

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Georgia



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

State Program Structure

The Georgia Department of Public Health serves as the state's Part C State Lead Agency and provides statewide administration of Part C early intervention services, program monitoring, technical assistance, and professional development. It serves as the coordinating partner of the State Interagency Coordinating Council (SICC) and works in partnership with each Local Part C program to promote the program throughout the state to ensure that families can access early intervention services. Local Part C programs receive financial support from the state along with federal funds to support local program staff, including early intervention coordinators, early intervention specialists, service coordinators, special instructors, and licensed professionals. In addition, the Part C State Lead Agency supports each local program by contracting with skilled providers, such as special instructors, speech and language pathologists, occupational therapists, and physical therapists, to provide early intervention services to children in each of the 18 local Part C programs. In compliance with Federal law, the Part C State Lead Agency establishes policies and procedures that support early intervention services across the state. The administrative and organizational structure of the Part C State Lead Agency provides for the following:

- Provision of a statewide web-based data and billing system, named Babies Information and Billing Services (BIBS) to support real-time data from each local Part C program
- Establishment and coordination of a State Interagency Coordinating Council
- Collaboration with vendors to ensure early intervention providers have access to appropriate evidence-based training and certification requirements
- Coordination of statewide taskforce committee workgroups to assist with program administration and improvements
- Provision of a centralized single point of entry mechanism for early intervention service referrals
- Provision of ongoing technical assistance activities to the 18 local Part C programs
- Collection, compilation, and reviewing data from each local lead agency to support reporting and applications

Local Requirements

In compliance with Federal and State policies, the local Part C program in each of the 18 local Part C programs establishes policies and practices to support a local system of early intervention services, which is sensitive to the cultural needs of the community. The administrative and organizational structure of the local Part C program provides for the following:

- Inclusion of public and private agencies and resources in the planning, development, and provision of services to infants and toddlers from birth through 36 months of age
- Establishment of a Local Interagency Coordinating Council (LICC)
- Early identification and referral of infants and toddlers
- Provision of information to primary referral sources about the local early intervention system
- Implementation of screening, evaluation, and assessment activities according to federally established procedural safeguards
- Planning and the provision of services to families in a timely manner
- Utilizing best practices in the implementation of the Individual Family Services Plan (IFSP) by way of a primary service provider model of service delivery
- Compliance with the State's system of payment for eligible children and families
- Timely transition from Part C to preschool services (Part B) or other appropriate services
- Timely review, response, and resolution of parent complaints
- Gathering, maintaining, and reporting required information to the Part C State Lead Agency for program data requirements

Interagency Coordinating Council

In accordance with Part C §303.208(a)(b), the Part C State Lead Agency issues notification of the Part C grant application on the Georgia Department of Public Health's website for a minimum of 60 days. The Part C State Lead Agency facilitates public notification and participation in the following ways:

- Placing notification of the Part C Grant on the Lead Agency's website
- Holding public hearings on any new Part C policy or procedure
- Providing an opportunity for the public, individuals with disabilities, parents of infants and toddlers with disabilities, early intervention service providers, and members of the LICC to comment for at least 30 days on any new policies or procedures
- Providing an opportunity at each quarterly SICC meeting for all attendees (including the public, families, and early intervention service providers) to provide public comment which can be submitted anonymously, in-person, or in writing

To further the intent of the federal policy and to expand opportunities for local collaboration, Georgia has elected to establish local interagency councils in conjunction with the SICC. This structure supports Georgia's efforts to ensure that families are reached throughout the state. There is consistency in planning and implementing the Part C Program in all 18 public health districts. The Interagency Coordinating Councils are instrumental in assisting the Part C Programs in developing program plans, activities, and determining outcomes and areas of needed improvement throughout all required performance areas. Part C State and Local Interagency Coordinating Councils and local Part C programs collaborate to identify strengths and areas of need. External input is obtained through the SICC Family Engagement committee, data review, and demographic analysis. The Part C State and local Part C programs collaborate with community partners, providers, strategic partners, and families to ensure a comprehensive, coordinated, statewide system of early intervention services for Georgia's infants and toddlers, who have developmental delays and disabilities, and their families.

State Staffing Updates

During FFY 2023, the Part C State Lead Agency underwent staffing challenges such as the resignation of the Part C Lead Agency support staff which included the Part C fiscal, contracts, and procurement support staff. The instability within our Part C State Lead Agency program support staff resulted in the need for the re-establishment of procedures and communication plans.

Prior to the end of FFY 2023, the State Lead Agency onboarded two new state program support team members in the role of Part C Data Manager and Senior Business Manager. All Part C program support staff, with exception to the Part C Data Manager, supports not only the Part C program but all Child Health programs within Women, Children, and Nursing division of the State Lead agency.

Additional information related to data collection and reporting

To ensure consistent and effective services within each Local Part C program, the Part C State Lead Agency has developed an ongoing monitoring and quality assurance by collecting, compiling, and analyzing data from each local Part C program quarterly. BIBS provides reports based on each indicator and allows child level data to be pulled and organized per program for dissemination to the individual local Part C programs. Monitoring and Compliance Managers meet with assigned Local Part C programs to review missing data and verify corrections. Results are then shared in the annual APR and determinations provided to the local Part C programs. Corrective Actions are required for any indicator out of compliance.

General Supervision System

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

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

During FFY 2023, the Part C State Lead Agency continued to implement the state's procedures and processes for monitoring and providing ongoing general supervision to each of the 18 local Part C programs to ensure that requirements are met by providing:

- Focused Site Visits/Monitoring
- Quarterly Data Monitoring
- Fiscal Monitoring

Throughout FFY 2023, the Monitoring and Compliance Managers conducted quarterly reviews of the APR indicator reports for all 18 Part C local programs. The APR indicator reports are produced via the Part C Lead Agency's state's web-based system, Babies Information and Billing System (BIBS), which the Monitoring and Compliance Managers use to conduct their quarterly data monitoring reviews. The monitoring process for the lead agency consists of the Monitoring and Compliance Managers' quarterly data review of all children who entered the early intervention program, children who had early intervention services added to their Individualized Family Service Plan (IFSP) and/or children who were scheduled for a transition meeting during the reporting period of July 1, 2023, until June 30, 2024. While conducting the data review, the Monitoring and Compliance Managers are reviewing and confirming that data entered in BIBS, for each child, is within compliance with program requirements. This includes:

- Verifying that EI services/supports listed on the IFSP occurred in a timely manner (within 45 days of the date the program received parental consent)
- Verifying delays identified as family-initiated or requested
- Verifying delays identified as program-related
- Cross checking early intervention service provider's notes/documentation to confirm that it meets program requirements
- Cross checking to confirm that the early intervention services support the outcomes on the IFSP
- Confirming location/frequency/duration of early intervention services align with authorizations on the IFSP
- Checking and maintaining a record of any performance trends

The Monitoring and Compliance Managers following the below data monitoring/review schedule:

- December 1st (1st quarter)
- March 1st (2nd quarter)
- June 1st (3rd quarter)
- September 1st (4th quarter)

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

The Monitoring and Compliance Managers conduct quarterly reviews of the APR indicator reports for all 18 Part C local programs. The monitoring process for the lead agency consists of the Monitoring and Compliance Managers' quarterly data review of all children who entered the early intervention program, children who had early intervention services added to their Individualized Family Service Plan (IFSP) and/or children who were scheduled for a transition meeting during the reporting period of July 1, 2023, until June 30, 2024. While conducting the data review, the Monitoring and Compliance Managers are reviewing and confirming that data entered in BIBS, for each child, is within compliance with program requirements. This includes:

- Verifying delays identified as family-initiated or requested
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- Cross checking early intervention service provider's notes/documentation to confirm that it meets program requirements
- Cross checking to confirm that the early intervention services support the outcomes on the IFSP
- Confirming location/frequency/duration of early intervention services align with authorizations on the IFSP
- Checking and maintaining a record of any performance trends

Following the data review, the Monitoring and Compliance Managers share strengths, areas of improvement, and performance trends with the Local Part C program managers who then follow up with individual Service Coordinators and/or early intervention service providers. During FFY2023, the Monitoring and Compliance Managers and the Part C Lead Agency identified the need to conduct data monitoring training for all Part C Lead Agency staff as well as the SICC APR subcommittee. The training will include best practices for conducting data monitoring reviews and prepare the trainees to assist the Monitoring and Compliance Managers in completing quarterly data reviews of the Local Part C programs.

The Part C Lead Agency also conducts focused site visits/monitoring when programmatic issues are either found or brought to the attention of the lead

agency. Focused site visits/monitoring are primarily conducted by the Monitoring and Compliance Managers; however, other Part C Lead Agency staff assist when needed. During FFY 2023, the Monitoring and Compliance Managers reported that most focused visits/monitoring was conducted to provide support to the Local Part C Program managers and early intervention service providers to address the following:

- Documentation requirements to support APR data collection
- Recruitment/Retention of Local Part C program staff and early intervention service providers
- Supporting Local Part C program managers and early intervention service providers understanding of current and/or new Part C Lead Agency policies and procedures

During scheduled focused site visits/monitoring, the Monitoring and Compliance Managers collaborate with the Local Part C managers to: discuss in detail the issue(s) and/or need for support, facilitate trainings, observing PSP team meetings, and facilitate meetings between local Part C staff and/or early intervention service providers (if needed).

Fiscal Monitoring

The Part C State Lead Agency actual and projected budgets are reviewed at the state level with assistance from a Senior Business Manager who provides fiscal/budget support to the program. The Senior Business Manager and the Part C Coordinator have scheduled monthly meetings to discuss and review past, current, and upcoming budget related projects. In addition, the Senior Business Manager provides the Part C State Lead Agency with a fiscal dashboard for both the program (including the Local Part C programs' budget) and SICC budget. The Part C Coordinator also reviews a monthly report of reimbursement requests (distributed by the state database vendor) that includes reimbursement requests from contract providers/provider agencies. This report is reviewed and approved each month by both the Part C Coordinator and the Senior Business Manager to assure that the Part C funds are used appropriately.

Each Local Part C program monitors the expenditure of funds and performs a review of invoices and bills to assure only appropriate charges are submitted for reimbursement. The Local Part C programs' leadership is responsible for Part C service authorizations to ensure only allowable, appropriate services are billed. Provider financial audits are conducted bi-annually by the Local Part C program.

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

The Part C Leage Agency's data system is known as Babies Information and Billing System (BIBS) and it is a robust system that was written specifically for the needs of the Early Intervention (EI) program. BIBS was built to enforce compliance with OSEP regulations, and as such, has strict edits for much of the data entry. The BIBS system has been heavily modified to meet the specific needs of Georgia's Part C program, Babies Can't Wait (BCW). The Part C Lead Agency continues to modify the system to meet the ongoing needs of BCW.

The BIBS system helps manage processing of a child from referral, program eligibility determination, and through the Initial Family Service Plan (IFSP) to the exit of the child from the program. There are workflows built into BIBS to validate that needed information is entered. The BIBS system collects data needed to complete the required federal Annual Performance Reporting (APR). During FFY 2023, an update was made to add a graphical dashboard to the first page each user sees. The dashboard provides information on several aspects of APR reporting to enable users to easily see how many child records are overdue that require updates for APR related information.

Key functions supported by BIBS are listed below along with a high-level description of each function.

System Security

System security is role based and provides access only to information that is necessary to perform the job of each user role. BIBS allows updates to data based on user role.

Dashboard

A role based graphical dashboard displays as the first screen when a user signs into BIBS. It informs the user of child records regarding APR reporting. The graph provides a snapshot of the number of children within the APR reporting, those getting close to needing attention for APR, and those that are overdue. The graph takes the user to a list of child records needing attention and then directly to the child record that needs to be updated. This dashboard is also used for data monitoring.

Family Outcome Survey (FOS)

Family Survey has several components that work together such as the database vendor monthly report run, use of a QR link, and survey activity reports that are available to both the Part C Lead Agency and Local Part C programs.

Referral / Activation

The referral or child activation processes allow a child to be brought into the BCW program. The main processes are data duplication detection, monitoring of the 45-day timeline, and maintaining a record of children entering and exiting the program.

Eligibility

Data regarding a child's eligibility and evaluation process for entering the BCW program is recorded and stored in BIBS.

Individual Family Service Plan (IFSP)

BIBS processes and maintains records of all data related to IFSP meetings and related documents. This process includes the Service Coordinator, IFSP Team Members and the Family. The IFSP Process managed by BIBS helps users adhere to state and federal policies and meet regulatory timelines. It has also been tailored to the Part C Lead Agency's use of the primary service provider model.

Child Notes

There are several note types and notes are entered in BIBS for each child. There is a feature for both Part C Lead Agency and Local Part C program managers to view the notes all on one page.

Authorizations

The BIBS system has edits to ensure that authorizations are set up within bounds established by the Part C Lead Agency. Authorizations can be established at different times and are used to ensure that services are delivered according to the intent of the IFSP.

Childhood Outcome Summary (COSF)

The BIBS system requires the COSF entry date and rating is entered before the initial IFSP Meeting can be finalized. The data system also requires the COSF exit date, and rating is entered as the child transitions from the Part C Lead Agency or is deactivated from the program (if they have been in the

program for at least 6 months). The BIBS system maintains entry and exit outcome summary ratings for purposes of federal reporting on child outcomes.

Transfer History of a Child

The BIBS system supports child information to be transferred when a child moves from one Local Part C program to another or when a child transitions from one household to another. BIBS maintains records and monitors these changes to ensure that all pertinent child data stays with the child.

Child Deactivation.

The BIBS system records the date and reason a child leaves the Part C Lead Agency. If a child is exiting the Part C Lead Agency, BIBS supports several key functions. Exit outcomes are collected, if appropriate. Also, if the child is transitioning to Part B, then several required transition activities are completed; the BIBS system captures key elements about these activities so that compliance with federal guidelines can be tracked.

