

## Indicator 12: Early Childhood Transition

### Instructions and Measurement

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

**Compliance indicator:** Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

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 the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

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, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

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

## 12 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2005	67.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	97.73%	93.67%	97.62%	93.94%	89.09%

**Targets**

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

**FFY 2022 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	169
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	31
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	80
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	35
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	17
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	1

Measure	Numerator (c)	Denominator or (a-b-d-e-f)	FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	80	85	89.09%	100%	94.12%	Did not meet target	No Slippage

**Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f**

5

**Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.**

The five children included in (a), but not in b, c, d, e, or f were from five different LEAs. The range of days beyond the third birthday to when the child was determined eligible and an IEP was in place, was 28 to 68 days. Three of the LEAs reported that they did not make the timeline due to not receiving the referral from Part C in a timely enough manner to have eligibility determined and/or an IEP in place by the 3rd birthday. One LEA reported staffing issues (availability of OT and PT to conduct the assessments needed to determine eligibility) as the reason. Lastly, one LEA reported they incorrectly entered the child's birthday in their system and did not realize it until too late to get the determination done by the 3rd birthday. All 5 LEAs were able to demonstrate compliance with other children who were referred by Part C in the same federal fiscal year.

**Attach PDF table (optional)**

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

State database that includes data for the entire reporting year

**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.**

The OPI uses a census-level data collection for this indicator. The Part C Lead Agency submits data through a secure data file transfer system, regarding all children referred to a school district to the OPI. The OPI collates this data and verifies the referral through the statewide student database system. This system contains documentation of the referral, the eligibility determination and, if the child is eligible, the student's IEP. This allows the OPI to determine district compliance with the Part C to Part B transition requirements. By using this method, the OPI can account for all children in the state who transition from Part C to Part B.

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

For FFY 2021, at the time of this data collection, the evaluation process and IEP development had occurred for the children for whom the eligibility determination had not been made or an IEP developed by their third birthday. All instances of noncompliance

with this requirement had been corrected in a timely manner. The LEAs that had an identified instance of noncompliance were required to provide subsequent documentation of 100 percent compliance with the Part C to Part B transition requirements. For each of these LEAs, their FFY2022 data demonstrated that they did understand the requirements of IDEA, and they were able to get all determinations and IEPs written by the 3rd birthdays for children referred from a Part C Agency.

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	6	-6

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

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

The State verified that each of the five LEAs are correctly implementing the regulatory requirements by achieving 100% compliance as required with OSEP 23-01. The State required each of the LEAs to submit additional documents for children who were referred by Part C to Part B to show evidence that child was evaluated, and an IEP was implemented by the child's third birthday. This was done through the State's integrated monitoring activities and also through the Student Information System (SIS). All documents were submitted within the one-year timeline. It was determined that each instance of noncompliance was an isolated instance.

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

The State continues to review each individual case of noncompliance by requiring the LEA to submit the corrections to the SEA. Once those corrections are made, the LEA is required to submit additional documentation that the assessments and evaluation were completed, and an IEP was implemented before the child's third birthday. The SEA does child specific monitoring, and the LEAs are required to make all corrections for any item to be found noncompliant and then the LEA is required to submit additional documentation, related to the original findings, before the LEA is found to be in 100% compliance as required with OSEP 23-01.

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

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

## 12 - Prior FFY Required Actions

The State did not report that it identified any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report how it verified that each LEA with noncompliance identified in FFY 2020: (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 LEA, consistent with OSEP Memo 09-02.

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

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

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

The required actions in FFY21 SPP/APR required the State demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2020 SPP/APR. The SEA identified 4 findings in FFY 2020.

The SEA did verify that each of the three LEAs where the four findings of noncompliance were identified, the LEAs are correctly implementing the regulatory requirements by achieving 100% compliance as required in OSEP 23-01. The State required each of the LEAs to submit additional documents for children who were referred by Part C to Part B to show evidence that child was evaluated, and an IEP was implemented by the child's third birthday. This was done through the State's integrated monitoring activities and also through the Student Information System (SIS). All documents were submitted within the one-year timeline. It was determined that each instance of noncompliance was an isolated instance. One LEA did not receive the referral from Part C until 10 days before the child's third birthday and the other two LEAs reported that staff was not able to assess the children due to being quarantined because of COVID.

The State continues to review each individual case of noncompliance by requiring the LEA to submit the corrections to the SEA. Once those corrections are made, the LEA is required to submit additional documentation that the assessments and evaluation were completed, and an IEP was implemented before the child's third birthday. The SEA does child specific monitoring, and the LEAs are required to make all corrections for any item to be found noncompliant and then the LEA is required to submit additional documentation, related to the original findings, before the LEA is found to be in 100% compliance as required in OSEP 23-01.

## 12 - OSEP Response

The State did not demonstrate that each LEA corrected the findings of noncompliance identified in FFY 2021 and FFY 2020 because it did not report that it verified correction of those findings, consistent with OSEP QA 23-01. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2021 and FFY 2020 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 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

## 12 - 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 six (6) uncorrected findings of noncompliance identified in FFY 2021, and the remaining four (4) uncorrected findings of noncompliance identified in FFY 2020 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 LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021 and FFY 2020 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 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, 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.