Discharge," was attended by 154 registrants from the vendor agencies and Strong Start staff. The goal for this training was for Strong Start system to come to a better understanding of the process for changing service frequency, what should be considered when making a change to service delivery and having conversations with families regarding discharge. The response from this training was a clearer understanding of Strong Start policy and process regarding service changes, and the role of the service coordinator in this process.

**DC Public Library Community Playgroups:**

In January 2023, Strong Start resumed monthly in-person Community Playgroups at Francis A. Gregory Neighborhood Library and Mount Pleasant Neighborhood Library. Across 18 playgroup sessions, 190 families attended with an average of 10.5 families per playgroup. The Mt. Pleasant library play group was conducted in Spanish to provide services to Spanish speaking families looking for inclusive peer engagement opportunities in the District. In addition, a third playgroup location was secured to begin in December 2023 (Woodridge Library) to continue expanding the geographical accessibility of the playgroups for families.

Strong Start received three playgroup feedback survey responses from families. Of the responses received, 100 percent stated that collaborating with Strong Start community playgroup staff was at least "Beneficial or Highly Beneficial" in helping build their knowledge and capacity to provide developmentally appropriate learning opportunities for their child. In addition, 100 percent of respondents stated that collaborating with Strong Start community playgroup staff was at least "Beneficial or Highly Beneficial" in helping build their knowledge and capacity in accessing appropriate resources and relevant information. Moving forward, this will strengthen the partnership between two DC Government agencies serving infants/toddlers and allows for more timely scheduling of future events as community needs arise. In addition, this partnership increases the community's exposure to the NLEP EBP's that DC EIP implements regularly through the playgroup facilitators, who are all current Strong Start providers.

**Provider NLEP Reflection Groups Data:**

Strong Start held ten capacity-building NLEP Reflection groups, with 108 participants and an average of 10 participants per group.

Topics included:

- 10/28/2022 - Timely Documentation & Community Playgroups
- 1/27/2023 - General Questions and Support
- 2/24/2023 - Talking About Discussing Challenging Situations with Parents
- 3/24/2023 - Exploring the Spectrum of AAC/AT: Hosted by DC Assistive Technology
- 4/28/2023 - Empowering Families and Keeping Them Engaged
- 5/26/2023 - Service Delivery in Child Development Centers
- 6/23/2023 - Supporting Families Through the Transition Out of Strong Start
- 7/28/2023 - Coaching Families in the CFSA/Foster System
- 8/25/2023 - Coaching Families with Medically Complex Children and Children with Severe/Multiple Disabilities
- 9/22/2023 - Extended Option: The Breakdown

Of the feedback survey responses received from providers, 100% stated that participation in reflection groups enhanced their knowledge of effective teaming and NLEP implementation.

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

1. Fully implement and track provider Coaching Fidelity compliance completion progress, with an overall completion goal of 80% across all provider agencies.
2. Develop a data process for comparing annual coaching observation data for individual providers across all agencies in order to identify specific areas for capacity building around NLEP implementation fidelity.
3. Explore different options for Fidelity Observer compliance oversight and determine if a third party or internal clinical team audit would be best suited to implement unbiased fidelity observer data tracking measures for each agency.
4. Continue with the professional development webinar series "Balanced Intervention" to build awareness of early intervention practice and a balanced perspective to facilitating learning for both caregivers and children during visits. The series will also offer participants opportunities to reflect on their practices, practice using specific strategies between sessions, and learn from others.
5. Expand monthly reflection group topic pool to address current early intervention trends, areas for best practice improvement, new operational procedures and additional topics relayed by provider stakeholders and Strong Start personnel.
6. Develop a TA/PD plan to assist service coordinators and providers with aligning IFSP goals to AEPS outcomes, with an emphasis on the documentation of the exit AEPS assessment.
7. Further analyze child outcomes data and engage with the TA centers to further determine causes for lower child outcomes data and develop strategies and supports to increase the percentages and meet the targets established in our SSIP.
8. Continue to participate in the Equity in Family Outcomes cohort TA initiative to increase the response rate on the family survey and ensure that all families are represented in the family outcomes.