Child Reactivation

The BIBS system allows a child to be reactivated. The reactivation process is used if a child comes back into the Part C Lead Agency after exiting or if data needs to be added to the child's record after being deactivated.

Service Coordination

The BIBS system collects coordination notes, which serve as evidence of the required EI services. There are edits within the data system when entering claims to ensure that Intake and Service Coordination activities are accurately paid.

Provider Claim Entry

Providers enter claims into the Provider Account Module (PAM) within BIBS. The claim is adjudicated based on rules defined with the Part C Lead Agency program. The entry consists of Date of Service, length of visit, and CPT code. The claims are adjudicated based on rules associated with the type of service that was performed.

Provider Claim Payment

Monthly payments to the providers are supported through the BIBS system. The process first determines which claims are ready to be paid. The dollar amount is determined, and the funding request is made to the finance area in the State of Georgia. Once it is validated that funds have been added to the bank account payments are generated. Most providers are paid with Electronic Fund Transfer (EFT) however paper checks are available if needed. The BIBS system provides information providers can review regarding the payments and claim/transactions on each payment.

Primary Service Provider (PSP) Teams

One of the features of the BIBS system is to support PSP teams. These teams review the progress of children and determine the next steps for each child. The system supports:

1. Creation of PSP Teams and the members
2. Scheduling, attendance, and payment for PSP Meeting

Annual Performance Reporting (APR) for Office of Special Education Programs (OSEP)

The BIBS system data and edits ensure that data critical for much of the required information later used in annual federal reporting is entered. System features also give management users visibility to monitor these indicators so that the Georgia BCW program can stay on track and comply with federal requirements.

Reporting

The BIBS system has fifty-eight canned reports that are available for the Part C Lead Agency to run to monitor the program and to find needed data. The Local Part C program managers can run thirty-eight of those reports. BIBS allows Georgia to track many data elements, and the Part C Lead Agency has taken advantage of the ability to perform demographic, performance and fiscal analysis using these reports.

Helpful Documents, Training Videos, Release Notes and Data Governance and Analysis

The BIBS system has document pages that contain information for end users. These pages contain training videos based on user role, training manuals based on user role, State forms that are used in the Part C Lead Agency, Data Governance and Analysis documents, and Release Notes for the last thirteen monthly releases. The data system vendor adds documents to these pages as requested by the Part C Lead Agency.

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

The Part C Lead Agency identifies and issues findings of noncompliance to the Local Part C programs. The Monitoring and Compliance Managers conduct meetings with each Local Part C program manager to notify them that a finding(s) has been identified. Discussions related to the findings are held with the Local Part C program managers. The local program managers and staff are then required to conduct and submit results from a root cause analysis (RCA) and corrective action plan (CAP) report that identifies:

- Areas of non-compliance
- Underlying cause for non-compliance
- Strategies for correction
- Evidence of correction

The Monitoring and Compliance Managers continues to monitor the program and track corrections for a period of a minimum of three (3) months and up to one (1) year following the identification of non-compliance. After verifying that the finding(s) has been corrected, the Monitoring and Compliance Managers schedule a follow-up meeting to inform the Local Part C program that it is now in compliance. Following the meeting, the Monitor and Compliance Managers officially send this notification to the Local Part C program manager and staff.

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

Throughout FFY 2023, the Local Part C program managers conduct quarterly reviews of the APR indicator reports. The APR indicator reports are produced via the Part C Lead Agency's state's web-based system, Babies Information and Billing System (BIBS), which the program managers use to conduct their quarterly data monitoring reviews. The monitoring process for the Local Part C programs consists of the program managers quarterly data review of all children who entered the early intervention program, children who had early intervention services added to their Individualized Family Service Plan (IFSP) and/or children who were scheduled for a transition meeting during the reporting period of July 1, 2023, until June 30, 2024. While conducting the data review, the Local Part C program managers are reviewing and confirming that data entered in BIBS, for each child, is within compliance with program requirements. This includes:

- Verifying that EI services/supports listed on the IFSP occurred in a timely manner (within 45 days of the date the program received parental consent)
- Verifying delays identified as family-initiated or requested
- Verifying delays identified as program-related
- Cross checking early intervention service provider's notes/documentation to confirm that it meets program requirements
- Cross checking to confirm that the early intervention services support the outcomes on the IFSP
- Confirming location/frequency/duration of early intervention services align with authorizations on the IFSP
- Checking and maintaining a record of any performance trends
- Adding and/or uploading any missing information and documents

The Local Part C program managers follow the below data monitoring/review schedule:

- November 15th (1st quarter)
- February 15th (2nd quarter)
- May 15th (3rd quarter)
- August 15th (4th quarter)

During the above listed quarterly monitoring schedule, the Part C Local programs identify and address all instances of noncompliance prior to the data being shared with the Monitoring and Compliance Managers at the Lead Agency. Once the Monitoring and Compliance Managers have access to the Local Part C program data, findings are issued by the Lead Agency.

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

During FFY2023, the Part C Lead Agency successfully implemented corrective action plans (CAP) with our Local Part C programs that required enforcement actions related to noncompliance. When used, all local programs can meet the requirements of the CAP. If additional support is required, the Part C Lead Agency consults with senior leadership of the LA to determine next steps.

Regarding individual contract EI providers, if noncompliance is determined in the described areas below the following steps are taken:

Required education credits/completion of training modules not acquired:

The Provider Relations (PR) Manager sends the EI providers and email. Included in the email is the number of credits/modules needed to become compliant and instructions on the requirement for all out of compliance credits/modules to be completed within 14 business days. Valdosta State University (VSU) and the Local Part C program managers are copied on the email sent to the EI service providers.

EI service providers who continue be out of compliance after 14 business days:

- EI service provider placed on suspension for a maximum of 90 days.
 - PR Manager sends an email to the Part C Lead Agency database vendor with instructions to suspend the EI service provider's enrollment/access to the program's database.
- PR Manager sends an email notification of suspension to the EI service provider and the Local Part C program managers.
 - PR Manager documents the EI service provider's suspension by adding the statement, "SCEIS Suspension," along with the 90-day suspension date range.

EI service providers who continue to be noncompliant after the 90-day suspension:

- PR Manager submits deactivation form to the Part C Lead Agency database vendor.
- PR Manager adds a deactivation note to the EI service provider's file in the Part C Lead Agency database.
- Deactivation email is sent to the EI service provider and the Local Part C program manager by the PR Manager.

Expired professional license:

If the Provider Relations Manager does not receive an updated professional license:

- The EI service provider is placed on a 90-day suspension.
- The Provider Relations Manager sends an email to the Part C Lead Agency database vendor with instructions to suspend the licensed provider's enrollment/access to the program's database.
- The Provider Relations Manager sends an email notification of suspension to the EI service provider and the Local Part C program managers.
 - The EI service provider's suspension is documented by the Provider Relations Manager by adding the statement, "Expired License Suspension," along with the 90-day suspension date range in the Part C Lead Agency's database.

If the Provider Relations Manager does not receive an updated license after the 90-day suspension by the EI service provider:

- The Provider Relations Manager submits deactivation form to the Part C Lead Agency database vendor.
- A deactivation note is added by the Providers Relations Manager to the EI service provider's file in the Part C Lead Agency database.
- Deactivation email is sent to the EI service provider and the Local Part C program manager by the Provider Relations Manager.

The Part C Lead Agency terminates EI provider's contract in two ways: Termination of Cause and Termination for Convenience.

Termination of Cause includes immediate, notwithstanding advance-notice contract termination for:

- The Contractor breaches any of the terms or conditions of the Agreement, the BCW Program Policy Manual, or the Autism SOP Manual
- The Department determines, in its sole discretion, that the Contractor did not adhere to or support the Primary Service Provider Model of service delivery as referenced in the Babies Can't Wait Program Policy Manual by adding or attempting to add services outside of the model and in contradiction to Individual Family Service Plan (IFSP) team decisions as outlined within the IFSP
- The Department determines, in its sole discretion, that appropriated, and otherwise unobligated funds are no longer able to satisfy the obligations of the Department under this Agreement
- The Contractor is insolvent or declares bankruptcy
- The Contractor is convicted of misconduct, fraud, or abuse
- The Contractor is convicted of any felony or misdemeanor other than a minor traffic offense for which a citation is issued (examples of reportable offenses include driving under the influence (DUI) and reckless driving, but not speeding or parking tickets)
- There are Adverse Findings regarding Contractor's criminal history or background screening
- The Department determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, a risk to life, health, or safety
- The Contractor fails to comply with confidentiality laws or obligations
- Any professional license or certification required to provide services under this Agreement is revoked, suspended, or inactive.

Termination for Convenience is based on the unilateral decision by the contractor or the Department to end the contract due to no breach or fault of

either party. After 30 days written notice the contract is terminated with no further obligation and the contractor is paid for services provided up to midnight of the termination date.

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

The Monitoring and Compliance Managers make annual determinations for the Local Part C programs by conducting a detailed review of the program's performance during the period of July 1, 2023, thru June 30, 2024. This review process includes a review of all children who entered the early intervention program, children who had early intervention services added to their Individualized Family Service Plan (IFSP) and/or children who were scheduled for a transition meeting. While conducting the data review, the Monitoring and Compliance Managers are reviewing and confirming that data entered in BIBS, for each child, is within compliance with program requirements. This includes:

- Verifying delays identified as family-initiated or requested
- Verifying delays identified as program-related
- Cross checking early intervention service provider's notes/documentation to confirm that it meets program requirements
- Cross checking to confirm that the early intervention services support the outcomes on the IFSP
- Confirming location/frequency/duration of early intervention services align with authorizations on the IFSP
- Checking and maintaining a record of any performance trends

During FFY23, the Part C Lead Agency made annual determinations of the Local Part C programs as follows:

- Indicator results: equal or greater than 95% = Meets Requirements
- Indicator results: 75% - 94% = Needs Assistance
- Indicator results: equal or less than 74% = Needs Intervention

In FFY23, the Part C Lead Agency's annual determination process included the Monitoring and Compliance Managers monitoring both the compliance and performance indicators. During monitoring sessions, the Monitoring and Compliance Managers maintain a record of any trends that are observed by the the EI practitioners that support the Local Part C programs. After capturing trends by the EI practitioners, the Monitoring and Compliance Managers share that information with the Local Part C program managers with instruction for the program managers to continue monitoring the identified EI practitioners. Prior to the end of FFY23, the Part C Lead Agency began developing new criteria for a more robust general supervision that will be consistent with OSEP's QA 23-01 that will include but not limited to:

- Monitoring SC and EI practitioner's activities that contribute to the Local Part C programs not meeting compliance
- Increase monitoring practices for EI program performance outside of SPP/APR indicators

The annual EI program performance determinations are based on both federal and state compliance/performance targets. The Part C Lead Agency targets are as follows:

Compliance Indicators:

- Any Local Part C program who does not meet the 100% target, but performance is >95%, the program is found out of compliance and must verify and document when the child received the EI service on the APR review template (unless the child was no longer within the jurisdiction of the local Part C program). The official start date of the EI service is recorded in BIBS.
- Any Local Part C program who does not meet the 100% target, but performance is <95% or >75%, the program is found out of compliance and must verify and document when the child received the EI service on the APR review template (unless the child was no longer within the jurisdiction of the local Part C program). The official start date of the EI service is recorded in BIBS. The Local Part C program manager completes a Root Cause Analysis (RCA) after each quarterly data review completed by the Monitoring and Compliance Managers. During the annual determination process, the local program managers use the data included in their quarterly RCA to complete their CAP. These local programs will be monitored by the Monitoring and Compliance Managers over the course of a minimum of 90 days (3 months) to verify all findings have been corrected and remain in compliance.
- Any Local Part C program who does not meet the 100% target, and performance is <75% is found out of compliance and must verify and document when the child received the EI service on the APR review template (unless the child was no longer within the jurisdiction of the local Part C program). The official start date of the EI service is recorded in BIBS. The Local Part C program manager completes a Root Cause Analysis (RCA) after each quarterly data review completed by the Monitoring and Compliance Managers. During the annual determination process, the local program managers use the data included in their quarterly RCA to complete their CAP. These local programs will be monitored by the Monitoring and Compliance Managers over the course of a minimum of 120 days (6 months) to verify all findings have been corrected and remain in compliance.

Performance Indicators:

- Any Local Part C program who does not meet the state target for the performance indicator is found out of compliance and must complete both a Root Cause Analysis and a CAP. These local programs will be monitored by the Monitoring and Compliance Managers over the course of a minimum of 90 days (3 months) to verify all findings have been corrected and remain in compliance.

Following the data review, the Monitoring and Compliance Managers meet with each Local Part C program manager to inform them of their annual EI program performance. The annual performance determination letters are then sent to the Local Part C program managers by the Monitoring and Compliance Managers. Included in the determination letters sent to the Local Part C program managers is the following:

- Indicator targets and performance results
- Federal and state regulations for each indicator

The Monitoring and Compliance Managers developed a user guide to assist the Local Part C Program managers with understanding the state and federal reporting guidelines. Included in the user guide are the instructions and due dates for required RCA and CAP completion.

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

<https://dph.georgia.gov/babies-cant-wait>

Technical Assistance System:

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

The Part C State Lead Agency provides technical assistance to all 18 Local Part C programs, which include trainings that are primarily facilitated/co-facilitated by the Early Intervention Training and Support Manager. During FFY 2023, most technical assistance meetings with the Local Part C

programs were held virtually except for the quarterly scheduled Early Intervention Coordinator (EIC) Leadership Training meetings. The Part C State Lead Agency also conducted focused monitoring during FFY 2023 which took place at the office of the Local Part C programs. In addition, the Part C State Lead Agency contracts with Valdosta State University to provide technical assistance and support to early intervention providers while accessing our online Early Intervention training modules.

