

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 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 LEAs 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 LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	67.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	93.67%	97.62%	93.94%	89.09%	94.12%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	225
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	28
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	110
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.	8
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	29
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.	3

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 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.	110	157	94.12%	100%	70.06%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

From FFY 2022 to FFY 2023, the Indicator 12 percentage decreased by 24.06 percentage points. The state has identified several likely reasons for this slippage. First, the number of students referred to Part B by Part C notably increased by over 33% from FFY 2022 to FFY 2023. This increase in the number of students referred is attributable to multiple factors, including the growing state population and the data rebounding from the smaller numbers reported during COVID-affected school years (FFY 2020 and FFY 2021). To the latter point, the numbers of students referred to Part B from Part C in FFY 2020 and FFY 2021 were greatly affected by school closures and inconsistent in-person instruction caused by COVID (93 and 100 referrals to Part B were reported, respectively), as parents were electing not pursue Part B evaluation during the pandemic. The state observed drops in the referrals that only began to increase in FFY 2022 (169 referrals to Part B) and have increased even more substantially in FFY 2023. This increase in referrals placed stress on LEAs that were already reporting staffing challenges and resulted in delays in processing referrals and ensuring that evaluations were complete, and if eligible, IEP meetings were held with IEPs ready to be implemented by a child's third birthday. LEAs reported that over 21% of delays were due to LEA scheduling issues, over 8.5% were due to delays in the completion of evaluations (likely resulting from evaluation specialist shortages statewide), and over 4% were due to delays in referrals from Part C to Part B.

In addition, four of the largest LEAs in the state impacted statewide data due to the large percentage of their students represented in the FFY 2023 Indicator 12 data set. These large LEAs have been substantially affected by staffing shortages and staff turnover, thus contributing to the overall noncompliance reported by the state. The four large LEAs account for 19% of the statewide student population, accounted for 40% of the total Indicator 12 records, and accounted for over 53% of the noncompliant records reported for Indicator 12.

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

47

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.

In FFY 2023, there were 47 records that were determined noncompliant.

For records in which children were determined not eligible after their third birthdays, the range of days beyond the third birthday was 2 to 52. For records in which children were determined eligible, 13 children had their eligibility completed by their third birthday and for the remaining records, the range of days beyond their third birthday was 1 to 154. These eligible children had IEPs implemented after their third birthdays, with the range of days beyond the third birthday being 1 to 169.

Reasons for delay included late referrals from Part C to the LEA, delays in completion of evaluations, parent-related scheduling delays, and LEA-related scheduling delays.

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 SEA 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 SEA. The SEA collates this data and verifies the referral through the statewide student information system (SIS). This SIS contains documentation of the referral, the eligibility determination and, if the child is eligible, the student's IEP. This allows the SEA to determine district compliance with the Part C to Part B transition requirements. By using this method, the SEA can account for all children in the state who transition from Part C to Part B.

Provide additional information about this indicator (optional)

Information related to the correction of findings of noncompliance from FFY 2021 (6 records with noncompliance) and FFY 2020 (4 records with noncompliance) has not been reported in the section titled "Correction of Findings of Noncompliance Identified Prior to FFY 2022" because prior to FFY 2022, the state allowed for pre-finding corrections of noncompliance. As a result, the individual instances of noncompliance reported in the data tables

for Indicator 12 in FFY 2021 and FFY 2020 did not result in written findings of noncompliance because the state allowed LEAs to conduct pre-finding corrections within 90 days of the state first determining the noncompliance.

In FFY 2021, there were 6 student records with noncompliance reported. Upon determining this noncompliance, the state allowed the 5 LEAs responsible for the 6 instances of noncompliance to correct the noncompliance within 90 days. After 90 days, the state planned to issue a written finding of noncompliance. All 5 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 6 child-specific instances of noncompliance were corrected through LEA-submitted evidence of eligibility determination and, when eligibility was determined, development and implementation of an IEP. The state verified that the 5 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around Part C to Part B transition to determine systemic compliance. As a result of completion of these required actions, the state was able to determine that child-specific records were now appropriately corrected and that the 5 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies and turnover, the 6 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