**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.**

OSSE is focusing on measuring fidelity of the evidence-based practices implemented. OSSE completed many of the activities identified for FFY22 and the core strategies identified continued to drive and guide the implementation of the designed SSIP. After receiving feedback from the different stakeholders and analyzing the data and information collected, DC will not modify its current SSIP. OSSE has only updated the activities for FFY23.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

The mechanisms used to solicit input during the FFY22 were:

- Interagency Coordinating Council (ICC) and State Early Childhood Development Coordinating Council (SECDCC) meetings;
- monthly meetings with Strong Start program;
- quarterly meetings with Medicaid agency and Managed Care Organizations (MCOs);
- recurring childcare provider training feedback;
- community playgroups;
- parent support group feedback; and
- Strong Start quarterly newsletter.

OSSE ensures that stakeholders and the public are constantly engaged in Strong Start activities through regular meetings of the ICC, the SECDCC, monthly meetings with providers and partner agencies and regular communications to stakeholders. These opportunities create continuous feedback loops that allow for continuous improvement with stakeholder input. During provider meetings procedural and operational changes are discussed and agreed upon with time allotted for discussion and feedback. Documentation and any data system questions are addressed and suggested improvements are offered. OSSE met regularly with the ICC and DC EIP to discuss ongoing performance.

At the ICC meeting in January of 2024, the members reviewed results from FFY22 for each indicator, asked questions and provided feedback included in this Annual Performance Report (APR).

National technical assistance (TA) centers staff, including DaSy and the ECTA Center, reviewed and provided helpful guidance in the development of this APR. The APR was also sent directly to ICC chairperson who reviewed the file in detail, asked questions, and suggested edits. Leadership from OSSE also reviewed the APR and made suggestions. The ICC chairperson approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education for FFY22. New targets for the results indicators were developed in FFY 2020 for FFY21-25 by the different workgroups with participants from various stakeholders. The targets were reviewed and approved by the ICC and subsequently submitted and approved by OSEP. No changes are being recommended at this time by the ICC.

Throughout FFY22, OSSE and Strong Start has met with the ICC quarterly, the contracted vendor agencies monthly, the Strong Start team quarterly, the SECDCC quarterly, the Department of Health Care Finance monthly and the Managed Care Organizations (MCO) quarterly to review and solicit feedback on the performance of the program, the Theory of Action, accomplishments, and the Evaluation and Activities Plan for Part C in the District of Columbia.

In addition, OSSE received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

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

OSSE worked with Strong Start clinical team to develop the framework of the fidelity assessment implementation process. The compliance requirements were communicated to agencies with TA sessions held for Q&A.

OSSE engaged with all providers that attended the professional development series sessions, by collecting feedback data on what was effective, what should be modified, and additional PD topics would be useful in the future.

OSSE uses the family survey and the quarterly newsletter to obtain feedback on the services provided and areas to improve.

OSSE brought forth all new initiatives to the ICC at regular meetings for input, feedback and comment.

OSSE also received direct engagement feedback from childcare professionals around the various professional development trainings offered by Strong Start to staff at child development centers, home childcare providers and other early childhood education professionals in DC. Feedback was also received from parents regarding the effectiveness of the current portfolio of Strong Start Parent Workshops.

OSSE included personnel from the local program Strong Start and vendor agencies as we developed the IMH framework. The plan was later presented to the ICC for feedback and comments.

OSSE included service coordinators, two parents and a representative of DC's PTI center in the Equity in Family Outcomes cohort. In 2024 OSSE is planning to organize presentations and listening sessions for parents to provide feedback as OSSE plans to update the family survey and the mechanisms to distribute it in order to improve the response rate and representativeness of all families in the District.

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

NO

**Additional Implementation Activities**

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

N/A

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

N/A

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

N/A

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

N/A

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

## **Certification**

### **Instructions**

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

#### **Certify**

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

#### **Select the certifier's role**

Designated Lead Agency Director

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

#### **Name:**

Andres Alvarado

#### **Title:**

State Part C Director

#### **Email:**

andres.alvarado@dc.gov

#### **Phone:**

(202) 215-8126

#### **Submitted on:**

02/01/24 11:28:36 AM

## Determination Enclosures

### RDA Matrix

## 2024 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination

### Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results			
Compliance			

### 2024 Part C Results Matrix

#### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	
Percentage of Children Exiting who are Included in Outcome Data (%)	
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	

##### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation)	
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#### II. Child Performance

##### (a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data

<b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation)	
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##### (b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	
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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 2022						
FFY 2021						

(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 2024: Part B."