The Part C Lead Agency provides opportunities for the Local Part C program managers to receive technical assistance (TA) based on their needs and requests. The Local Part C program managers receive technical assistance (TA) in the following way:

- Local Part Program Manager Training Meetings (Quarterly)
- TA Tuesday (Monthly)
- Local Part C Program Manager Meetings (Monthly)

To ensure a consistent understanding of the APR Compliance and Performance indicators and expectations for appropriate and accurate documentation, technical assistance and training was provided to the Local Part C program staff and contract providers virtually. These trainings were facilitated by members of the Part C Lead Agency team with assistance from the program's strategic partners. Statewide telehealth training continues to be available to provide ongoing support and training to EI service providers who are delivering early intervention services to children and families via WebEx. WebEx is the Part C State Lead Agency preferred and approved platform for delivering virtual early intervention (EI) services. The DPH Telehealth, Telemedicine, and Rural Health Initiatives Office continues to provide intensive training on using the WebEx platform to conduct teleintervention. The Part C State Lead Agency also utilizes technical assistance resources and participates in scheduled TA cohorts through the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). In addition, state and local Part C staff participate in conferences, webinars, convenings, summits, and other TA cohorts made available by TA resource centers including the Office of Special Education Programs (OSEP). All resources are utilized on an ongoing basis by the Part C programs at both the state and local levels.

Professional Development System:

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

The Part C State Lead Agency is committed to ensuring that EI service providers effectively provide services that improve outcomes for infants and toddlers served in Georgia's Part C program. To meet this goal, the Part C State Lead Agency ensures that each provider has the appropriate certification and/or licensure to support children based on their discipline. As a policy, the provider's certification/licensure must be verified through the appropriate licensure or credentialing agency by the Local Part C program prior to contracting with the Part C program. Contracted providers are responsible for maintaining standards of professional and ethical practice for each professional service operated by the agency. The Part C Lead Agency's Provider Relations team maintains a record of each EI service provider's training credentials and licensures. The Provider Relations (PR) process for monitoring EI service providers' professional development training/licensure is as follows:

EI Service Coordinators (SC) and Special Instructors (SI):

- All SC and SI providers are required to register with Valdosta State University (VSU) Skilled Credentialed Early Interventionists (SCEIs) training within three (3) months of their contract effective date.
- VSU communicates with the EI service providers and the Local Part C program managers the incompleteness of SCEIs modules and continuing education unit (CEU) training credits.
- SCEIs modules and CEU compliance issues and SCEIs module status fiscal quarter report is received by the Provider Relations Manager via email on or before the 5th of every month. This report identifies EI service providers who do not have the required CEU hours or modules.
- The PR Manager reviews the SCEIs module status fiscal quarter report and email the individual EI service providers whose training information is nearing its expiration date and those EI service providers who are currently out of compliance.
- Credits/modules nearing expiration: Included in the email is the number of credits/modules that are approaching its expiration and reminding the EI service providers of the upcoming expiration date. The Local Part C program managers are notified of the EI service providers whose credits/modules are nearing expiration.

EI Licensed Providers:

- All licensed EI service providers are required to provide the Part C Lead Agency with a copy of their professional license prior to their effective date of contract.
- The Provider Relations Manager records the expiration date of the EI service provider's professional license in the provider database.
- A Report of expiring and/or expired EI service providers' professional licenses is extracted during the first week of each month by the Provider Relations Manager.

EI Training/Professional Development/Technical Assistance

Early Intervention (EI) training proposals submitted by the Local Part C program managers are reviewed and approved by the Part C Lead Agency state team during scheduled monthly meetings. After approval, training information and trainings dates are shared with the Local Part C program managers. The Local Part C program managers are then encouraged to share trainings directly with the EI service providers and local Part C staff. All EI professionals and local EI staff are sent training announcements via email for trainings which includes the registration steps and training details. EI trainings are delivered in person or virtually using a LA approved platform (e.g., Webex and Microsoft Teams). Trainings offered on a virtual platform are recorded and those recordings are made available to all EI professionals and used as an ongoing training resource. Pre and post training surveys are required to be completed by all participants and must be completed. Once the EI Training and Support Manager has received the completed post survey, attendees receive a completion of training certificate within 7 days, unless otherwise notified. These trainings are recorded and are accessible by request to the EI Training and Support Manager.

The Part C program utilizes the Primary Service Provider (PSP) Model, an evidenced-based method of service delivery. The Part C State Lead Agency also has an ongoing collaborative relationship with pre-service college/university programs such as Valdosta State University (VSU), Georgia State University (GSU), and the Family, Infant, Preschool Program (FIPP) to train service coordinators, special instructors, speech-language pathologists, occupational and physical therapists to provide evidence-based practice in early intervention and the Primary Service Provider model of service delivery.

To ensure that providers serving children in the Part C program continue their professional development efforts, the Part C State Lead Agency contracts with VSU to provide and manage online training modules. Service Coordinators and Special Instructors can participate in online training modules through Project SCEIs, (Skilled Credentialed Early Interventionists). The online modules provide professionals with the skills and knowledge to provide appropriate services to young children with disabilities and their families. Each new service coordinator and special instructor must complete the 5-part module training, which provides instruction on 1) Evaluation and Assessment, 2) Professionalism in Early Intervention, 3) Infant and Toddler Development, 4) Family Systems 5) Team Processes and 6) Child Outcome Summary Training Modules. The course must be completed within six months of being hired or contracted to provide services through the Part C program. In addition, all licensed/non licensed Part C providers and Service Coordinators must also complete the Child Outcomes Summary Training modules. Furthermore, all new service coordinators must complete the Service Coordination Orientation. The Orientation was revised and is offered monthly to ensure the timely processing of all new Service Coordinators. A certificate of completion must be obtained before new service coordinators can engage in service provision in the Part C program.

Licensed EI service providers (Speech Therapists, Physical Therapists, and Occupational Therapists) participate in various professional development trainings and receive discipline specific continuing education units (CEUs). These trainings are facilitated by members of the Part C Lead Agency and the program's subject matter expert strategic partners. During FFY 2023, the Part C State Lead Agency held discussions and developed a plan of action with Valdosta State University regarding revising the online modules including updating the current information and adding additional resources/tools to support the professional development of our Part C state staff, Local Part C program staff, and EI contracted service providers. In addition, the Part C State Lead Agency partners with strategic partners from our SICC to provide professional development to all members of our early intervention staff including local staff and EI providers as it relates to updates within our Georgia early intervention system. The Part C State Lead Agency continues to put forth every effort to provide CEUs as well as SCEIs credits for each training opportunity offered to licensed/non licensed providers and early intervention staff.

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 Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.
- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.
- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.
- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICC to provide "buddy bags" (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: "Including Families and Caregivers in Personnel Preparation" and "November 2023 Inclusion Statement, Implications for HEC." Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program's ability to provide EI services.

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

YES

Number of Parent Members:

12

Parent Members Engagement:

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

The Family Engagement committee continues to assist with evaluating the progress of the Part C Lead Agency's current and new initiatives including but not limited to family engagement and child find activities. The Family Engagement committee is comprised of twelve (12) parents/caregivers and is a subcommittee of the SICC. The parents/caregivers are active in reviewing data on Georgia's Part C program, learning about challenges and successes, providing input to the Part C program on website updates, completing the Part C Grant application, the development of the APR, participating in both COS and FOS workgroups, and participating in the refining of the Comprehensive System of Personnel Development (CSPD). The family engagement committee has a dedicated time on the SICC agenda to share updates and initiatives. The Part C Lead Agency updates the committee on all Part C activities and tasks at the scheduled quarterly SICC meetings as well as during scheduled meetings with the committee. After being notified about support needed from the Part C Lead Agency, the family engagement committee schedules a committee meeting facilitated by the SICC Chairperson and the SICC Manager to develop a plan of action of how the committee can support the Part C Lead Agency. The family engagement committee's plan of action is shared during scheduled SICC Executive Committee meetings as well as the quarterly SICC meetings.

Activities to Improve Outcomes for Children with Disabilities:

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

During the FFY 2023 reporting period, the Part C Lead Agency has increased efforts to support and maintain parent/caregiver involvement throughout the program. The Family Engagement committee of the SICC has worked hard to increase the number of diverse parents/caregivers that are members and active participants of the SICC. During recruitment for the Family Engagement committee, geographical information was collected to ensure family representation from across the state, not just metro Atlanta. In collaboration with the SICC chairperson, the SICC Manager was able to recruit and successfully train a group of parents/caregivers that is geographically, racially/ethnically, and demographically diverse. To continue the thread of diversity and inclusion, our parent/caregiver participants also speak various languages and have a child(ren) who are currently and/or previously enrolled in the program. In addition, the Part C program continues to extend the arc of parent/caregiver involvement throughout the program. During this reporting period, the Part C Lead Agency added two new Parent Educators.

During FFY 2023, the parent/caregiver members participated in the following activities and/or conferences:

- LICC meetings: During these meetings, parents/caregivers within the Local Part C program area receive Early Intervention information/resources and engage in activities that are geared towards helping families improve the outcomes of children with disabilities.
- SICC meetings: The Council formed a Parent Engagement Sub-Committee. Parents/Caregivers serve in this capacity to increase engagement between the SICC and families across the state. This sub-committee is also supporting efforts around increasing families' understanding of parental rights, procedural safeguards, and the family outcomes survey. In addition to attending the quarterly SICC meetings, this sub-committee meets quarterly to discuss and plan efforts to assist in supporting the Part C State Lead Agency.
- Family Panels: Through these family panels, early intervention professionals, strategic partners, and other families can discuss and share experiences from the parent perspective based on lived experiences. These panels are designed to assist in improving how early intervention services are provided and allow early intervention professionals to understand the family's experience while enrolled in the program.
- Family Day: Through family day, early intervention professionals, strategic partners, and other families currently or previously enrolled in the Part C program were able to come together to connect, learn, and share resources to increase meeting support needs outside the program.
- Division of Early Childhood (DEC) conference with sessions that helped the parents/caregivers engage in meaningful connections with peers.
- The Association of Maternal and Child Health Programs (AMCHP) conference
- Georgia Rare Disease Advisory Council meetings
- Georgia Newborn Screening and Genetics Advisory Council meetings
- Office of Special Education Programs (OSEP) conference
- Strategic Planning: The parent educators worked directly with the local programs and families to plan strategies for improving outcomes. services are provided and allow early intervention professionals to understand the family's experience while enrolled in the program.
- Parent Partners (Parent 2 Parent of GA): The parent partners are collaborating with the State Part C Lead Agency to develop early intervention trainings for local Part C program staff and contracted early intervention service providers.
- Comprehensive System of Personnel Development (CSPD) training that promotes parent/caregiver understanding of the needs of the EI program as well as engage opportunities to develop and retain highly qualified providers.
- Improving Data, Improving Outcomes (IDIO) Conference
- Higher Education Consortium (HEC)
- Georgia Part C Leadership Curriculum (GA-PCLC) training. Through these trainings, the parents/caregivers provide input from their perspectives and acquire knowledge, skills, and competencies to improve the state and district early childhood intervention systems as leaders and advocates.
- Children's Healthcare of Atlanta (CHOA): Serving on the Neonatal Intensive Care Unit (NICU) Advisory Board
- DEC Webinars/Committees: Speaking on Infant Mental Health, participating on the Personnel Prep Committee, and serving as a Parent Ambassador

In FFY 2023, the Part C program began the third cohort of the Georgia Part C Leadership Curriculum (PCLC) that included Parent Educators, Parent Partners as well as parents/caregivers. The Georgia Part C Leadership Curriculum (PCLC) is a collaboration between the Part C State Lead Agency and Georgia State University (GSU) that focuses on increasing the retention of early intervention professionals and improving the quality of early intervention services provided to young children and their families. The cohort began in January 2023 and ended in October 2023. The curriculum structure consists of twelve 3-hour meetings, ten 1-hour meetings/conference sessions, two 30-minute meetings, and four 2-hour meetings. The overall goal of the Georgia

PCLC is to increase the participants knowledge and competence of early intervention, gain a better understanding of how to best support early intervention professionals as well as determining how to increase early intervention professionals' commitment to the field of early intervention.

The State Systemic Improvement Plan (SSIP) is also focused on improving child outcomes (positive social-emotional skills). The state utilizes the evidence-based Pyramid Model to train providers that support Part C families. The Pyramid Model training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model, and Tier III: Understanding and Addressing Challenging Behaviors. These training series equip Part C providers with the knowledge, skills, and tools necessary to support families within a family coaching framework. Pyramid Family survey results shows that the families continue to increase their understanding and confidence in their capability to support their child's social-emotional development as a result of coaching and support from providers.

In collaboration with the SICC, the state continues to support strategic partners attendance at professional conferences and internal and external trainings to provide opportunities for strategic partners to engage in meaningful connections with peers and access resources to improve outcomes. Additionally, the state is collaborating with the SICC and one of our ECSE strategic partners to develop, plan, and coordinate parent cafés across the state of Georgia. The implementation of the parent cafés will include members of the Family Engagement committee and the Local Part C programs establishing information centers within the local communities across the state as well as developing parent/caregiver centered trainings with a video component highlighting procedural safeguards/parent rights and improving the EI programs in Georgia.

Furthermore, the Part C Lead Agency is continuing its collaboration with Georgia State University (GSU) and the SICC in developing a Part C Family Resource Toolkit. The toolkit will include new public awareness and orientation materials in a variety of formats (videos, print, etc.) to continually educate families on EI (purpose, methodology, core values, data, etc.) and current initiatives to give them context when providing input. The materials will be developed in a family-friendly format considering language barriers, ability to understand, and preferred delivery of information. These new materials and approaches are also intended to locate unserved and underserved children/families to ensure all family groups are included in services, feedback, and input into system improvements.

Soliciting Public Input:

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

SICC quarterly meetings are open to the public to provide feedback, inquire about program policies, learn about the outcomes of the program, share comments/concerns about their experience with the early intervention program as well as learn about opportunities for professional growth. Meeting announcements and links are available via the Part C State Lead Agency website. All public comments received (email, letter, in-person, or fax) are shared during the SICC meeting and included in the SICC meeting minutes. The Part C Coordinator responds to all public comments within 48 business hours when contact information is available.