In FFY 2020, there were 4 student records with noncompliance reported. As described in the paragraph above related to FFY 2021 noncompliant records, upon determining noncompliance for the 4 student records, the state allowed the 3 LEAs responsible for the 4 instances of noncompliance to correct the noncompliance within 90 days. As aforementioned, after 90 days, the state planned to issue a written finding of noncompliance. All 3 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 4 child-specific instances of noncompliance were corrected through LEA submitted evidence of eligibility determination and, when eligibility was determined, development and implementation of an IEP. The state verified that the 3 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around Part C to Part B transition to determine systemic compliance. As a result of completion of these required actions, the state was able to determine that child-specific records were now appropriately corrected and that the 3 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies and turnover, the 4 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	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

In FFY 2022, there were 5 LEAs that were the source of noncompliance for the 5 individual records with noncompliance. The state issued written findings and required the 5 LEAs to complete a corrective action plan (CAP) that required the LEAs to drill down into and take steps to correct the root cause of the noncompliance to prevent it from recurring. After completion of the CAP and correction of the child-specific noncompliance, the state conducted a subsequent data review of new student records to evaluate compliance with regulatory requirements. Through these activities, the state verified that the 5 LEAs that were the source of noncompliance are now correctly implementing the regulatory requirements with 100% compliance, consistent with QA 23-01.

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

The 5 individual cases of noncompliance reported in FFY 2022 were required to be corrected, albeit past the child’s third birthday, to ensure an eligibility determination was made and, when eligible, an IEP was developed and implemented. LEAs with the 5 cases of noncompliance were required to submit evidence of such actions and the state verified that each of the 5 individual cases of noncompliance were corrected, consistent with QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	6		
FFY 2020	4		

12 - 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 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.

Response to actions required in FFY 2022 SPP/APR

For information on the correction of findings of noncompliance for FFY 2022, please see the section titled "Correction of Findings of Noncompliance Identified in FFY 2022."

Information related to the correction of findings of noncompliance from FFY 2021 (6 records with noncompliance) and FFY 2020 (4 records with noncompliance) has not been reported in the section titled "Correction of Findings of Noncompliance Identified Prior to FFY 2022" because prior to FFY 2022, the state allowed for pre-finding corrections of noncompliance. As a result, the individual instances of noncompliance reported in the data tables for Indicator 12 in FFY 2021 and FFY 2020 did not result in written findings of noncompliance because the state allowed LEAs to conduct pre-finding corrections within 90 days of the state first determining the noncompliance.

In FFY 2021, there were 6 student records with noncompliance reported. Upon determining this noncompliance, the state allowed the 5 LEAs responsible for the 6 instances of noncompliance to correct the noncompliance within 90 days. After 90 days, the state planned to issue a written finding of noncompliance. All 5 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 6 child-specific instances of noncompliance were corrected through LEA-submitted evidence of eligibility determination and, when eligibility was determined, the development and implementation of an IEP. The state verified that the 5 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around Part C to Part B transition to determine systemic compliance. As a result of the completion of these required actions, the state was able to determine that child-specific records were now appropriately corrected and that the 5 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies and turnover, the 6 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

In FFY 2020, there were 4 student records with noncompliance reported. As described in the paragraph above related to FFY 2021 noncompliant records, upon determining noncompliance for the 4 student records, the state allowed the 3 LEAs responsible for the 4 instances of noncompliance to correct the noncompliance within 90 days. As aforementioned, after 90 days, the state planned to issue a written finding of noncompliance. All 3 LEAs with instances of noncompliance were able to demonstrate, within 90 days, child-specific and systemic correction of noncompliance. The state verified that all 4 child-specific instances of noncompliance were corrected through LEA-submitted evidence of eligibility determination and, when eligibility was determined, the development and implementation of an IEP. The state verified that the 3 LEAs that were the source of the noncompliance addressed the factors contributing to the noncompliance and determined this through a review of subsequent records completed after correction of child-specific noncompliance. In instances where there were no subsequent records available, the state reviewed revisions to policies and procedures around Part C to Part B transition to determine systemic compliance. As a result of the completion of these required actions, the state was able to determine that child-specific records were now appropriately corrected and that the 3 LEAs were correctly implementing regulatory requirements with 100% compliance, consistent with the OSEP Memo 09-02 that served as the authoritative source at the time. Due to staff vacancies and turnover, the 4 instances of noncompliance were inadvertently reported as findings of noncompliance in the FFY 2022 SPP/APR submission. This was an error and has since been addressed.

12 - OSEP Response

12 - Required Actions