**2024 Part C Compliance Matrix**

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2021 (3)	Score
Indicator 1: Timely service provision			
Indicator 7: 45-day timeline			
Indicator 8A: Timely transition plan			
Indicator 8B: Transition notification			
Indicator 8C: Timely transition conference			
Timely and Accurate State-Reported Data			
Timely State Complaint Decisions			
Timely Due Process Hearing Decisions			
Longstanding Noncompliance			
Specific Conditions			
Uncorrected identified noncompliance			

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

[https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_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 2022 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 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 2022 in the State's FFY 2022 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 2022 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2022 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 2018 – FFY 2021 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 2022 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.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\Category a				
Outcome B\Category a				
Outcome C\Category a				

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b				
Outcome A\ Category c				
Outcome A\ Category d				
Outcome A\ Category e				
Outcome B\ Category b				
Outcome B\ Category c				
Outcome B\ Category d				
Outcome B\ Category e				
Outcome C\ Category b				
Outcome C\ Category c				
Outcome C\ Category d				
Outcome C\ Category e				

<b>Data Anomalies Score</b>	<b>Total Points Received in All Progress Areas</b>
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

# Anomalies in Your State's Outcomes Data FFY 2022

Number of Infants and Toddlers with IFSP's Assessed in your State	
---	--

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance					
Performance (%)					
Scores					

	Total Score
Outcome A	
Outcome B	
Outcome C	
Outcomes A-C	

Data Anomalies Score	
----------------------	--

## Appendix C

### II. (a) Data Comparison:

#### Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 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 2022

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10						
90						

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 2022

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 (%)						
Points						

Total Points Across SS1 and SS2(*)	
------------------------------------	--

Your State's Data Comparison Score	
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## Appendix D

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

#### Comparing your State's FFY 2021 data to your State's FFY 2021 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) 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 2022 and FFY 2021 summary statements.

e.g.,  $C3A \text{ FFY}2022\% - C3A \text{ FFY}2021\% = \text{Difference in proportions}$

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

$\text{Sqrt}([(FFY2022\% * (1-FFY2022\%)) / FFY2022N] + [(FFY2023\% * (1-FFY2023\%)) / FFY2023N]) = \text{Standard Error of Difference in Proportions}$

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 it is less than or equal to .05.

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

0 = statistically significant decrease from FFY 2021 to FFY 2022

1 = No statistically significant change

2= statistically significant increase from FFY 2021 to FFY 2022

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 2021 N	FFY 2021 Summary Statement (%)	FFY 2022 N	FFY 2022 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										
SS1/Outcome B: Knowledge and Skills										
SS1/Outcome C: Actions to meet needs										
SS2/Outcome A: Positive Social Relationships										
SS2/Outcome B: Knowledge and Skills										
SS2/Outcome C: Actions to meet needs										

Total Points Across SS1 and SS2	
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Your State's Performance Change Score	
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## Data Rubric

FFY 2022 APR (1)

Part C Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1		
2		
3		
4		
5		
6		
7		
8A		
8B		
8C		
9		
10		
11		

### APR Score Calculation

<b>Subtotal</b>	
<b>Timely Submission Points</b> - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right.	
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	

(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: 8/30/23				
Exiting Due Date: 2/21/24				
Dispute Resolution Due Date: 11/15/23				

**618 Score Calculation**

Subtotal	
Grand Total (Subtotal X 2) =	

**Indicator Calculation**

A. APR Grand Total	
B. 618 Grand Total	
C. APR Grand Total (A) + 618 Grand Total (B) =	
Total N/A Points in APR Data Table Subtracted from Denominator	
Total N/A Points in 618 Data Table Subtracted from Denominator	
<b>Denominator</b>	
D. Subtotal (C divided by Denominator) (3) =	
E. Indicator Score (Subtotal D x 100) =	

(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 points is 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.

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

DATE: February 2024 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	8/30/2023
Part C Exiting	Part C Exiting Collection in EMAPS	2/21/2024
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/15/2023

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

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



## 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 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

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