The SICC Executive Committee is scheduled to meet quarterly with members of the Part C State Lead Agency team. During these meetings, topics such as data analysis, family engagement, APR, target setting, the Part C Grant application as well as identification and support for opportunities for program improvement is discussed. Additionally, SICC sub-committees were developed by the SICC Chair to provide input on individual topics such as target setting, recruitment/retention planning and strategic planning for the refinement of Georgia's Comprehensive System of Professional Development (CSPD).

Making Results Available to the Public:

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

The Part C State Lead Agency provides results of the state's APR and SSIP results as well as lead agency updates during the designated quarterly SICC public session. The SICC Executive Committee and APR subcommittee is involved in the development of the draft APR. The Part C Data Manager and the Part C Coordinator co-presents the APR data at the public session of the SICC meeting every January for the SICC members and the public to provide input. Additionally, brochures and factsheets that contain key information on eligibility, enrollment, and services offered have been developed and shared with the public via the Part C website, early intervention coordinators, and strategic partners.

Reporting to the Public:

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

The Part C State Lead Agency reports annually on the performance of each Part C Local programs' targets in the SPP/APR. The performance for each local Part C program is posted on the Georgia Department of Public Health's website as soon as practicable, no later than 120 days following the State's submission of its APR as required by 34 CFR §303.702(b)(1)(i)(A). The "APR Public Reporting Tables" and SSIP Reports are posted after the APR is submitted. To find the current public reporting tables of APR and SSIP data, use the following link: <https://dph.georgia.gov/babies-cant-wait/bcw-part-c-application-and-reporting>

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	94.28%	91.19%	92.91%	98.94%	97.13%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
8,225	8,526	97.13%	100%	97.30%	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.

71

Provide reasons for delay, if applicable.

In FFY2023, some children received services beyond 45 days due to Part C program delay reasons, including:

- Lack of EI providers available to start a service on time (statewide) but, especially for families who reside in the rural and/or mountainous parts of the state
- Lack of coordination/communication between the service coordinator and providers resulting in a delay in scheduling
- Documentation of exceptional family circumstances not available in state's database
- Lack of local program staff (including contracted EI providers) available to efficiently coordinate and schedule early intervention services

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

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

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

State database

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

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

The population of children with active IFSPs for the period of July 1, 2023, through June 30, 2024, was collected from the Part C State Lead Agency's data system (Babies Information and Billing System - BIBS). The Part C State Lead Agency uses BIBS to collect and monitor program data. BIBS collects all information inputted into the database and creates a data report. The BIBS report provides data for each APR indicator as well as additional information that the Part C State Lead Agency collects to support the improvement of the program at both the local and state level. The Georgia Part C State Lead Agency is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2023.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
17	17	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of timely services during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the service began even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received the recommended EI service (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the recommended EI service(s) added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 17 Local Part C programs that were found out of compliance had received their EI services by December 4, 2023. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of timely services during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the service began even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

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December 4, 2023. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	98.94%

FFY	2018	2019	2020	2021	2022
Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
Data	98.94%	98.78%	98.13%	89.99%	100.00%

Targets

FFY	2023	2024	2025
Target >=	98.00%	98.00%	99.00%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.
- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.

- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.
- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICC to provide “buddy bags” (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: “Including Families and Caregivers in Personnel Preparation” and “November 2023 Inclusion Statement, Implications for Georgia.” Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program’s ability to provide EI services.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	8,393
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	8,826

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
8,393	8,826	100.00%	98.00%	95.09%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

The Part C Lead Agency continues to be impacted by the program's provider shortage. In addition, families are reporting difficulty engaging in virtual services due to the following:

- Poor bandwidth
- Family's inability to focus/participate in EI services due to circumstances within the home including but not limited to multi-generational living

- Severity of child's developmental delays and/or medical condition

These circumstances have increased our family's decision to obtain private services within the community until an EI provider within the Part C program is available to support the family and provide services within the family's natural environment or community settings.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

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In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC

meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program's ability to provide EI services.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2018	Target>=	92.00%	90.50%	85.00%	85.00%	85.00%
A1	84.53%	Data	84.53%	83.23%	80.08%	80.13%	80.14%
A2	2018	Target>=	65.00%	60.00%	65.00%	65.00%	65.00%
A2	64.65%	Data	64.65%	69.71%	66.61%	63.52%	62.85%
B1	2018	Target>=	95.00%	90.50%	87.50%	87.50%	87.50%
B1	87.20%	Data	87.20%	86.22%	85.10%	83.45%	82.87%
B2	2018	Target>=	62.00%	50.00%	51.00%	51.00%	51.00%
B2	50.89%	Data	50.89%	52.54%	51.69%	49.35%	47.26%
C1	2018	Target>=	94.00%	90.50%	86.20%	86.20%	86.20%
C1	86.06%	Data	86.06%	87.42%	84.10%	84.24%	82.96%
C2	2018	Target>=	65.00%	60.00%	68.20%	68.20%	68.20%
C2	68.02%	Data	68.02%	72.42%	67.15%	67.90%	67.11%

Targets

FFY	2023	2024	2025
Target A1>=	86.00%	86.00%	86.00%
Target A2>=	66.00%	66.00%	66.00%
Target B1>=	87.80%	87.80%	87.80%
Target B2>=	52.00%	52.00%	52.00%
Target C1>=	86.50%	86.50%	86.50%
Target C2>=	68.50%	68.50%	68.50%

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	10	0.19%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	716	13.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,311	25.09%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,762	33.72%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,427	27.31%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,073	3,799	80.14%	86.00%	80.89%	Did not meet target	No Slippage

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	3,189	5,226	62.85%	66.00%	61.02%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

During a data review in FFY23, the Part C State Lead Agency continued to identify inconsistencies in child outcome scores uploaded into the state database by EI providers. It was determined that some EI providers continued to have difficulties understanding the COS process and comprehending the information included in the COS training modules. In collaboration with TA partners from DaSy, the Part C State Lead Agency has developed a COS Workgroup that includes members of both the Part C State Lead Agency and the Local Part C program coordinators as well as our DaSy TA partners. This workgroup meets monthly and is working towards revising the Part C State Lead Agency's COS policy, updating the program's current COS training, and amending current documents associated with the COS process. In addition to the development of the COS Workgroup, the Part C State Lead Agency continues to offer professional development to all EI providers and Local Part C program staff to assist with obtaining a better understanding of how to accurately complete the COS process.

In addition, the Part C Lead Agency's EI provide shortage and family's increasing inability to effectively utilize teleintervention (virtual EI services) played a significant role in the slippage in child and family outcomes.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	8	0.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	757	14.49%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,047	39.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,907	36.49%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	507	9.70%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,954	4,719	82.87%	87.80%	83.79%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,414	5,226	47.26%	52.00%	46.19%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

During a data review in FFY23, the Part C State Lead Agency continued to identify inconsistencies in child outcome scores uploaded into the state database by EI providers. It was determined that some EI providers continued to have difficulties understanding the COS process and comprehending the information included in the COS training modules. In collaboration with TA partners from DaSy, the Part C State Lead Agency has developed a COS Workgroup that includes members of both the Part C State Lead Agency and the Local Part C program coordinators as well as our DaSy TA partners. This workgroup meets monthly and is working towards revising the Part C State Lead Agency's COS policy, updating the program's current COS training, and amending current documents associated with the COS process. In addition to the development of the COS Workgroup, the Part C State Lead Agency continues to offer professional development to all EI providers and Local Part C program staff to assist with obtaining a better understanding of how to accurately complete the COS process.

In addition, the Part C Lead Agency's EI provide shortage and family's increasing inability to effectively utilize teleintervention (virtual EI services) played a significant role in the slippage in child and family outcomes.

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	9	0.17%

Outcome C Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	643	12.30%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,150	22.01%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,197	42.04%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,227	23.48%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3,347	3,999	82.96%	86.50%	83.70%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,424	5,226	67.11%	68.50%	65.52%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

During a data review in FFY23, the Part C State Lead Agency continued to identify inconsistencies in child outcome scores uploaded into the state database by EI providers. It was determined that some EI providers continued to have difficulties understanding the COS process and comprehending the information included in the COS training modules. In collaboration with TA partners from DaSy, the Part C State Lead Agency has developed a COS Workgroup that includes members of both the Part C State Lead Agency and the Local Part C program coordinators as well as our DaSy TA partners. This workgroup meets monthly and is working towards revising the Part C State Lead Agency's COS policy, updating the program's current COS training, and amending current documents associated with the COS process. In addition to the development of the COS Workgroup, the Part C State Lead Agency continues to offer professional development to all EI providers and Local Part C program staff to assist with obtaining a better understanding of how to accurately complete the COS process.

In addition, the Part C Lead Agency's EI provide shortage and family's increasing inability to effectively utilize teleintervention (virtual EI services) played a significant role in the slippage in child and family outcomes.

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	9,430
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.	608
Number of infants and toddlers with IFSPs assessed	5,226

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The Part C State Lead Agency is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process as the standardized method of reporting a child's developmental status. Multiple sources of information, such as assessments, IFSPs, and parent input, are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. COS scores are entered into BIBS by the local Part C programs, and final data was then gathered from BIBS.

Provide additional information about this indicator (optional).

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.

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2018	Target>=	98.00%	90.00%	91.20%	91.20%	91.20%
A	91.15%	Data	91.15%	91.60%	90.73%	99.48%	94.04%
B	2018	Target>=	96.00%	96.50%	90.50%	90.50%	90.50%
B	90.41%	Data	90.41%	92.41%	89.26%	99.29%	93.30%
C	2018	Target>=	96.00%	96.50%	86.50%	86.50%	86.50%
C	86.39%	Data	86.39%	90.30%	85.91%	99.29%	90.99%

Targets

FFY	2023	2024	2025
Target A>=	91.50%	91.50%	91.50%
Target B>=	90.80%	90.80%	90.80%
Target C>=	86.80%	86.80%	86.80%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICCC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICCC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICCC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICCC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICCC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.
- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.
- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICCC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.
- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICCC to provide "buddy bags" (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICCC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICCC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICCC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: "Including Families and Caregivers in Personnel Preparation" and "November 2023 Inclusion Statement, Implications for Georgia." Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICCC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and

refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program's ability to provide EI services.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	9,432
Number of respondent families participating in Part C	590
Survey Response Rate	6.26%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	549
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	588
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	546
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	585
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	522
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	585

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	94.04%	91.50%	93.37%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.30%	90.80%	93.33%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	90.99%	86.80%	89.23%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	6.52%	6.26%

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

The Part C State Lead Agency uses the Response Rate and Representativeness calculator developed by DaSy and ECTA Outcomes Team to compute response rates for our family survey data and determine if the surveys received are representative of Georgia's population. FOS is offered to every family when transitioning from the program. Families participating in Part C in Georgia, whose child has been enrolled in the program for at least six months, are given the opportunity to complete the Family Outcome Survey upon exit from the program except for those families who were unable to be located or contacted.

The representativeness of the surveys was assessed by examining the demographic characteristics of the families who participated in Part C versus the families who received the survey versus the families who completed/returned the survey. The data comparison includes the following categories: race/ethnicity, disability, language, demographic location, poverty level, and time in EI program.

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

The Part C State Lead Agency uses the Response Rate and Representativeness calculator developed by DaSy and ECTA Outcomes Team to compute response rates for our family survey data and determine if the surveys received are representative of Georgia's population. Race/ethnicity and language data were used and the Response Rate and Representativeness calculator revealed to the Part C Lead program that the following:

Language

- Are the survey data representative of the families participating in Part C?

Total: YES (3.39%)

English: YES (3.41%)

Spanish: YES (3.11%)

Not English or Spanish: YES (1.71%)

- Are the survey data representative of the families surveyed?

Total: YES (6.70%)

English: YES (6.65%)

Spanish: YES (6.89%)

Not English or Spanish: YES (3.57%)

The above data informs the Part C Lead Agency that although the state's data represents the families surveyed and the families participating in Part C, there are opportunities for the LA to investigate why non-English or Spanish speaking families are responding at a much lower rate than English and Spanish speaking families. In addition, the Part C Lead Agency can use this data to conduct more child find activities in areas where English nor Spanish is not the family's primary language as well as continue to build on the child find activities available across the state.

Race/Ethnicity

- Are the survey data representative of the families participating in Part C?

Total: NO (3.37%)

African American or Black: NO (2.67%)

American Indian or Alaska Native: - (not enough data)

Asian: YES (3.99%)

Native Hawaiian or Pacific Islander: - (not enough data)

White: NO (3.96%)

More than one race: YES (3.88%)

Hispanic: YES (3.12%)

- Are the survey data representative of the families surveyed?

Total: NO (6.26%)

African American or Black: NO (5.17%)

American Indian or Alaska Native: - (not enough data)

Asian: YES (7.12%)

Native Hawaiian or Pacific Islander: - (not enough data)

White: NO (7.88%)

More than one race: YES (6.69%)

Hispanic: YES (6.69%)

The race/ethnicity data informs the Part C Lead Agency that the FOS data does not represent the families surveyed or the families served in Part C. The Part C Lead Agency will use this data to conduct more child find activities in underrepresented areas and work closely with our strategic partners to develop resources to support our families of all races/ethnicities.

Disability Category

- Are the survey data representative of the families participating in Part C?

Total: YES (3.36%)

CAT-1 – Medical Condition: YES (3.09%)

Category 2 – Moderate Delay: YES (3.33%)

Category 2 – Significant Delay: YES (3.14%)

Informed Clinical Opinion (ICO): YES (3.90%)

- Are the survey data representative of the families surveyed?

Total: YES (6.26%)

Category-1 – Medical Condition: YES (7.88%)

Category 2 – Moderate Delay: YES (7.47%)

Category 2 – Significant Delay: NO (5.99%)

Informed Clinical Opinion (ICO): YES (7.27%)

The disability category data informs the Part C Lead Agency that although the FOS data represents the families surveyed and the families participating in Part C, there are opportunities for the LA to investigate how the LA can collaborate with medical professionals to develop child find activities to educate both the medical professionals and families of children with disabilities. The Part C Lead Agency will use this data to research more ways that child find activities can be developed and implemented with medical professionals to support our families.

Although the Response Rate and Representativeness calculator stated that the demographics of infants and toddlers represented the demographic of the state, the Part C Lead Agency found discrepancies between the information from the Response Rate and Representativeness calculator and the data found when reviewing the state's individual demographic data.

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

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

The Part C Lead Agency has begun meeting with local organization leaders for various demographics across the state to discuss innovative ways to collaborate. In addition, the SICC is partnering with the LICCs to host regional consortium meetings that will include community partners that currently provide supports and services to local underserved communities within the area. The Part C Lead Agency is also planning to develop a focus group made of representatives of the state's underserved populations to discuss and develop a plan of action.

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

During FFY 2023, the Part C State Lead Agency and the SICC chairperson participated in a TA cohort facilitated by ECTA that focused on equity in family outcomes and assisted the LA in understanding the following:

- How our families/caregivers engaged in the survey process and for what purposes
- How the program's current strategies personalized the process for families
- What strategies the program applied to hear from different family's backgrounds/cultures

The Part C Lead Agency used the information learned from the cohort to develop and create infographics for both our families and the EI service providers to better understand the purpose of the FOS and how the LA uses the data collected. With the support of the SICC's family engagement committee, the Part C Lead Agency also re-examined the program's FOS survey process, the effectiveness of the survey, the mechanisms for distribution, analyzed a collection of FOS data, and developed a process to follow-up and ensure families understand the survey and have the tools needed to complete the survey. The Family Support Manager has developed a short five (5) question survey that will be offered to families at various times during a family's experience with the Part C State Lead Agency (i.e., eligibility process, IFSP reviews, and transition). Obtaining this data/information from families throughout their experience with the Local Part C program will provide the Part C State Lead Agency insight into our family's satisfaction with the program prior to their exit from the program.

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

For the response rate analysis, the Part C State Lead Agency utilized the number of families that responded to the survey as the numerator, and the denominator included all surveys in the distribution packets that were generated by the vendor for the period of 7/1/2023 to 6/30/2024.

During FFY 2023, the Part C State Lead Agency discovered families did not completely understand the importance of completing the FOS survey and the contractors were not confident in explaining the purpose of the FOS survey to families. After a review of past FOS data, the Part C State Lead Agency determined that the response rate from areas across the state has declined. Steps have been taken by the Part C State Lead Agency to reduce non-response bias and promote response from a broad cross section of families that received Part C services, including developing trainings and infographics for Local Part C program staff, providers, and families to assist in their understanding of the purpose of the FOS and how the Part C State Lead Agency uses the data collected. Additional steps taken to reduce non-response bias includes collaborating with the SICC, Parent Education Center, and the Local Part C programs LICC to coordinate opportunities for members of the Local Part C program, SICC, and LICC to educate families on the FOS survey. The Part C State Lead Agency continues to collaborate with our data system vendor to identify strategies to address non-response bias.

The Part C Lead Agency identified that there is potential nonresponse bias in the following groups:

- Refugee families
- Families who speak multiple languages and/or less commonly known languages within the home
- Unhoused families
- African American or Black and White families

Now that the Part C Lead Agency has identified these potential instances of nonresponse bias, the program and its strategic partners have formed a workgroup to begin discussions and planning for addressing this issue. During FFY23, the Part C Lead Agency was involved in the McVinney-Vento Homeless workshop facilitated by the Georgia Department of Education to discuss the nonresponse bias that involves unhoused families. Next steps is to connect the Local Part C programs and EI practitioners with the local coordinators in their area that provide education supports and resources to unhoused families. In addition, the Part C Lead Agency is working to identify and connect with a local refugee camp coordinator to begin discussions on best practices for educating refugee families on EI services and supports. Once identified, the Part C Lead Agency plans to incorporate the Local Part C program managers as well as EI practitioners in the conversations and plans to better support refugee families across the state. During FFY23, the Part C Lead Agency and the Lead Agency's Deputy Director of Communications continued to partner to develop plans to translate more of the EI documents in other commonly spoken languages in Georgia as more families, who speak languages other than English and/or Spanish, seek EI services. As the Local Part C programs track and maintain records of families who speak languages that are less commonly used in Georgia, the Part C Lead Agency coordinates with the Deputy Director of Communications to assure that the family and the EI practitioners are able to communicate (i.e., translation of EI documents, coordinating the assistance from a translator and/or use of the National Language Line).

The Education Training and Support Manager and the Family Support Manager with the Part C State Lead Agency are working together to develop a training that will be provided to families, the Local Part C program staff and providers regarding the purpose and importance of the FOS-R. The SICC's family engagement committee meet regularly discuss any roadblocks presented by the LA's current process and identify viable mechanisms for improvement. A survey link, accessible to service coordinators and families, has been added to the survey distribution packets that are emailed to

families. The Part C State Lead Agency provides the FOS-R to families in-person or via electronic file, along with the email that families receive from the data system. In addition, the Part C Lead Agency collaborated with the program's database vendor to develop a QR code for families to complete the FOS as well as a mechanism for the database to directly text family's information about completing the FOS (including the link to complete the survey). The LA continues to examine the feasibility of partnering with our parent center to assist the Part C State Lead Agency by acting as a support to families who need assistance in completing and/or understanding the FOS survey as well as discuss reasonable strategies to increase the FOS response rates.

The Family Support Manager has also developed a five (5) question survey from the FOS-R that can be shared with families prior to each 6-month and annual IFSP meeting to ensure families are comfortable accessing and completing the survey. This will create an opportunity for the Family Support Manager to review and explain each question to the family and potentially improve completion rates. Data will also be collected regarding the demographics of who does and does not complete the survey. Those demographics will include race, gender, family cost participation rates, Medicaid/private insurance, eligibility category, etc. Descriptive and explorative analysis will be conducted to allow the LA to understand who does and does not complete the survey. Additional targeted steps to reduce non-response bias will be effectively developed and implemented following analysis performed by the Part C State Lead Agency.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

During FFY 2023, the Part C State Lead Agency and the SICC chairperson participated in a TA cohort facilitated by ECTA that focused on equity in family outcomes and assisted the LA in understanding the following:

- How are families/caregivers engaged in the survey process and for what purposes
- How the program's current strategies personalized the process for families
- What strategies the program applied to hear from different family's backgrounds/cultures

The Part C Lead Agency used the information learned from the cohort to develop and create infographics for both our families and the EI service providers to better understand the purpose of the FOS and how the LA uses the data collected. With the support of the SICC's family engagement committee, the Part C Lead Agency also re-examined the program's FOS survey process, the effectiveness of the survey, the mechanisms for distribution, analyzed a collection of FOS data, and developed a process to follow-up and ensure families understand the survey and have the tools needed to complete the survey. The Family Support Manager has developed a short five (5) question survey that will be offered to families at various times during a family's experience with the Part C State Lead Agency (i.e., eligibility process, IFSP reviews, and transition). Obtaining this data/information from families throughout their experience with the Local Part C program will provide the Part C State Lead Agency insight into our family's satisfaction with the program prior to their exit from the program.

For the response rate analysis, the Part C State Lead Agency utilized the number of families that responded to the survey as the numerator, and the denominator included all surveys in the distribution packets that were generated by the vendor for the period of 7/1/2023 to 6/30/2024.

During FFY 2023, the Part C State Lead Agency discovered families did not completely understand the importance of completing the FOS survey and the contractors were not confident in explaining the purpose of the FOS survey to families. After a review of past FOS data, the Part C State Lead Agency determined that the response rate from areas across the state has declined. Steps have been taken by the Part C State Lead Agency to reduce non-response bias and promote response from a broad cross section of families that received Part C services, including developing trainings and infographics for Local Part C program staff, providers, and families to assist in their understanding of the purpose of the FOS and how the Part C State Lead Agency uses the data collected. Additional steps taken to reduce non-response bias includes collaborating with the SICC, Parent Education Center, and the Local Part C programs LICC to coordinate opportunities for members of the Local Part C program, SICC, and LICC to educate families on the FOS survey. The Part C State Lead Agency continues to collaborate with our data system vendor to identify strategies to address non-response bias.

The Education Training and Support Manager and the Family Support Manager with the Part C State Lead Agency are working together to develop a training that will be provided to families, the Local Part C program staff and providers regarding the purpose and importance of the FOS-R. The SICC's family engagement committee meet regularly discuss any roadblocks presented by the LA's current process and identify viable mechanisms for improvement. A survey link, accessible to service coordinators and families, has been added to the survey distribution packets that are emailed to families. The Part C State Lead Agency provides the FOS-R to families in-person or via electronic file, along with the email that families receive from the data system. In addition, the Part C Lead Agency collaborated with the program's database vendor to develop a QR code for families to complete the FOS as well as a mechanism for the database to directly text family's information about completing the FOS (including the link to complete the survey). The LA continues to examine the feasibility of partnering with our parent center to assist the Part C State Lead Agency by acting as a support to families who need assistance in completing and/or understanding the FOS survey as well as discuss reasonable strategies to increase the FOS response rates.

The Family Support Manager has also developed a five (5) question survey from the FOS-R that can be shared with families prior to each 6-month and annual IFSP meeting to ensure families are comfortable accessing and completing the survey. This will create an opportunity for the Family Support Manager to review and explain each question to the family and potentially improve completion rates. Data will also be collected regarding the demographics of who does and does not complete the survey. Those demographics will include race, gender, family cost participation rates, Medicaid/private insurance, eligibility category, etc. Descriptive and explorative analysis will be conducted to allow the LA to understand who does and does not complete the survey. Additional targeted steps to reduce non-response bias will be effectively developed and implemented following analysis performed by the Part C State Lead Agency.

4 - OSEP Response

4 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	0.80%

FFY	2018	2019	2020	2021	2022
Target >=	1.00%	0.75%	0.75%	0.75%	0.75%
Data	0.80%	0.96%	0.78%	Not Valid and Reliable	0.64%

Targets

FFY	2023	2024	2025
Target >=	0.85%	0.85%	0.85%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.

- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.
- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.
- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICC to provide “buddy bags” (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: “Including Families and Caregivers in Personnel Preparation” and “November 2023 Inclusion Statement, Implications for Georgia.” Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program’s ability to provide EI services.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	803
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	125,156

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
803	125,156	0.64%	0.85%	0.64%	Did not meet target	No Slippage

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

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	2.51%

FFY	2018	2019	2020	2021	2022
Target >=	2.20%	2.20%	2.30%	2.35%	2.35%
Data	2.51%	2.67%	2.31%	2.35%	2.33%

Targets

FFY	2023	2024	2025
Target >=	2.40%	2.45%	2.55%

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

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- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

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During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: “Including Families and Caregivers in Personnel Preparation” and “November 2023 Inclusion Statement, Implications for Georgia.” Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program’s ability to provide EI services.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	8,826
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	376,436

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
8,826	376,436	2.33%	2.40%	2.34%	Did not meet target	No Slippage

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

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.10%	98.26%	98.07%	99.28%	89.26%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,134	8,333	89.26%	100%	89.51%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

1,325

Provide reasons for delay, if applicable.

In FFY2023, some families/children received their initial evaluation, assessment, and initial IFSP meetings beyond 45 days due to Part C program delay reasons, including:

- Lack of EI service providers and/or EI service providers limited availability (high caseloads) to schedule meetings within the 45-day timeline
- Lack of coordination/communication between the service coordinators and EI evaluators resulting in a delay in scheduling eligibility evaluations
- Documentation of exceptional family circumstances were not documented in the state database

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, 2023 - June 30, 2024

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

The population of children with active IFSPs for the period of July 1, 2023, through June 30, 2024, was collected from BIBS (Part C Lead Agency database). The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2023.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
18	18	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the initial evaluation and assessment and an initial IFSP meeting during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the initial evaluation and assessment and an initial IFSP meeting occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received the initial evaluation and assessment and an initial IFSP meeting (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the initial evaluation and assessment and an initial IFSP meeting added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 18 Local Part C programs that were found out of compliance had received their EI services by June 30, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received the initial evaluation and assessment and an initial IFSP meeting as indicated on their IFSP, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the initial evaluation and assessment and an initial IFSP meeting during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the initial evaluation and assessment and an initial IFSP meeting occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received the initial evaluation and assessment and an initial IFSP meeting (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the initial evaluation and assessment and an initial IFSP meeting added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 17 Local Part C programs that were found out of compliance had received their EI services by June 30, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received the initial evaluation and assessment and an initial IFSP meeting as indicated on their IFSP, although late.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.57%	99.28%	99.34%	99.60%	99.49%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,391	4,848	99.49%	100%	96.29%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY2023, the Monitoring and Compliance Managers recognized that some Service Coordinators were unaware that the initial IFSP meetings of children, referred late to the program, should include the development of transition steps. In addition, some Service Coordinators are not consistently following up with families in a timely manner to schedule a meeting to develop the transition steps. The Part C Lead Agency is conducting research to determine if the capacity of the Service Coordinator's high caseload is a contributing factor to this issue.

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

In FFY 2023, some families/children did not have an IFSP developed 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 due to Part C program delay reasons, including:

- Lack of communication and follow up from the service coordinators
- Lack of service coordinator knowledge of the Part C Lead Agency's transition process
- Documentation of exceptional family circumstances were not documented in the state database

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, 2023 – June 30, 2024

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

The population of children exiting during the reporting period of July 1, 2023, to June 30, 2024, was collected from BIBS (state database). BIBS was used to generate a list of all children who exited during the reporting period for each of the 18 local Part C programs. Data validation involves the local Part C program staff verifying the data reported in the APR indicator report. Each local program provided the LA with verification of the actual exit date from the program to calculate this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the development of 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 during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers

review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date of 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 was developed even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the development of 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 was developed (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition planning added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the development of 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 had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 14 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received their transition steps and services as indicated on their IFSP, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8A - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the development of 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 during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date of 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 was developed even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of

additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the development of 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 was developed (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition planning added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the development of 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 had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 17 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received the initial evaluation and assessment and an initial IFSP meeting as indicated on their IFSP, although late.

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.29%	99.20%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,636	4,731	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.

95

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

For the LEA notification, data for children who exited the Part C program during the reporting period of FFY 2023 from July 1, 2023, through June 30, 2024, for each local Part C program was collected from the Part C State Lead Agency database. With assistance from the Part C Data Manager, the data was verified with the Local Part C programs and used to calculate this indicator. The Local Part C programs were given the list of children and asked to provide the date and method the local Part C program used to notify the local school system. For the SEA, a report from the Part C Lead Agency database was generated and uploaded to the secure Georgia Department of Education file transfer protocol (FTP) site.

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

YES

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

YES

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

State database

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

July 1, 2023 – June 30, 2024

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

The population of children exiting the Part C program during the reporting period of July 1, 2023, to June 30, 2024, was collected from the Part C State Lead Agency database (BIBS). The Part C State Lead Agency is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2023.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	74.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.96%	97.77%	97.95%	99.84%	99.49%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,391	4,848	99.49%	100%	96.29%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

During FFY2023, the Monitoring and Compliance Managers recognized that some Service Coordinators were unaware that the initial IFSP meetings of children, referred late to the program, should include the development of the transition conferences. In addition, the Monitoring and Compliance Managers discovered that some Service Coordinators were delaying scheduling the transition conference assuming the LEA representative will not be available and/or willing to be present at the conference until the child is closer to 33 months of age. In collaboration with Part B (SEA), the Part C Lead Agency is working to develop trainings and workshops to address best practices for scheduling and conducting transition conferences in a timely manner.

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

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

0

Number of documented delays attributable to exceptional family circumstances

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

277

Provide reasons for delay, if applicable.

In FFY 2023, some families/children did not have an IFSP developed 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 due to Part C program delay reasons, including:

- Lack of communication and follow up from the service coordinators
- Lack of service coordinator knowledge of the Part C Lead Agency's transition process
- Documentation of exceptional family circumstances were not documented in the state database

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, 2023 – June 30, 2024

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

The population of children exiting during the reporting period of July 1, 2023, to June 30, 2024, was collected from the Part C State Lead Agency database (BIBS). The Georgia Early Intervention Program is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSP's for FFY 2023.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of conducting the transition conference at least 90 days, prior to the toddler's third birthday during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the transition conference occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received their transition conference (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition conference added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 14 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received their transition conference as indicated on their IFSP, although late.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	10	10	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.

Per OSEP Memo 09-02, the Part C State Lead Agency verified instances of non-compliance regarding the provision of conducting the transition conference at least 90 days, prior to the toddler's third birthday during BIBS data collection specific to the APR reporting period beginning in July 2021. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance. The results of the analysis were used by the state Regional Manager team and Local Part C program leadership to develop a Corrective Action Plan (CAP). The districts then submitted their completed CAP to their designated Regional Manager monthly for three months for review and approval. Once a finding is issued, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, districts are required to provide supporting documentation to verify all corrections. Regional Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data pulls from the state database, chart reviews, and desktop audits to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the transition conference occurred even though it was late, which is consistent with OSEP Memo 09-02. Review of documentation from child records and data captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP Memo 09-02. In compliance with OSEP, a review of additional data over the course of 90 days is conducted by the Regional Manager team to ensure accuracy.

Each Local Part C program that had findings of non-compliance was issued a corrective action plan that includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the desktop monitoring and TA process based on a review of updated data and a review of the timely delivery of transition conference. Each individual instance of non-compliance was reviewed by the Regional Manager team and was subsequently determined to have been addressed by the programs as per their action plan. Follow-up was scheduled by the Regional Manager team to ensure that the action plan has been achieved within one year, and that the program was correctly implementing the specific regulatory requirements. This determination was made by a quarterly review of the Local Part C program's data. The quarterly review data on May 19, 2022, revealed that all enrolled children in the 10 Local Part C programs had received transition conference. The programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received transition conference as indicated on their IFSP, although late.

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining ten (10) uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of conducting the transition conference at least 90 days, prior to the toddler's third birthday during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the transition planning occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received their transition planning (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition planning added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 17 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received the initial evaluation and assessment and an initial IFSP meeting as indicated on their IFSP, although late.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.
- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.
- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.

- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICC to provide “buddy bags” (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: “Including Families and Caregivers in Personnel Preparation” and “November 2023 Inclusion Statement, Implications for Georgia.” Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program’s ability to provide EI services.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Georgia's State-identified Measurable Result (SiMR): "Increase the percentage of infants and toddlers who are nearer or meet age expectations for positive social-emotional skills including social relationships." (APR Indicator 3A; measurement: Summary Statement 1).

Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program [(c + d) / (a + b + c + d)].

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

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

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018	84.53%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	85.50%	85.50%	85.50%

FFY 2023 SPP/APR Data

Outcome A (c + d)	Ourcome A (a + b + c + d)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,072	3,798	80.14%	85.50%	80.88%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

Georgia collected, analyzed and reviewed APR data for indicator 3A summary statement 1 from the state data base during the APR data inspection period to monitor progress towards the SiMR.

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

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

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

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

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

NO

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

Improvement strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families.

Improvement strategy 1B: Enhance the data system (BIBS) to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance.

Improvement strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI

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.

Improvement strategy 1A: Clarify and define the Child Outcome Summary (COS) process to make it more meaningful and useful to the program and families.

Short term: Practitioners have access to policies and procedures that support implementation of the COS process with fidelity,

Short term: Improved communication channels between local BCW programs, practitioners and state lead agency

Short term: Improved skill sets and knowledge of providers and staff in the COS process. Intermediate: Local EICs having access to COS reports in the data system and EICs are monitoring the reports for improvements.

Intermediate: Practitioners at implementation sites implement the COS process with fidelity

Intermediate: Each family's perspective of their child's development is included in the COS process.

Long term: Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships from 90% to 92%.

Improvement strategy 1B: Enhance the data system (BIBS) to provide local Early Intervention programs access to real-time child outcomes data to assist with program improvement and quality assurance

Short term: Improved COS data quality from 88% to 95% completeness of data documentation.

Long term: Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships from 90% to 92%.

Improvement strategy 2: Provide ongoing training, technical assistance, supervision, resources and support to implement the Pyramid Model: Family Coaching and PIWI

Short term: Training is conducted for new and ongoing practitioners at implementation sites.

Short term: BCW staff (state and local level), Providers and Master Cadres at implementation sites have improved their knowledge and confidence about supporting the process of improving and strengthening parent and infant/toddler relationships using techniques from the Pyramid Model.

Intermediate: BCW workforce (providers and staff) at implementation sites will implement Pyramid Model: Family Coaching and PIWI as intended

Intermediate: Families will have improved understanding of and confidence in strategies to support their child's social-emotional development

Long Term: Increase the percentage of infants and toddlers at implementation sites who are nearer or meet age expectations for positive social-emotional skills including social-relationships from 90% to 92%.

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.

A provider survey has been added to the end of the online COS module prior to the quiz required for provider certification. The survey assesses provider:

- knowledge of where to access the state's COS ratings policy;
- understanding of COS policy and procedures including composition of multidisciplinary teams for developing COS ratings;
- knowledge of available communication channels with the lead agency.

COS Quarterly Data Checklist (Strategy 1 B)

Data system enhancements completed during Phase III Year I made it possible for Early Intervention Coordinators (EICs) at the district level to access COS reports for APR Indicator 3 that allow monitoring of local program data for data completeness and data quality. These data system enhancements included required data fields that reflect COS team participants to ensure team and parent participation in accordance with state COS policy.

Effective July 1, 2018, a COS quarterly data checklist was added to the required district reports completed by all EICs to determine if infrastructure improvements in the COS process are reflected in improved data quality. EICs select a quarterly sample from the data system of COS entry and exit ratings from 10 records to check for:

- Family and team participation in ratings and
- Evidence that supports the COS rating.

See Section C. Data on Implementation and Outcomes for analysis of infrastructure improvements.

Implementation of Evidence Based Practices: Pyramid Model

Pyramid Training (Strategy 2)

Continued expansion of the Pyramid training series occurred this year with three (3) Cohort 2 BCW districts: Cobb/Douglas, Fulton and DeKalb. SSIP Districts include Columbus, Dalton, Gwinnett, Coastal, and Dublin while Cohort 1 Districts include Gainesville, Rome, Clayton, LaGrange, Macon and Waycross. The expansion of the Pyramid training series to three additional districts is a step in scaling up for statewide implementation of the Pyramid model. Pyramid training has been implemented in 14 of the 18 districts. Remaining four (4) districts to participate in the statewide implementation of the Pyramid model training series include Augusta, Valdosta, Albany and Athens.

The Pyramid training series continued as detailed in Phase III Year 2 for new or existing Master Cadre, Special Instructors and Service Coordinators at all district implementation sites in order to implement evidence-based practices that support improvements in the SiMR.

The Pyramid training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors detailed in SSIP Phase III Year 2. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework.

Faculty and staff of the Georgia State University - Center for Leadership in Disability (GSU-CLD) assisted in the continued adaptation and dissemination of the three training modules. The modules integrate the philosophy and best practices in implementation of Positive Behavior Support (PBS) approaches and the Pyramid Model.

Two of the three modules in the Pyramid training series continue to be available in webinar format: the Family Coaching module and the PIWI module. Having these modules available as online webinars enhanced efforts to expand statewide implementation of the Pyramid model.

The third module, Tier III: Understanding and Addressing Challenging Behaviors was presented to new Master Cadre trainers in the three Cohort 3 Pyramid expansion districts in February 2021 in a two-day, secure WebEx virtual train-the-trainer format by GSU-CLD faculty and staff. The third module Tier III will be delivered virtually and face-to-face.

GSU-CLD staff conducted evaluation and analysis of all Pyramid training modules. The following report outlines Pyramid Model training data from activities that occurred between February 2, 2024 and January 17, 2025 for Modules One and Two, November 20, 2024 – January 17, 2025 for Module 3 starting February 2025 for Module 3 Redeliveries.

Pyramid Provider Self-Assessment (Strategy 2)

A Pyramid Provider Self-Assessment and Observation tool was developed with stakeholder input from the Pyramid Implementation Team during Phase III Year 2 to determine if practices are being implemented as intended. The Survey uses a 4-point rating scale consisting of 8 questions that assess provider practices. Choices for rating practices are: Never, Rarely, Most of the time and always.

Provider Observations (Strategy 2)

A subgroup of providers was observed quarterly based on the analysis of Cohort 3 pre and post training test scores. This year, EICs in SSIP implementation districts selected 1 high and 1 low scorers for observation by a Master Cadre trainer. This adjustment was made from 2 scorers selected per rating in the previous year with Cohort 2 to ensure EICs had enough time to meet requirements. Two providers per quarter are observed on a rotating basis so that trained providers have an opportunity to be observed over an 18 month - two-year period in each district. Observation results were used to determine the need for refresher training or additional coaching support.

Pyramid Family Survey (Strategy 2)

A Pyramid Family Survey was developed with stakeholder input from the Pyramid Implementation Team during SSIP Phase III Year 2 to measure how families perceive their experiences with the practices providers are using, and if families understand and are confident in their ability to support their child's social-emotional development. One measurement cycle was implemented for this improvement strategy to ensure family responses were captured at the end of providers implementing best practices learned through Pyramid training.

The first Pyramid Family Survey data collection occurred around November 1, 2024.

Technical assistance in development of both tools, the Pyramid Provider Self-Assessment and Observation tool and Pyramid Family Survey, was provided by Dr. Tweety Yates of the University of Illinois and from Dr. Erin Barton, of Vanderbilt University. Additional guidance and support in survey development was received from Gereen Francis of GSU, trainer of SSIP Master Cadres as well as Georgia's TA partners from ECTA, DaSy, SRI, NCSI and IDEA Data Center (IDC).

See Section C. Data on Implementation and Outcomes for analysis of implementation of evidence-based practices.

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

Pyramid Training (Strategy 2)

Provide a summary of each evidence-based practice.

Continued expansion of the Pyramid training series occurred this year. The Pyramid training series continued as detailed in Phase III Year 2 for new or existing Master Cadre, Special Instructors and Service Coordinators at all district implementation sites in order to implement evidence-based practices that support improvements in the SiMR. The Pyramid training series consists of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors detailed in SSIP Phase III Year 2. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework.

Two of the three modules in the Pyramid training series continue to be available in webinar format: the Family Coaching module and the PIWI module. Having these modules available as online webinars enhanced efforts to expand statewide implementation of the Pyramid model.

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

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

Positive behavior support emphasizes the following ideas about behavior:

1. Understand: Behavior is communication. Children are communicating something through their behavior. We must try to understand what they are communicating.
2. Prevent: To prevent challenging behavior, we must change the environment and/or change the way we interact with children to remove any behavior triggers.
3. Replace: A child's challenging behavior must be replaced with a more positive way to communicate his/her needs. To reduce challenging behavior, we must teach the child a new skill or a new way to communicate with us.

Faculty and staff of the Center for Leadership in Disability assisted in the adaptation and dissemination of three training modules that describe the philosophy and implementation of Pyramid Model practices with young children. In addition to providing ongoing training and technical assistance to the 18 districts targeted through the BCW State Systemic Improvement Plan (SSIP) cohorts. All three modules within this training series aim to build within-district capacity, equipping BCW providers with the knowledge, skills, and tools necessary to support families within a family coaching framework.

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

To ensure that evidence-based practices are carried out with fidelity, Georgia is using a Pyramid Provider Self-Assessment checklist and Pyramid Provider Observation checklist. The observation checklist will be used by the Master Cadres to observe a subgroup of trained providers each quarter throughout the year. Different providers will be observed each quarter.

The Pyramid Provider Observation Checklist will be used for observations of Pyramid trained providers conducted quarterly by trained EICs and/or Master Cadres in district implementation sites to further assess practice change and fidelity of practice. The Pyramid Provider Observation Checklist is an adaptation of the Pyramid Provider Self-Assessment Survey. It was developed and described in Phase III Year 2. Practitioners at implementation sites will document the COS process with 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.

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

COS Training (Strategy 1 A)

Georgia will continue to monitor change in provider knowledge following COS training by comparing pre-test and post-test percentages on COS module survey items. Findings will be used to identify providers/sites that need additional training or specific types of coaching, and to identify content areas that practitioners, in general, need more support mastering and implementing. Differential findings will also be reviewed if there are sufficient numbers of trainees to examine by demographic variable.

Additionally, the state BCW team will monitor COS reports from BIBS (the state BCW data system) and quarterly COS data checklist reports among SSIP implementation sites to ensure:

- evidence in child records supports COS ratings
- there is evidence of family participation in the COS process and
- COS data in BIBS is complete.

Follow up and technical assistance will be provided as needed. Progress towards improvement strategies will continue to be shared with stakeholder groups during regular meetings.

Pyramid Training (Strategy 2)

Georgia will continue to monitor change in provider knowledge following Pyramid trainings by comparing pre-and post-test percentages on survey items. Findings will be used to identify providers/sites that need additional training or specific types of coaching, and to identify content areas that practitioners, in general, need more support mastering and implementing. Further coaching and technical assistance will be provided to SSIP implementation sites and expansion districts regarding the use of Functional Behavior Assessments and Individualized Positive Behavior Supports at Tier III of the Pyramid. Master Cadres from all targeted districts will provide Tier III trainings for new staff with GSU-CLD support.

Additionally, all newly hired or contracted service coordinators and special instructors are required to complete the two 90-minute online webinars: Family Coaching-Pyramid Model and PIWI, within the first two weeks of their contract or hire date. Submission of an associated activity packet to the district Early Intervention Coordinator and GSU-CLD is also required

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.

During FFY2023, the Part C Lead Agency determined that the EI service providers as well as the Local Part C program managers were having difficulty implementing the Pyramid Model due to matters outside of their control (e.g., high caseloads, growing EI provide shortage, constant turnover within GSU, and need for additional training). The evaluation, research, and implementation process associated with the LA's SSIP reporting is functional; however, other external barriers (listed previously) are the areas that the LA is focused on addressing in order to obtain more accurate and consistent data. The LA is working with TA representatives to address the need for additional trainings to support the implementation of the Pyramid Model and our strategic partners to develop recruitment activities to assist with enrolling new EI service providers.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Part C State Lead Agency solicits input from our strategic partners on identifying targets for the State Performance Plan through various methods. The Interagency Coordinating Council is comprised of strategic partners representing parents, public and private providers (Speech-language pathologists, Occupational therapists, and Physical therapists), Georgia Department of Early Care and Learning, Georgia House of Representatives, Parent Educators, Georgia Department of Community Health (Medicaid), 619 (Georgia Department of Education), Family Support Manager, Childhood Development Councils, and Part C providers (Early Intervention Coordinators, Service Coordinators, and Special Instructors).

The SICC has developed the following workgroups/committees (standing and sub committees) to support the Part C Lead Agency:

- Annual Report to the Governor/APR data development
- Fiscal
- Recruitment & Retention/Personnel Prep
- Service Delivery and Programs
- Early Intervention Coordinator (EIC) support
- Nominations/Orientation
- Family Engagement

When requested, the sub and/or standing committee conducts a review and evaluates historical and current Part C data, which assists the Part C Lead agency in improving the early intervention services provided by the program. This diverse workgroup was selected by the SICC Chair and includes district staff, community agency staff, Local Part C program EI providers, and parents/caregivers of various races and demographics. In collaboration with the SICC Executive committee and APR subcommittee, the Part C Lead Agency discusses APR information/data and a draft APR is created. Upon the final review and completion of the draft APR, the report is shared and discussed with the program's strategic partners for final review and feedback during the scheduled January SICC meeting, which is prior to the OSEP submission date. The Part C Data Manager, Part C Coordinator, and the State team developed a presentation, data tables, and infographics to facilitate the APR discussions during the report out to the SICC.

Throughout FFY 2023, the Part C Lead Agency and its strategic partners collaborated in various activities to strengthen early intervention practices across the state of Georgia in the following ways:

- McKinney-Vento Homeless Workshop (Partnership with DOE): Strengthening the partnership between Part C and Part B to support families who have young children with special needs and who are suffering from homelessness.
- Category 1 Diagnosis Workgroup: Meet quarterly with Part C Lead Agency and Local Part C program staff to discuss current and new medical diagnosis.
- Family Engagement Committee: Committee focuses on accessibility of early intervention services, plans and supports family engagement with the SICC and LICCs, and aims to increase family understanding of their parental rights and procedural safeguards.
- Georgia Early Education Alliance for Ready Students (GEEARS Partnership: Provided support and serves as an advocate for early intervention service providers and past/present EI families.
- Buddy Bags: Initiative led by the SICC to provide "buddy bags" (care packages for young children) that included a stuffed animal, books, soft blanket, and other age-appropriate items that were used during Child Find community activities.
- Recruitment/Retention Activities: Conducted surveys/needs assessments with the early intervention service providers as well as supported the efforts to increase reimbursement rates for service providers.
- DEC Community Connections: Participated in the DEC facilitated cohort to support Local Part C program managers to address various barriers within early intervention within their health district/health region.
- CSPD (Comprehensive System of Personnel Development)
- Six (6) regional consortia meetings held with an average of 30 participants
- Early Childhood Intervention Summit including a World Café event that included past/present families, EI professionals, State/Local Part C program staff
- CSPD Retreat: Focus – sustainability, advocacy, training, recruitment, and EI resources (30 attendees)
- Child Find Event
- Focus (Military Families): Partnership with TriCare Special Needs Coordinator (SICC member) where information related to Part C Lead Agency EI services supports and initiatives were shared with military families at the Child Development Center on the military base. In addition, attendance at LICC meetings and quarterly meetings within the area where the military base is located.
- Focus (GA Perinatal Clinics): Partnership with perinatal offices across the state of Georgia to educate health coordinators about EI services, initiatives, and supports available to families receiving support from the perinatal clinics.
- Fiscal Academy: SICC fiscal/budget subcommittee lead attended the academy to learn more about Part C budget and fiscal responsibilities to assist the Part C Lead Agency with fiscal and budget matters.

During FFY 2023, the State Part C Lead Agency continued its involvement with the Higher Education Consortium (HEC) for EI/ECSE. HEC is associated with the CSPD and the Personnel Preparation Committees of the SICC. The purpose of the consortium is to provide current EI/ECSE content to be infused into the university preparation programs in Georgia that prepare teachers, therapists and service providers who may work in our Part C program. The consortium meets 1-2 times each semester during the academic year and a listserv is used to push out timely information. The following topics were covered through the FFY 2023 HEC statewide meetings: "Including Families and Caregivers in Personnel Preparation" and "November 2023 Inclusion Statement, Implications for Georgia." Typically, around 30 higher education faculty members, families/caregivers, EI/ECSE professionals, and agency personnel attend the HEC meetings.

In FFY2023, the Part C State Lead Agency began having discussions with the SICC Chairperson regarding the development of a subcommittee that focused on the State Systemic Improvement Plan (SSIP). The purpose of this group is to assist and help the Part C State Lead Agency identify and refine targets based on data analysis of state performance. This group will be comprised of representatives from the Part C Local programs, Georgia Department of Education, Georgia Department of Early Care and Learning, Head Start/Early Head Start, Georgia State University, Parent to Parent of

Georgia (PTI center), public and private EI service providers, Early Childhood Special Education (ECSE) professionals, and families.

The SICC Manager and the SICC Chairperson coordinate the quarterly meetings for the State Interagency Coordinating Council. During the SICC meetings, updates on projects occurring within the Part C State Lead Agency as well as updates from Part C Local programs are shared. This creates an opportunity for the SICC members to provide input and support as well as keep the council members informed on the Part C Lead Agency current initiatives, projects, and any barriers impacting the program's ability to provide EI services.

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Strategic partners, 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.

Georgia's SiMR was identified by SSIP Stakeholders during SSIP Phase I. The selection of the SiMR was based on an in-depth data and infrastructure analysis conducted by the SSIP Stakeholder's group in collaboration with the state BCW team and the state Maternal and Child Health (MCH) Epidemiology team. The SiMR is well aligned with other initiatives that have been ongoing in the state for the past six years.

During SSIP Phase I, Stakeholders developed the following Theory of Action that would lead to improvements in the SiMR when implemented.

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

The Pyramid Implementation Team is the stakeholder component of the feedback loop between the lead agency and implementation sites created to make ongoing adjustments to implementation of Pyramid trainings and practices. The Pyramid Implementation Team is composed of lead agency staff, GSU staff, EICs and the Master Cadre trainers from the 4 SSIP implementation districts plus the Dublin EIC and Dublin Master Cadre Cohort 1, Cohort 2 and Cohort 3 expansion districts. Feedback was obtained during the year via monthly conference calls between the state BCW team and the Pyramid Implementation Team.

The Pyramid Implementation team met monthly via conference calls this year to offer suggestions and provide feedback on: aspects of implementation related to the Pyramid Provider Self-Assessment Survey and provider observations; planning for implementation of the Pyramid Family Survey; expansion of the Pyramid model and trainings with Cohort 3 districts; adjustments needed to Pyramid training modules; and additional support and guidance needed for Pyramid practices.

The Pyramid Implementation Team gave specific suggestions regarding items to include in the COS data checklist tool for a record review as part of the required district quarterly reports as well as the Pyramid Family Survey.

Because of feedback and recommendations from the Pyramid Implementation Team, the third Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors, will become a live virtual training for Master Cadre trainers as the Pyramid model is expanded statewide and requires additional real time interaction. It was the consensus of the Pyramid Implementation Team that due to the level of difficulty of the content and social-distancing requirements, this module needs to be delivered as a live virtual training. The Pyramid Implementation Team has provided input in the development of intensive coaching support for Master Cadre trainers who complete the Tier III module as they in turn support other providers and families. The consensus is that providers need intensive coaching support in developing behavioral support plans and strategies with families of children with persistent, challenging behaviors. GSU-CLD staff has developed additional Tier III training and intensive follow-up coaching support for trained Master Cadre in SSIP implementation districts and the 3 expansion districts.

The Pyramid Implementation Team made suggestions about SSIP and expansion districts partnering across districts on co-delivery of the Pyramid training module, Tier III: Understanding and Addressing Challenging Behaviors. The team agreed co-delivery across districts would create additional support and opportunities for newer Master Cadres to demonstrate applied knowledge of the model. For example, Master Cadres in districts with smaller geographical regions and provider groups to train, would have the option of co-delivering in a district with greater territory and multiple provider trainings scheduled that needs the additional support. Also, Special Instructors, Service Coordinators and Early Intervention Coordinators trained as Master Cadres would be able to leverage the specialty expertise from another SSIP district to add value, specific reference and depth to training delivery discussion. The Pyramid Implementation Team agree to update a Master Cadre Trainer List to make available for participating districts to access peer support.

Consequently, the wording of two items on the survey was modified and one open ended question was added at the end to obtain family feedback on any desired topic.

Stakeholders on the State Interagency Coordinating Council (SICC) received written and verbal SSIP reports from BCW state staff that contained qualitative and quantitative data. SICC stakeholders provided verbal feedback at their quarterly meetings in April 2024, August 2024, October 2024 and January 2025.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Local district stakeholders especially found engagement challenging because of the shortage of providers, lack of financial reimbursement and most importantly all the efforts contributed towards the upcoming OSEP audit. Several local district stakeholders reported master cadres being public staff and with me losing private service coordinators during the reporting period. In addition, districts impacted by Hurricane Helene experience operation shutdowns and delayed service delivery. The State addressed district concerns through adjusted pyramid implementation timelines. In addition, the State continues to explore funding options and provider recruitment strategies.

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.

Activities to Meet Outcomes: Pyramid training series continued for new or existing Master Cadre and Special Instructors and Service coordinators at SSIP implementation sites.

The Pyramid training series consisting of three modules: Family Coaching, PIWI (Parents Interacting with Infants) Model and Tier III: Understanding and Addressing Challenging Behaviors is required training for service coordinators and special instructors at SSIP implementation sites. Certificates of completion are issued for providers who score 80% or better on the posttest. The Pyramid training series must be completed within 6 months of contract or hire date.

Evidence/Measures: Training registration and certificates of completion

Timeline (projected initiation & completion dates): Began April 2025; ongoing for duration of SSIP.

Status/Progress: Module 1 changes (pre test sample size =17, post test sample size=15). 5 Correct/Incorrect Questions asked regarding information on the Pyramid Model. Module 2 changes (pre sample size=23, post sample size= 29). 5 Correct/Incorrect Questions asked regarding information on PIWI.

Changes/Adjustments: None

Activities to Meet Outcomes: Pyramid Provider Self-Assessment Survey at SSIP implementation sites.

The Pyramid Provider Self-Assessment Survey was developed and detailed in Phase III Year 2. The Survey was used for providers to self-assess and reflect on their use of evidence-based practices learned through Pyramid trainings. The Survey provides the lead agency with data to assess practice change and fidelity.

Evidence/Measures: Survey data from Pyramid Provider Self-Assessment tool.

Timeline (projected initiation & completion dates): April 1, 2025-March 04, 2026; ongoing for duration of SSIP.

Status/Progress: Ongoing

Changes/Adjustments: None

Activities to Meet Outcomes: Observation of a subgroup of providers at SSIP implementation sites.

The Pyramid Provider Observation Checklist will be used for observations of Pyramid trained providers conducted quarterly by trained EICs and/or Master Cadres in district implementation sites to further assess practice change and fidelity of practice. The Pyramid Provider Observation Checklist is an adaptation of the Pyramid Provider Self-Assessment Survey. It was developed and described in Phase III Year 2.

Evidence/Measures: Survey data from Pyramid Provider Observation checklist.

Timeline (projected initiation & completion dates): April 2025- March 2026; ongoing for duration of SSIP

Status/Progress: Ongoing.

Changes/Adjustments: Districts impacted by Hurricane Helene

Activities to Meet Outcomes: Implementation of a Pyramid Family Survey at SSIP implementation sites.

The first Pyramid Family Survey data collection occurred September through November 2020 to assess family perception of support and practices as well as family understanding and confidence in supporting their child's social-emotional development. Development of the Family Survey tool is summarized on page 8.

The survey was distributed by Pyramid trained providers to families who received services from September to November 1, 2024. Providers were given a script to use when presenting the survey to families. Families could choose to complete the survey on paper or online via a link to Survey Monkey.

Evidence/Measures: Survey data from the Pyramid Family Survey

Timeline (projected initiation & completion dates): Began September 2025- November 1, 2025

Status/Progress: Additional Family Survey data collection is planned for March/ April 2025; future Family Survey data collections will occur at least annually for duration of the Pyramid implementation. Survey data and results are summarized in Section C.

Changes/Adjustments: Initially 2 measurement cycles were planned for the Family Survey this year. However, feedback from the SSIP implementation team indicated that the survey should be postponed until mid-September due to family involvement in school activities during August. Consequently, only one Family Survey data collection occurred in time for data analysis and reporting. Stakeholder feedback contributed to decision.

Activities to Meet Outcomes: Expansion of the Pyramid training series delivered to additional BCW districts:

Continued statewide implementation of the Pyramid model was achieved through expansion of trainings and coaching support from GSU-CLD to the available districts. A roll-out plan was developed and implemented collaboratively between the lead agency, GSU-CLD and EIC stakeholders in the participating districts.

The Pyramid training series is required training for EICs, service coordinators and special instructors. Two of the modules in the series, PIWI and Family Coaching were delivered in online webinar format.

The third module, Tier III: Understanding and Addressing Challenging Behaviors will be delivered in two 6-hour virtual trainings using HIPAA compliant WebEx platform or in-person for EICs and Master Cadres. Additionally, EICs and Master Cadres from SSIP implementation sites were given the opportunity to attend as a refresher.

Evidence/Measures: Training registration and certificates of completion

Timeline (projected initiation & completion dates): July 1, 2025; ongoing training and coaching support for duration of SSIP.

Status/Progress: Ongoing; Training results for the upcoming Tier III training will be available in time for the next reporting year's SSIP submission.

Changes/Adjustments: Tier III Training to be delivered virtually or in-person this year as an alternative.

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

Anticipated barriers that may be encountered include staff turnover in implementation districts as well as delays in implementation related to personnel shortages locally. Also, staff turnover among the GSU technical assistance team may contribute to training and data collection delays locally. An additional barrier may be lack of funding for providers to attend training. To address barriers and delays, SSIP strategies and activities will be included in the new hire orientation for Regional Coordinators at the state level and state staff will be available for technical assistance to districts. State BCW leadership will seek support from DPH leadership in developing solutions to implementation barriers.

Provide additional information about this indicator (optional).

Data system enhancements completed during Phase III Year I made it possible for Early Intervention Coordinators (EICs) at the district level to access COS reports for APR Indicator 3 that allow monitoring of local program data for data completeness and data quality. These data system enhancements included required data fields that reflect COS team participants to ensure team and parent participation in accordance with state COS policy.

Effective July 1, 2018, a COS quarterly data checklist was added to the required district reports completed by all EICs to determine if infrastructure improvements in the COS process are reflected in improved data quality. EICs select a quarterly sample from the data system of COS entry and exit ratings from 10 records to check for:

- Family and team participation in ratings and
- Evidence that supports the COS rating.

The Pyramid training series continued as detailed in Phase III Year 2 for new or existing Master Cadre, Special Instructors and Service Coordinators at all district implementation sites in order to implement evidence-based practices that support improvements in the SiMR.

Faculty and staff of the Georgia State University - Center for Leadership in Disability (GSU-CLD) assisted in the continued adaptation and dissemination of the three training modules. The modules integrate the philosophy and best practices in implementation of Positive Behavior Support (PBS) approaches and the Pyramid Model.

FFY2023 was a difficult year for the Part C Lead Agency to collect the required data needed to complete APR indicator 11 due to the following:

- Lack of a Part C Data Manager until mid-fiscal year and the newly hired Part C Data Manager being completely new to Part C/Early Intervention
- Lack of EI service providers
- Need for additional training and support to assist EI providers with understanding and implementing the Pyramid Model.
- Multiple turnovers within Georgia State University (GSU), which is the LA's higher ed strategic partner that assists with the collection of our SSIP (Ind. 11) data that is needed to develop the report. Each new project director assigned from GSU was new to EI and unfamiliar with the data collected and needed to complete the required report for the LA.

The Part C Lead Agency is working with the program's strategic partners at GSU to amend the current contract to avoid similar issues moving forward with the collection of our SSIP data.

11 - Prior FFY Required Actions

The State did not, as required by the OSEP Response to the State's FFY 2021 SPP/APR, provide: (1) next steps for each of the infrastructure improvement strategies identified by the State, and the anticipated outcomes to be attained during the next fiscal year; (2) a summary of the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity; (3) a description of how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing programs, policies and/or practices; and, (4) a summary of the strategies or activities that ensured the used of evidence-based practices with fidelity. The State provided none of the required information. In its FFY 2023 SPP/APR, the State must provide the required information.

Response to actions required in FFY 2022 SPP/APR

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
17	0	17	0	0

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

N/A

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of timely services during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the service began even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received the recommended EI service (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the recommended EI service(s) added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 17 Local Part C programs that were found out of compliance had received their EI services by December 4, 2023. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received all services as indicated on their IFSP, although late.

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
18	0	18	0	0

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

N/A

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the initial evaluation and assessment and an initial IFSP meeting during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure

continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the initial evaluation and assessment and an initial IFSP meeting occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received the initial evaluation and assessment and an initial IFSP meeting (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the initial evaluation and assessment and an initial IFSP meeting added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 18 Local Part C programs that were found out of compliance had received their EI services by June 30, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received the initial evaluation and assessment and an initial IFSP meeting as indicated on their IFSP, although late.

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
14	0	14	0	0

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

N/A

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the development of 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 during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date of 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 was developed even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the development of 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 was developed (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition planning added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the development of 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 had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 14 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received their transition steps and services as indicated on their IFSP, although late.

Indicator 8B. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2022

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

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

N/A

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

N/A

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

N/A

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
14	0	14	0	0

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

N/A

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

Per OSEP QA 23-01, the Part C State Lead Agency verified instances of non-compliance regarding the provision of conducting the transition conference at least 90 days, prior to the toddler's third birthday during BIBS data collection specific to the APR reporting period beginning in July 2022. Once complete, information from the data pull was collected and shared with the districts and used by them to conduct a root cause analysis of the identified non-compliance of providing IFSP services in a timely manner. The results of the analysis were used by the state Monitoring and Compliance Managers

and the Local Part C program managers to develop a Corrective Action Plan (CAP). The Local Part C programs then submitted their completed CAP to their designated Monitoring and Compliance Manager monthly for a minimum of three months for review and approval. Once a Local Part C program has been issued a finding, programs are required to correct as soon as possible but no later than one year. Along with the CAPs Progress Report, Local Part C programs are required to provide supporting documentation (e.g., coordination notes, progress notes, child library documents, evaluation reports) to verify all corrections. Monitoring and Compliance Managers review the files that were initially noncompliant and subsequent data and supporting documentation are reviewed to ensure continued compliance. The CAP contains information related to data monitoring, corrective actions, and changes needed in procedures and/or processes. Subsequent data monitoring is conducted at the state and local level throughout the year via quarterly APR data reviews by using the APR indicator reports, progress/coordination notes and uploaded consents/documents from the state database to ensure continued compliance with regulatory requirements.

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

The Part C State Lead Agency requires that with each incidence of non-compliance, the local Part C program must report to the Part C State Lead Agency the date that the transition conference occurred even though it was late, which is consistent with OSEP QA 23-01. Review of documentation from APR indicator reports and data (e.g., progress/coordination notes, uploaded consents/documents) captured in the state's database reflects the correction for each individual case of non-compliance (unless the child was no longer within the jurisdiction of the local Part C program), and the local Part C program is required to submit subsequent data to reflect compliance in this indicator consistent with OSEP QA 23-01. In compliance with OSEP, a review of additional data (e.g., CAPs, Root Cause Analysis) over the course of a minimum of 90 days is conducted by the Monitoring and Compliance Managers to ensure accuracy.

Each Local Part C program that had findings of non-compliance was required to verify and document when the child received their transition conference (unless the child was no longer within the jurisdiction of the Local Part C program). This includes assurances that the Local Part C program is correctly implementing the regulatory requirements and that compensatory services are provided as needed. Verification of correction of each instance of non-compliance was also conducted through the quarterly data reviews conducted both by the Local Part C program managers and the Monitoring and Compliance Managers. This TA process was based on a review of updated data and a review of the delivery of the transition conference added to the IFSP. Each individual instance of non-compliance was reviewed by the Monitoring and Compliance Managers and was subsequently determined to have been addressed by the programs as the Part C Lead Agency requirements. Follow-up was scheduled with the noncompliant Local Part C programs by the Monitoring and Compliance Managers to ensure that the Local Part C program had accurately verified and documented the start of the recommended EI service(s) had been achieved within one year (if applicable), and that the program was correctly implementing the specific regulatory requirements. Any instances where the EI service had not yet been achieved or the child was no longer in the jurisdiction of the Local Part C program was required to be documented in the Part C Lead Agency database and monitored quarterly by both the Local Part C program manager. All final determinations were made by a quarterly review of the Local Part C program's data by the Monitoring and Compliance Managers. The quarterly review data revealed that all enrolled children in the 14 Local Part C programs that were found out of compliance had received their EI service by June 12, 2024. The Local Part C programs were subsequently notified that they achieved 100% compliance within one year based on review of updated data and confirmation that each infant and toddler received their transition conference as indicated on their IFSP, although late.

Optional for FFY 2023, 2024, and 2025:

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

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

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

N/A

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

N/A

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

N/A

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
63	0	63	0	0

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
63	63		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

N/A

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	63
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	63
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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

12 - OSEP Response

The State has established the baseline year for this indicator, using FFY 2023, and OSEP accepts that baseline.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Kevin Byrd

Title:

Director of Early Intervention/Part C Coordinator

Email:

kevin.byrd@dph.ga.gov

Phone:

7043694658

Submitted on:

04/22/25 9:58:48 AM

Determination Enclosures

RDA Matrix

Georgia

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	16	16	100.00%

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	5,226
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	9,430
Percentage of Children Exiting who are Included in Outcome Data (%)	55.42
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

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

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	80.89%	61.02%	83.79%	46.19%	83.70%	65.52%
FFY 2022	80.14%	62.85%	82.87%	47.26%	82.96%	67.11%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	97.30%	YES	2
Indicator 7: 45-day timeline	89.51%	YES	2
Indicator 8A: Timely transition plan	96.29%	YES	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	96.29%	YES	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

Appendix A

I. (a) Data Completeness:

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

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

Expected Range of Responses for Each Outcome and Category, FFY 2023

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

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

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	5,226
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	10	716	1,311	1,762	1,427
Performance (%)	0.19%	13.70%	25.09%	33.72%	27.31%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	8	757	2,047	1,907	507
Performance (%)	0.15%	14.49%	39.17%	36.49%	9.70%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	9	643	1,150	2,197	1,227
Performance (%)	0.17%	12.30%	22.01%	42.04%	23.48%
Scores	1	1	1	1	1

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

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

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

This score represents how your State’s FFY 2023 Outcomes data compares to other States’ FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State’s Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State’s Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State’s Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

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

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

Your State’s Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	80.89%	61.02%	83.79%	46.19%	83.70%	65.52%
Points	1	1	2	1	1	1

Total Points Across SS1 and SS2	7
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Your State’s Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

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

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year's reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps. All values are shown as rounded for display purposes.

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

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

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on

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

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

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

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

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

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

- 0 = statistically significant decrease from FFY 2022 to FFY 2023
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	3,762	80.14%	3,799	80.89%	0.75	0.0091	0.8191	0.4127	NO	1
SS1/Outcome B: Knowledge and Skills	4,809	82.87%	4,719	83.79%	0.92	0.0076	1.2094	0.2265	NO	1
SS1/Outcome C: Actions to meet needs	3,979	82.96%	3,999	83.70%	0.74	0.0083	0.8812	0.3782	NO	1
SS2/Outcome A: Positive Social Relationships	5,260	62.85%	5,226	61.02%	-1.83	0.0095	-1.9299	0.0536	NO	1
SS2/Outcome B: Knowledge and Skills	5,260	47.26%	5,226	46.19%	-1.07	0.0097	-1.0984	0.272	NO	1
SS2/Outcome C: Actions to meet needs	5,260	67.11%	5,226	65.52%	-1.59	0.0092	-1.7245	0.0846	NO	1

Total Points Across SS1 and SS2	6
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Your State's Performance Change Score	1
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**Data Rubric
Georgia**

FFY 2023 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

Georgia

Year 2023-24

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

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

Section C: Due Process Complaints

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

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

Georgia

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 18, 2025

Honorable Kathleen E. Toomey, MD
Commissioner
Georgia Department of Public Health
2 Peachtree Street Northwest, 11th Floor
Atlanta, GA 30303

Dear Dr. Toomey:

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

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

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

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

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

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

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

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

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

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

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

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

As noted above, Georgia's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

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

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

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

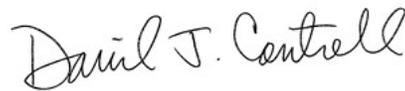
- (1) review EIS program performance against targets in Georgia's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action;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

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

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

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator