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**

Pennsylvania

**PART C DUE
February 3, 2025**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Pennsylvania Office of Child Development and Early Learning, Bureau of Early Intervention Services and Family Supports (BEISFS) contracts with 48 Infant Toddler Early Intervention (ITEI) programs that are operated through county-based government agencies to provide ITEI services to enrolled infants, toddlers, and their families. BEISFS partners with the Pennsylvania Department of Education and the Department of Human Services on the development and implementation of policy and guidance for local Early Intervention (EI) programs.

BEISFS provides general supervision of both the Part C Infant Toddler and the B619 Preschool Early Intervention programs and ensures that the EI programs meet IDEA and state regulations and requirements. Through the general supervision systems, BEISFS ensures that all instances of systemic and child-specific noncompliance are identified and corrected.

BEISFS works in partnership with two primary stakeholder groups, the Part C State Interagency Coordinating Council (SICC) and the preschool and school age Special Education Advisory Panel (SEAP). BEISFS collaborates with the federal Parent Training and Information Centers and Community Parent Resource Center. BEISFS provides a comprehensive technical assistance and professional development system, through Early Intervention Technical Assistance (EITA), that supports both the Part C and Part B 619 EI leadership, service providers, and families. Pennsylvania's State Professional Development Grant, Success for Pennsylvania's Early Learners (SPEL) is a collaborative effort across school-age special education, Part B 619, and Part C EI, providing professional development activities focused on the Part C SSIP.

Additional information related to data collection and reporting

Pennsylvania uses a comprehensive, central data management system, PELICAN-EI, that enables the review of individual child-level and statewide data. The data management system supports referral information, service coordination activities, planning information, financial management, compliance measures, and other reporting needs for BEISFS. PELICAN-EI generates evaluation reports and educational plan documents, including both the statewide IFSP and IEP. The information in PELICAN-EI is used to create reports to assist in program management, local determination, verification processes, and the identification and correction of noncompliance. Rigorous analysis of the data by staff on a monthly, quarterly, and annual basis allows BEISFS to ensure data driven decision-making for quality improvement.

PELICAN-EI supports BEISFS's general supervision system through a central data management system that monitors the accuracy of data, generates standard and program specific reports, analyzes data patterns including longitudinal trends, and allows access to real-time data. Using PELICAN-EI, BEISFS meets all federal and state report requirements and timelines.

In addition to the PELICAN-EI data management system, BEISFS operates two additional data systems to support internal reporting and compliance of local ITEI programs. The ITEI Provider Registry is used by local ITEI programs to track the qualifications and ongoing professional development of ITEI providers including service coordinators. BEISFS uses the ITEI Provider Registry reports for consistent reporting of ITEI qualifications and professional development during the verification and determination processes. The EI Verification Tool (EIVT) is an internal software used by BEISFS to generate a verification report after entering data from the verification process.

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.

BEISFS implements a 4-year cycle for monitoring both ITEI and PSEI programs. Approximately 20 EI programs, including both ITEI and PSEI programs, are monitored each year of the cycle. In FY 2023, 9 ITEI programs and 10 PSEI programs were monitored. Monitoring events are scheduled to ensure a mix of ITEI and PSEI programs, geographic regions, and program size. EI programs are monitored beginning in September with notice to the program. After the notification letter is issued, the process begins with observations, interviews, and review of the program's policies and procedures. During January through June of each fiscal year, monitoring includes an onsite visit of 2-3 days. Additional monitoring events occur at the discretion of BEISFS if, during the monitoring cycle, there is a significant decrease in performance or if individual or systemic areas of noncompliance are identified.

ITEI programs are assigned to a BEISFS advisor who, as the primary contact to the ITEI, is responsible for monitoring compliance issues, complaint issues, and policy requirements. Advisors have contact with their ITEI programs during monitoring and validation, development and review of Quality Enhancement Plans (QEP), and complaint investigations.

While one BEISFS advisor (the primary contact for the ITEI program) is the verification chairperson, a team of approximately 4 – 6 members participate in the verification. The team includes: the assigned EITA consultant, a peer from another ITEI program, and one to three additional BEISFS advisors, as appropriate to the size of the ITEI program. Monitoring activities include review of child records, observation of service delivery, interviews of supervisors, staff and families, review of program procedures, review of fiscal reports, and review of data sources as needed.

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.

A child record sample is randomly selected from the PELICAN-EI data management system. The random child record sample represent 5% (or a minimum of 10 child records to a maximum of 30 child records) of the ITEI program's aggregate number of enrolled children. Targeted record samples are also selected and include variables such as:
- children in at-risk tracking (ITEI only)
- children who have been evaluated but found not eligible

- children who have exited the program or no longer eligible
- ITF Waiver and Medical Assistance (ITEI only)
- children transitioning to preschool EI or other community services

The total number of child records reviewed ranges from 35 – 80 records. In general, child records will be reviewed back one year from the date of monitoring. The monitoring team may choose to review more child records to verify a result.

The BEISFS advisor is responsible for ensuring all identified instances of noncompliance are validated and corrected within one year from the issuance of the monitoring report. To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements, the BEISFS advisor reviews a sample of child record data. The data are reviewed through the PELICAN-EI data system and confirm that the ITEI program is now correctly implementing the regulatory requirements found to be out of compliance. In addition, ITEI programs develop and submit Quality Enhancement Plans (QEPs) to address correction of all areas of noncompliance. All QEPs are approved by BEISFS Advisors and implementation of the QEP is validated within one year of issuance of the finding's report. BEISFS Advisors review documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation includes the review of updated local policies and procedures and/or documentation of staff training on new procedures.

For each individual noncompliance, BEISFS Advisors reviewed child record data to confirm that all individual noncompliance were corrected.

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

Pennsylvania uses a comprehensive data management system, PELICAN-EI, that enables the review of individual child and statewide data. The data management system supports referral information, service coordination activities, planning information, financial management, progress measures and other reporting needs for BEISFS. PELICAN-EI generates evaluation and educational plan documents. The information in PELICAN-EI is used to create reports to assist in program management, verification processes, including the development of child record samples, and the identification and correction of noncompliance. Rigorous analysis of the data on a monthly, quarterly and annual basis allows BEISFS to ensure data driven decision making for quality improvement.

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.

BEISFS issues findings of noncompliance by ITEI program.

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).

Pennsylvania's Part C program has not adopted procedures for ITEI programs to correct noncompliance prior to the issuance of a finding.

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.**

BEISFS ensures that IDEA and state requirements are met through its general supervision system. ITEI programs must develop a QEP to correct systemic and child specific noncompliance, which are approved by BEISFS. QEPs are based on findings of noncompliance from monitoring events and the determination process. The QEP identifies specific programmatic outcomes and how progress will be measured. The QEP is a flexible document that is updated annually, or as additional needs arise. If an ITEI program does not correct noncompliance according to timelines, additional procedures are implemented.

Additional support and/or onsite visits from BEISFS occur at the discretion of BEISFS if, during the monitoring cycle, there is a significant decrease in performance or if individual or systemic areas of noncompliance are identified.

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.

Annual determinations issued in 2024 were derived from data collected and reported in FY 2022. ITEI programs were notified of their determination in January 2024

The determination process uses a common set of performance measures with evidence gathered from APR/SPP indicators, Family Survey responses and return rates, PELICAN-EI, referral data, personnel qualification data, complaint data, and data quality indicators. Criteria for each outcome area results in a determination level of either Meets Requirements, Needs Assistance, Needs Intervention or Needs Substantial Intervention. Based on the determination results, ITEI programs develop a QEP with strategies to correct identified noncompliance.

Programs that receive a determination level below "Meets Requirements" in a performance measure must address any noncompliance that has been identified and develop quality improvement activities to address it. Program performance in the outcome area of "Compliance" that is less than 100%, despite the determination level of "Meets Requirements", must address each data element. All noncompliance and quality improvement activities will be documented in the QEP.

In addition, local ITEI programs participate in differentiated support activities identified by the BEISFS. These activities are individualized, based on the determination levels received in each outcome area and as compared to prior years' determinations. As appropriate for the identified program needs, BEISFS will develop teams with the expertise to provide differentiated support activities. These activities may include: providing technical assistance to address the areas in which the ITEI program needs assistance, providing assistance in identifying and implementing professional development on evidence-based practices for EI service delivery, providing assistance in the production of data reports, review and analysis of data, and the use of data for program improvement, identifying the ITEI program as "high-risk" and imposing special conditions on the program's allocations, and directing the use of administrative funds to area in which the ITEI program needs assistance.

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

Links to BEISFS's general supervision policies, procedures, and processes can be found on Pennsylvania Department of Education's Early Intervention page (https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx) and the Department of Human Services' Early Intervention page (https://www.dhs.pa.gov/Services/Children/Pages/Early-Intervention-Services.aspx) .

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.

Early Intervention Technical Assistance (EITA) provides statewide training and technical assistance on behalf of BEISFS. The primary recipients of EITA services are the local ITEI and PSEI programs. EITA is part of PaTTAN, the school-age training and technical assistance system. EITA supports

statewide initiatives that are identified through the analysis of statewide data, including verification results, determinations, compliance with state and federal requirements, evidence-based EI practices, and planning with BEISFS staff. Statewide professional development events are provided to ensure a consistent message from BEISFS. Family members are welcome participants and trainers in professional development activities. Examples of current statewide training include EI service delivery using coaching and embedded instruction, positive behavior supports, family engagement, leadership skill development, and essential skills for implementing EI services.

An EITA Consultant is assigned as the primary training contact for each ITEI program and is responsible for assisting the ITEI program in providing local training as needed. EITA participates in verification visits and assists each ITEI program in the development of annual QEPs.

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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.

Pennsylvania's professional development system is designed to ensure high quality EI services that are provided by skilled, highly qualified EI staff. EITA provides four core functions to support BEISFS's management of the EI system including:

 1. Verification Support - providing support to BEISFS's verification process to ensure high-quality EI services; participation in ITEI verification teams; training and technical assistance support to local programs based on verification needs and QEPs; and targeted intensive support to select programs based on the results of the verification process or program management data analysis.

 2. PD support in EI core competencies - providing professional development to ensure that all EI staff have the basic competencies needed to provide high-quality EI services to children and families. This is accomplished through statewide and local workshops; online learning modules and webinars; and materials development and dissemination.

 3. PD support for EI evidence-based practices: providing professional development activities to EI staff based on innovative evidence-based practices designed to enhance existing high quality EI services. This is accomplished through: statewide and local training; online learning modules and webinars; materials development and dissemination, and collaboration with Pennsylvania's State Professional Development Grant, Success for Pennsylvania's Early Learners (SPEL).

4. Policy Support - providing assistance to BEISFS in the development of policies to ensure high- quality EI services and assisting local programs in translating EI policies into practice. This is accomplished through technical assistance in developing BEISFS policy documents, reports, statewide leadership activities, policy-related research, and materials development.

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 EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

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

YES

Number of Parent Members:

23

Parent Members Engagement:

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

In FFY 2023, Pennsylvania's EI program used existing stakeholder meetings as an opportunity to engage family members in setting targets, analyzing data, developing improvement strategies, and evaluating progress. Meetings held in FFY 2023 reviewed APR data, results of implementation of improvement strategies, APR progress, and allowed families to provide feedback.

Information on the APR data and targets was provided to SEAP on September 21, 2023, and January 17, 2024.   An SPP/APR 101 training was provided to SEAP family and professional members on January 17, 2024. Information on the APR data and targets was provided to the SICC on October 5, 2023, and December 7, 2023.

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.

Statewide and local training activities are the primary methods used to increase the capacity of diverse groups of parents to support the implementation of APR improvement activities to improve outcomes for children in the ITEI program. During FY 2023, statewide training events included Parents as Partners in Professional Development, and Competence and Confidence: Partners in Policymaking. These activities included updates on APR improvement activities, reviews of APR data, and feedback to BEISFS. Local ITEI programs and LICCs also offered training to families in their programs on topics related to improving outcomes for children in ITEI programs. Parents also participated in Policy Forums held in June 2024.

Pennsylvania's Part C Statewide Systemic Improvement Plan (SSIP) has a birth to five focus on evidence-based strategies for EI service delivery, specifically family coaching and embedded instruction. The overall goal of the SSIP is to build and support family competence in helping their child learn. The ITEI component of the SSIP includes professional development activities for both family members and early childhood professionals.

BEISFS is a partner in implementing the SPEL grant which supports coaching and embedded instruction professional development activities, the development of Family Ambassadors to support families and children transitioning from ITEI to kindergarten programs, and the development of transition and family engagement resources for families.

Soliciting Public Input:

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

In addition to the events described in the Parent Members Engagement section above, meetings were held with stakeholder groups that included EI administrators, EI providers, and early childhood agencies. These groups included the Early Intervention Providers Association, the Pennsylvania Association of Intermediate Units, Early Learning Resource Centers, and the Pennsylvania Association of County Administrators. Meetings were held with these groups in FY 2023 and included opportunities for input on the review of APR data, target setting, and improvement activities.

Throughout FFY 2023, BEISFS held bi-monthly meetings with the leaders of ITEI programs. Leaders received updates on data analysis of APR indicators and were asked to provide input on improvement strategies on August 25, 2023, October 27, 2023, and December 1, 2023.

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.

As stakeholder events were completed, meeting agendas, slides summarizing APR data, and feedback summaries were posted to shared meeting spaces. For example, materials from APR discussions at SEAP were posted to https://www.pattan.net/Collaborative-Partnerships/The-Special-Education-Advisory-Panel-SEAP

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.

Pennsylvania continues to comply with all federal requirements for annual reporting to the public. Data from the SPP/APR are available on a statewide level and for each ITEI program. Announcements are made about the availability of the updated SPP/APR on the Pennsylvania Early Childhood Education NEWS listserv, an email listserv that reaches Early Childhood/Early Intervention stakeholders and advocates across the state.

BEISFS, in conjunction with the Pennsylvania State Data Center, developed a web-based dashboard that is used to disseminate updated SPP/APR data on OSEP indicators to the public. The dashboard includes FFY 2005 through FFY 2022 APR data for each ITEI program and a link to the entire SPP/APR. The dashboard will be updated to include FFY 2023 data no later than 120 days from submission of the SPP/APR. Information can be found at: https://penndata.hbg.psu.edu/PublicReporting/EarlyIntervention/tabid/2534/Default.aspx

Additional links to the SPP/APR can be found on Pennsylvania Department of Education's Early Intervention page (https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/default.aspx) and the Department of Human Services' Early Intervention page (https://www.dhs.pa.gov/Services/Children/Pages/Early-Intervention-Services.aspx)

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	78.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	91.49%	93.78%	97.45%	94.83%	90.73%

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
33,688	37,643	90.73%	100%	91.27%	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.

667

Provide reasons for delay, if applicable.

In FFY 2023, Pennsylvania did not meet targets for Indicator 1, but did show a 0.54% increase in the number of infants and toddlers with IFSPs who received EI services in a timely manner.

The FFY 2023 data show that 3,266 infants and toddlers had services that were not delivered within the required 14 calendar days from the completed IFSP. This is an increase in the on-time delivery of services from the previous year. Of the late services, 69% were subsequently provided within 15 – 30 days, 17% were provided between 31-45 days, and 14% were provided over 46 days from the completed IFSP.

The reasons for the delay in service delivery were primarily attributed to lack of staff to provide needed services and administrative delays. Weather emergencies and scheduling concerns at the service provider level also contributed to delays. The size of the ITEI program and their region also had an impact on the timeliness of service delivery, along with the type of service needed, the language of the family, and race.

Seven ITEI programs were responsible for 71% of untimely services. Five of the seven programs are in the top ten largest programs by number of infants and toddlers served. Four of the ITEI programs can be found in the Southeast region of Pennsylvania. Two programs are in the Southwest region and one in the Northwest region.

Speech-Language Pathology and Occupational Therapy services accounted for 59% of the late services.

English speaking families averaged 3.2% delays in service delivery. Spanish speaking families averaged 4.49% delays in service delivery and all other languages averaged 4.39%. Families who spoke one of 10 languages had a rate of over 5% untimely services. These languages included: Swahili, Farsi, Pashto, Hindi, Sign, Nepali, Hebrew, Albania, Vietnamese, and Japanese.

Families who were white averaged 2.96% of delays in service delivery. Families who were Asian (4.30%), Black or African American (4.02%), and Multi Race (4.07%) average more than 1% higher in service delivery delays.

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).

Pennsylvania state regulations define implementation of the IFSP services as timely when the service occurs no later than 14 calendar days from the plan date of the IFSP. This definition supports Pennsylvania's commitment to timely services for children and their families.

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.

This data reflects infants and toddlers from all geographic regions, all 48 ITEI programs, and all infants/toddlers who had an IFSP in the reporting year. Pennsylvania continues to maintain a very high standard for local ITEI programs regarding timeliness of service delivery. In Pennsylvania, EI services shall be initiated as soon as possible after the IFSP is completed and the child's parent(s) consent to services, but no later than 14 calendar days from the date the IFSP is completed, unless a later date is recommended by the team, including the family.

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
44	44	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely IFSP services, BEISFS Advisors reviewed a sample of child IFSP services data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that the ITEI program was now correctly implementing the regulatory requirements for timely services.

In addition, ITEI programs developed and submitted Quality Enhancement Plans (QEPs) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included

the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to the timely delivery of IFSP services, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the services listed on their IFSP, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

Pennsylvania's Early Intervention program verified that each ITEI program with noncompliance in FFY 2022 for this indicator is correctly implementing regulatory requirements and has corrected each individual case of noncompliance as appropriate. Specific actions taken are described in the sections above.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.00%

FFY	2018	2019	2020	2021	2022
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.91%	99.91%	99.97%	99.94%	99.97%

Targets

FFY	2023	2024	2025
Target >=	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

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	25,873
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	25,881

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
25,873	25,881	99.97%	95.00%	99.97%	Met target	No Slippage

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 EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2020	Target>=	74.13%	74.13%	66.83%	67.00%	67.00%
A1	66.83%	Data	67.85%	68.19%	66.83%	65.08%	67.11%
A2	2020	Target>=	68.80%	68.80%	56.40%	56.50%	56.50%
A2	56.40%	Data	58.45%	57.39%	56.40%	55.84%	53.90%
B1	2020	Target>=	81.51%	81.51%	73.56%	74.00%	74.00%
B1	73.56%	Data	75.14%	74.50%	73.56%	72.22%	73.86%
B2	2020	Target>=	54.67%	54.67%	46.17%	46.50%	46.50%
B2	46.17%	Data	49.28%	48.05%	46.17%	47.15%	46.18%
C1	2020	Target>=	81.56%	81.56%	74.81%	75.00%	75.00%
C1	74.81%	Data	74.92%	74.54%	74.81%	72.37%	73.68%
C2	2020	Target>=	61.73%	61.73%	54.51%	55.00%	55.00%
C2	54.51%	Data	57.14%	55.68%	54.51%	55.14%	54.17%

Targets

FFY	2023	2024	2025
Target A1>=	67.00%	67.50%	68.00%
Target A2>=	56.50%	57.00%	57.50%
Target B1>=	74.00%	74.50%	75.00%
Target B2>=	46.50%	47.00%	47.50%
Target C1>=	75.00%	75.50%	76.00%
Target C2>=	55.00%	55.50%	56.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	77	0.45%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,943	23.05%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,009	23.44%

Outcome A Progress Category	Number of children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	4,829	28.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,246	24.82%

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	8,838	12,858	67.11%	67.00%	68.74%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	9,075	17,104	53.90%	56.50%	53.06%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	79	0.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,708	21.68%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	5,532	32.34%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,450	31.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,335	13.65%

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	10,982	14,769	73.86%	74.00%	74.36%	Met 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	7,785	17,104	46.18%	46.50%	45.52%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	77	0.45%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	3,752	21.94%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,228	24.72%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,243	36.50%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,804	16.39%

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	10,471	14,300	73.68%	75.00%	73.22%	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	9,047	17,104	54.17%	55.00%	52.89%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Pennsylvania did not meet the target for outcome C2, Use of Appropriate Behaviors to Meet Needs, for children who were functioning within age expectations by the time they turned 3 years of age or exited the program. In FFY 2023, Pennsylvania showed 1.28% slippage from FFY 2022.

The C2 scores ranged from 27.78% to 70.33% in ITEI programs. No pattern of low performing programs was noted for geographic area, program size, or the amount of ECO data collected. No data anomalies were noted in the A-E Progress Categories. Analysis suggests that the COVID pandemic continued to have an impact on child outcomes as measured through this indicator.

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	24,173
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.	6,032
Number of infants and toddlers with IFSPs assessed	17,104

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.

Pennsylvania's Part C and Part B/619 Early Intervention programs used the same instruments, policies, and procedures for gathering the child outcome data used for indicators B7 and C3. For Pennsylvania's ITEI programs, "comparable to same-aged peers" is defined as a score of 6 or 7 on the COS rating scale.

For both entry and exit data collection, one member of the IFSP team collected and entered the child outcome data. This designated member was also charged with involving the family in the child outcome data collection process and reviewed all data collection and ratings with the family. All local Early Intervention programs selected an authentic assessment tool from an approved list to use for gathering child development information. The information from the authentic assessment tools was used to generate the COS rating.

All child outcome COS ratings were entered into the PELICAN-EI data system. PELICAN-EI converted the 1 – 7 ratings into progress categories and summary statements. It has built-in data checks to ensure quality data entry. PELICAN-EI reported ECO ratings at both state and local levels. The PELICAN-EI data system provided alerts to the user when inaccurate or incomplete data has been entered.

For entry data collection, the designated member of the IFSP team had 60 days from the child's initial IFSP date to complete the child outcome process and entered the COS rating into PELICAN-EI. The child outcome process included: 1) completed the approved authentic assessment tool, 2) used the data from the authentic assessment tool and the publisher's Instrument Crosswalk to understand the child's skills in each of the three indicators, and 3) obtained a 1 – 7 rating of the child's skills in each of the three indicators using the Decision Tree for Summary Rating Discussions.

For exit data collection, the process described above was used to make the COS rating. Exit data also included a yes/no response to a question on whether the child had made progress since their entry to the EI program. The designated member of the IFSP team had 60 days from the child's anticipated exit from the Early Intervention program to gather and enter the data into the PELICAN-EI system. Exit data was only gathered on children who have received 6 consecutive months of Early Intervention services prior to their exit, with the starting point of services being the IFSP date.

To ensure high-quality child outcome data, Pennsylvania's EI system incorporated quality checks for child outcome data in the annual determination process. ITEI programs were measured on 1) the percentage of children who received at least 6 months of EI services prior to exiting ITEI and had both entry and exit ECO data, 2) a program ranking on summary statements 1 and 2 for each of the child outcome indicators and 3) the number of invalid child outcome entries. Invalid entries occur when the combination of the entry rating, exit rating, and the progress question create an impossible

combination.

State training and guidance documents provided instructions on how to collect accurate and complete ratings. Policies and procedures for child outcome data collection and reporting are found at https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/instruction/early-learning/early-intervention/laws-regulations-and-announcements/announcements/2012/ei%2012-07%20child%20outcome.pdf

Child outcome training materials are found at: http://www.eita-pa.org/early-childhood-outcomes/. Two online ECO courses, ECO 101 and ECO 201, are available for continuing education credits applicable to ITEI staff. A child outcome Decision Tree job aide is available on the EITA Mobile App. The Decision Tree job aide provides ITEI staff with an interactive, mobile version of the ECO Decision Tree that is used while making ECO determinations in the field.

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	2006	Target>=	90.00%	87.08%	94.50%	95.00%	95.50%
A	67.00%	Data	87.08%	96.36%	94.92%	95.04%	94.26%
B	2006	Target>=	95.00%	94.12%	96.00%	97.00%	97.00%
B	63.00%	Data	94.12%	97.03%	96.77%	96.59%	96.95%
C	2006	Target>=	95.00%	94.17%	97.00%	97.00%	97.00%
C	78.00%	Data	94.17%	99.51%	99.16%	98.78%	99.02%

Targets

FFY	2023	2024	2025
Target A>=	95.50%	96.00%	96.00%
Target B>=	97.00%	97.00%	97.00%
Target C>=	97.00%	97.00%	97.00%

Targets: Description of Stakeholder Input

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	25,051
Number of respondent families participating in Part C	8,293
Survey Response Rate	33.10%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	7,283
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	7,700
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	7,554
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	7,799
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	8,167
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	8,244

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)	94.26%	95.50%	94.58%	Did not meet target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	96.95%	97.00%	96.86%	Did not meet target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	99.02%	97.00%	99.07%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES

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

Response Rate

FFY	2022	2023
Survey Response Rate	32.51%	33.10%

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

The state has determined that if the percentage of the respondent group in a category was in the range of 5% above or below the percentage of the population of infants and toddlers enrolled in the Part C program in Pennsylvania, that category would be considered representative of the Part C enrolled population. BEISFS uses race/ethnicity, and the primary language used in the home by families of infants and toddlers enrolled in the Part C EI program for analysis of representativeness.

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.

In the FFY 2022 APR, BEISFS in conjunction with key stakeholder groups, determined that gathering and reporting data on the primary language used in the home by families with children in the ITEI program, would provide BEISFS with key information needed to ensure that the annual family survey was being accessed by all of Pennsylvania's families.

Using the +/- 5% tolerance level established by the Response Calculator developed by the National Post School Outcome Center (NPSO), Pennsylvania analyzed 7 race categories to determine the racial representativeness of the survey data. An additional 3 categories captured data on the primary language used in the home by survey respondents. Nine out of the ten race/ethnicity and primary language categories were within +/- tolerance levels. The multiracial category was not within the +/- 5% tolerance levels. The multiracial category was 0.31% outside of tolerance levels.

Tables 1 and 2 show the FFY 2023 survey respondent group and the population of infants and toddler enrolled in the Part C program by race/ethnicity and primary language used in the home.

Table 1: Race/Ethnicity of Infants and Toddlers Represented by Parent Respondents

Race/Ethnicity	Total Survey Respondent Group Percent	Infants/Toddlers Enrolled in Part C Percent
American Indian/Alaskan Native	<1.00%	<1.00%
Asian or Pacific Islander	2.64%	2.71%
Black or African American (not Hispanic)	11.64%	12.89%
Hispanic or Latino	18.85%	15.46%
Multiracial	8.20%	13.51%
Native Hawaiian or Pacific Islander	<1.00%	<1.00%
White	58.11%	55.16%

Table 2: Primary Language Used in the Home by Parent Respondents

Primary Language	Total Survey Respondent Group Percent	Infants/Toddlers Enrolled in Part C Percent
English	89.51%	93.17%
Spanish	3.69%	1.82%
Other	6.80%	5.01%

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.

During the FFY 2024 survey, Pennsylvania will provide detailed demographic data on survey respondents on an ongoing basis. This information will allow local EI programs to evaluate their effectiveness in ensuring that all families in the ITEI program are receiving and responding to the survey. The demographic information will allow ITEI programs to effective target families who are typically underrepresented in survey returns.

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

Pennsylvania's response rate has increased every year since the current online survey was implemented in FFY 2019. The survey return rate in FFY 2019 was 25.23% and is currently 33.10%.

Pennsylvania will continue the same general process to increase the survey response rate, including an online survey that is disseminated by the ITEI program staff using standard dissemination materials for ITEI programs. In FFY 2024, the EI Family Survey will be available in English, Spanish, Nepali, Arabic, Portuguese, Russian, Chinese, and French. These are the top languages reported as the primary language used in the homes of children in the ITEI program. Additional translation services are available from the local ITEI programs and a statewide toll-free hotline.

A webinar was held on December 17, 2024, to provide strategies for local programs to ensure that they are reach all families in Pennsylvania's Early Intervention programs, including those families who are underrepresented. The webinar will review survey procedures and will include Frequently Asked Questions.

The Family Survey will open from January 6, 2025, to May 30, 2025. The open period of the survey is the same length of time as previous years, but will be held earlier in the calendar year to accommodate typical summer vacation schedules. During that time, ITEI programs are provided with weekly updates on the number of returned surveys and demographic information on survey respondents as an aid in tracking their dissemination efforts.

Pennsylvania's local program determination process includes data from the annual family survey, including the three C4 questions, the Part B/619 B8 question, several other state-specific survey questions, and the survey return rate. ITEI programs are held accountable for their performance on these items through the Determination process. This accountability has also played a role in increasing survey return rates.

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.

On a monthly basis during the survey time-period, BEISFS analyzed demographic data on returned surveys. Demographics included: geographic region, race/ethnicity, and primary language used in the home. Analysis of geographic region also allows for generating response rates for each ITEI program. The survey data analysis was provided to ITEI programs monthly to assist them in targeting efforts to increase response rates and representativeness of returned surveys. Nonresponse bias is analyzed on an annual basis and additional strategies are incorporated into the survey design and dissemination process as needed.

To prevent nonresponse bias, Pennsylvania incorporated the following strategies into the family survey design and dissemination process:
• The survey could be taken on multiple types of devices including iPhones, Android mobile devices, computers, tablets, and paper.
• The survey included an introduction that explained the process of the survey and how the data would be used.
• The survey was anonymous.
• Survey questions could be skipped if not applicable to the family's situation.
• The three questions that are used to measure Indicator C4 were in the first five questions on the survey to prevent nonresponse due to survey fatigue.
• If the family did not complete the survey in a single period, they could complete the survey at another time without having to repeat questions.
• The survey was conducted over a 5-month period to ensure an adequate opportunity for families to respond.
• Local Early Intervention programs were responsible for disseminating the survey to families in their programs. EI programs provided incentives and reminders to families.
• BEISFS monitored the survey return rates for each EI program and incorporated return rate targets into the annual determination process.

To assess for nonresponse bias, BEISFS analyzed the differences between the percentage of agreement on the family survey from families who completed the survey in the first four weeks of the data collection period (February 1 – 28) compared to families who completed the survey during the last four weeks of the data collection period (June 4 – 30).

Results showed:
• overall, respondents showed small decreases in the rates of agreements from the initial to the final weeks of the survey time period for each of three questions used to measure Indicator 4. The difference between rates of agreement from the initial 4 weeks to the final 4 weeks for question A was -1.39%, question B was -1.01%, and question C was -0.87%.

• Families who were Black/African American showed the largest, although small, rates of decrease from initial to the final weeks of the survey time period (Range: -2.98 – -4.20) across all three questions.

As recommended by the IDEA Data Center, in Parent Involvement Data: How to Measure and Improve Representativeness for Part B Indicator 8 (July 2021), responses collected at the end of a data collection period can be a "proxy for non-responders". Pennsylvania's data showed a small

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.60%

FFY	2018	2019	2020	2021	2022
Target >=	2.20%	2.70%	2.00%	2.20%	2.40%
Data	2.70%	2.79%	2.03%	2.59%	2.46%

Targets

FFY	2023	2024	2025
Target >=	2.60%	3.10%	3.20%

Targets: Description of Stakeholder Input

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

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	3,747
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	128,878

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
3,747	128,878	2.46%	2.60%	2.91%	Met target	No Slippage

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

Pennsylvania's ITEI program collects data on the source of referrals to the Part C program in the PELICAN-EI data management system. For the root cause analysis, data related to referral sources, demographics of children, geographic regions and specific local ITEI program were analyzed.

The root cause analysis included in Indicator 5 shows findings related to Part C children of all ages who were referred to Pennsylvania's ITEI program and the findings from only those Part C children who were referred when under the age of 1 year. Indicator 6 focuses on key findings for Part C children referred between 1 – 2 years of age and 2 - 3 years of age.

Key findings for Indicator 5 are below.

Analysis of All Part C Aged Children Referred in FY 2023
•   In total, 41,339 referrals were received to Pennsylvania's ITEI Part C program in FFY 2023.
•   In total, 23,433 Part C aged referrals were received from physicians/health care providers. An additional 3,104 referrals were received from hospitals/NICUs, and 799 referrals were received from other medical sources. In total, medical referral sources accounted for 27,336 (66.13%) of the total referrals to Pennsylvania's ITTE Part C program.
•   The second highest referral source for Part C referrals were from parent/family members (N= 8,594, 20.79%).
•   Social service agencies, including county children & youth services (3.63%), homeless shelters (0.51%), and other social service agencies (3.69%) represented 3,237 Part C referrals.
•   Childcare (2.13%), home visiting (1.07%), and other early childhood programs (2.05%) represent a total of 2,172 Part C referrals.

Analysis of Infants under 1 Year Referred to the Part C Program
•   In FY 2023, 14,904 (36.05%) of the Part C referrals received were infants under the age of 1 year.
• For referrals of infants under 1 year of age, 65.53% came from medical sources, 20.78% from parent/family members, 8.29% from social service agencies, and 5.40% from childcare, home visiting, and early childhood programs

Provide additional information about this indicator (optional)

Results of the root cause analysis are found in the section above.

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 (E*MAPS*)) and Census (for the denominator).

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	3.30%

FFY	2018	2019	2020	2021	2022
Target >=	4.50%	5.35%	4.80%	5.00%	5.20%
Data	5.35%	5.79%	4.85%	5.64%	6.11%

Targets

FFY	2023	2024	2025
Target >=	5.40%	6.00%	6.10%

Targets: Description of Stakeholder Input

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

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	25,881
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	391,457

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
25,881	391,457	6.11%	5.40%	6.61%	Met target	No Slippage

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

Pennsylvania's ITEI program collects data on the source of referrals to the Part C program in the PELICAN-EI data management system. For the root cause analysis, data related to referral sources, demographics of children, geographic regions and the local ITEI program were analyzed.

The root cause analysis in Indicator 6 focuses on key findings for Part C children referred between 1 – 2 years of age and 2-3 years of age. Indicator 6 also shows findings related to Part C children of all ages who were referred to Pennsylvania's ITEI program.

Key findings for Indicator 6 are below.

Analysis of All Part C Aged Children Referred in FY 2023
•   In total, 41,339 referrals were received to Pennsylvania's ITEI Part C program in FFY 2023.
•   In total, 23,433 Part C aged referrals were received from physicians/health care providers.   An additional 3,104 referrals were received from hospitals/NICUs, and 799 referrals were received from other medical sources. In total, medical referral sources accounted for 27,336 (66.13%) of the total referrals to Pennsylvania's ITTE Part C program.
•   The second highest referral source for Part C referrals were from parent/family members (N= 8,594, 20.79%).
•   Social service agencies, including county children & youth services (3.63%), homeless shelters (0.51%), and other social service agencies (3.69%) represented 3,237 Part C referrals.
•   Childcare (2.13%), home visiting (1.07%), and other early childhood programs (2.05%) represent a total of 2,172 Part C referrals.

Analysis of Infants and Toddlers Between 1 -2 Years of Age Referred to the Part C Program
•   In FY 2023, 14,528 (35.14%) of the Part C referrals received were infants and toddlers between the ages 1 – 2 years.
• For referrals of infants and toddlers between 1 – 2 years, 67.00% came from medical sources, 20.40% from parent/family members, 7.33% from social service agencies, and 5.27% from childcare, home visiting, and early childhood programs

Analysis of Toddlers Between 2 -3 Years of Age Referred to the Part C Program
•   In FY 2023, 11,907 (28.80%) of the Part C referrals received were toddlers between 2 – 3 years of age.
• For referrals of toddlers between 2 – 3 years, 65.82% came from medical referral sources, 21.28% from parent/family members, 7.86% from social service agencies, and 5.05% from childcare, home visiting, and early childhood programs

Provide additional information about this indicator (optional).

Results of the root cause analysis can be found in the above section.

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	92.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.58%	97.68%	99.58%	98.60%	95.18%

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
18,833	24,487	95.18%	100%	95.26%	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.

4,494

Provide reasons for delay, if applicable.

In FFY 2023, Pennsylvania did not meet the target for Indicator C-7. No slippage was noted. FFY 2023 data showed an increase of 0.18% in the delivery of timely initial evaluation/assessment and initial IFSP meeting from the previous year.

Six ITEI programs were responsible for 82.16% of the instances of late 45-day timelines. All six programs had percentages of online evaluations, assessments, and initial IFSPs between 76% to 93%. An additional 26 ITEI programs had percentages of online evaluations between 95% to 99%, and 16 programs were 100% on-time.

Delays were primarily attributed to shortages in evaluators, Service Coordinator difficulties in managing high caseloads, difficulties in contacting families to schedule evaluations, and administrative delays. Delays attributed specifically to exceptional family circumstances included: hospitalization or illness of the family or child, family schedule changes, and weather emergencies.

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.

This data reflects infants and toddlers from all geographic regions, all 48 ITEI programs and all infants and toddlers who had an initial evaluation, assessment, and initial IFSP meeting in the reporting year.

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
36	36	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely initial evaluation, assessment, and initial IFSP meeting, BEISFS Advisors reviewed a sample of evaluation, assessment and IFSP meeting data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed the timely evaluation, assessment, and IFSP meeting data reflected that the ITEI program was now correctly implementing the regulatory requirements for timely evaluation, assessment, and IFSP.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to the timely initial evaluations, assessments and IFSPs, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the initial evaluation, assessment and IFSP meeting, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

Pennsylvania's Early Intervention program verifies that each ITEI program with noncompliance in FFY 2022 for this indicator is correctly implementing regulatory requirements and has corrected each individual case of noncompliance as appropriate. Specific actions taken are described in the sections above.

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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	81.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.72%	97.88%	98.60%	98.38%	97.58%

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
12,604	13,330	97.58%	100%	97.82%	Did not meet target	No Slippage

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

435

Provide reasons for delay, if applicable.

Twenty-eight of the 48 ITEI programs (54%) had at least one untimely transition plan. Five ITEI programs had less than 95% of transition plans that were timely.

Two ITEI programs had over 29 untimely transition plans, with one program being responsible for 44% of the total untimely transition plans. In addition, 5 ITEI programs had between 6 – 13 untimely transition plans, and 19 ITEI programs had between 1- 5 untimely transition plans. ITEI programs with late transition plans were not limited to a specific region of the state.

Delays in the provision of timely transition plans were primarily attributed to staff shortages, scheduling issues, and administrative delays. Delays attributed specifically to exceptional family circumstances included: hospitalization or illness of the family or child, family schedule changes, and weather emergencies.

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 data reflects infants and toddlers from all geographic regions and all 48 ITEI programs who transitioned from the ITEI program.

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
29	29	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of transition plans, BEISFS Advisors reviewed transition plan data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that transition plan data reflected that the ITEI program was now correctly implementing the regulatory requirements for transition plans.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to transition plans, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received a transition plan, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

Pennsylvania's Early Intervention program verified that each ITEI program with noncompliance in FFY 2022 for this indicator is correctly implementing regulatory requirements and has corrected each individual case of noncompliance as appropriate. Specific actions taken are described in the sections above.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	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
13,330	13,330	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Data was collected for this indicator for ITEI through a statewide data collection for the period of July 1, 2023 through June 30, 2024. In Pennsylvania, the eligibility criteria for both Part C and Part B/619 programs are similar. For this reason, all children within Pennsylvania's Part C program are considered potentially eligible for Part B preschool programs.

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

NO

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 data reflects infants and toddlers from all geographic regions and all 48 ITEI programs who transitioned from the ITEI program.

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

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 = [(# 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) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# 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) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# 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) divided by the (# 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	83.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.99%	96.36%	98.84%	97.84%	97.35%

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
10,728	13,330	97.35%	100%	96.95%	Did not meet target	No Slippage

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

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

559

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.

1,653

Provide reasons for delay, if applicable.

Thirty-eight of the 48 ITEI programs (79%) provided at least 95% of their transition meetings on time. Three ITEI programs, all in Southeast Pennsylvania, made up 51% of the untimely transition meetings.

Delays in the provision of timely transition meetings were primarily attributed to administrative and scheduling issues in the ITEI program, and weather emergencies. Delays attributed specifically to exceptional family circumstances included: illness of the family or child and changes in the family's schedule.

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 data reflects infants and toddlers from all geographic regions, 48 ITEI programs, and all infant/toddlers who transitioned from the ITEI program.

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
41	41	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for transition conferences, BEISFS Advisors reviewed a sample of child IFSP services data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that transition conference data reflected that the ITEI program was now correctly implementing the regulatory requirements for transition conferences.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to transition conferences, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the transition conference, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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. 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

Pennsylvania's Early Intervention program verified that each ITEI program with noncompliance in FFY 2022 for this indicator is correctly implementing regulatory requirements and has corrected each individual case of noncompliance as appropriate. Specific actions taken are described in the sections above.

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

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 since Pennsylvania has adopted Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

This indicator is not applicable to Pennsylvania's Part C Early Intervention program.

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

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 EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target>=				0.00%	0.00%
Data					0.00%

Targets

FFY	2023	2024	2025
Target>=	0.00%	0.00%	0.00%

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	0.00%	0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B.   Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 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)?

Families of Infants, toddlers and preschoolers with IFSP/IEPs will have the confidence and capacity to help their children develop the skills needed to succeed in home, community, early childhood, and school settings.

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://padlet.com/tiu11_1/pennsylvania-part-c-state-systemic-improvement-plan-ffy-2020-5lua00abcgsvwhds

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
2020	81.17%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	82.00%	82.50%	83.00%

FFY 2023 SPP/APR Data

# Part C and Part B/619 families who SA or VSA with survey item	# Part C and Part B/619 families who responded to survey item	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
13,872	17,649	78.95%	82.00%	78.60%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

The data source of Pennsylvania's SiMR is the annual Early Intervention Family Survey that is sent to families of infants, toddlers, and preschoolers in the Early Intervention program. This survey is also used for Pennsylvania's C4 and B/619 B8 SPP/APR Indicator data. The survey question used to measure progress on the SiMR is "Early Intervention staff worked with my family to develop ideas and strategies to help my child learn".

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

Percent = [(# of respondent families participating in Part C and Part B 619 who strongly agree or very strongly agree with the statement "Early Intervention staff worked with my family to develop ideas and strategies to help my child learn") divided by the total number of families in Part C and Part B 619 who responded to that question)] times 100.

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

Describe any additional data collected by the State to assess progress toward the SiMR.
Pennsylvania has collected progress data as described in the SSIP evaluation plan.

Examples of progress data include descriptive data of professional development activities, evaluations results of PD events, demographic data of ITEI providers participating in PD sessions on coaching strategies, ratings of videos of family coaching sessions, measurement of coaching fidelity, and number and type of endorsed coaches by geographic regions.

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://padlet.com/tiu11_1/pennsylvania-part-c-state-systemic-improvement-plan-ffy-2020-5lua00abcgsvwhds
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.
Summary of Professional Development Strategies

General Overview of PD Strategies
• 	In FFY 2023, 594 SSIP PD events were held for a total of 9,106 contact hours with ITEI and PSEI participants.
• 	The Coaching Corner, a monthly online newsletter, has 1,100 subscribers.
• 	At the end of FFY 2023, 223 ITEI staff reached fidelity as an ITEI Coach.

PD for ITEI programs
• All 47 ITEI Programs have completed the initial stages of implementation. Core leadership Teams (CLTs) continue to meet, review and update their Benchmarks of Quality (BoQ) and complete action plan activities. All continue to participate in PD events using the ITEI Learning Path.
• 3,858 ITEI staff completed the SS-OO-PP-RR online course and webinar
• 2,153 ITEI staff completed the Family 5Q online course and webinar

PD for PSEI programs
• 777 PSEI staff completed an Overview of Embedded Instruction for Early Learning in PA.
• 8 PSEI programs (Cohort 2) moved to the Installation Phase PD for CLTs in January 2024. CLTs continue to meet and complete action plan activities based on updated to the Benchmarks of Quality.
• 	The 8 PSEI programs (Cohort 1) Completed the Installation Phase PD for CLTs in September 2023 and moved into the Implementation Phase.
• 	Initial implementers began Embedded Instruction PD and individual work with their early childhood partners in January 2024, utilizing the PSEI Learning Path.
• 	CLTs continue to meet, complete action plan activities based on updates to the Benchmarks of Quality and assign initial implementers to begin Embedded Instruction PD.

Summary of Governance and Accountability Strategies

Develop guidance documents and activities to better SSIP coaching activities
• BEISFS continued to disseminate and enforce the guidance document called "EI Service Delivery: Coaching Across Settings".
• BEISFS continued to monitor that all ITEI programs' direct service and administrative staff have completed the Family Guide Routines Based Early Intervention (FGRBI) online course.
• 	Updates to the ITEI Provider Registry were completed in FFY 2022. The updates allow ITEI staff to document completion of PD sessions, and endorsement as an ITEI coach.

Continue to hold EI Coaching Executive Meetings
• 	9 Coaching Executive Meetings were held in FFY 2023. The meetings were used to review progress data, identify potential challenges to implementation, adjust implementation strategies, and develop stakeholder communication. Participants included the Part C and B 619 EI Coordinator, BEISFS Leadership Staff, and EITA Leadership Staff.

Coordination of coaching Implementation efforts with stakeholder groups
• 	BEISFS and BSE worked collaboratively on the SPDG grant called Success for Pennsylvania's Early Learners (SPEL). Funding from SPEL supported the use of national experts for SSIP activities and provided stipends to endorsed ITEI staff.
• 	In June 2024, BEISFS held the EI Leadership Policy Forum with 140 participants attending. The agenda included updates on implementation activities and small group sessions to gather feedback on implementation policies. Participants included PSEI program leaders, ECE program leaders,

family members, SICC members, PTIs, and other key stakeholders.
• BEISFS staff continued to meet with other stakeholder groups, including the SICC, SEAP, PTIs, PA Association of Intermediate Units, County Commissioners Association of PA, and EI provider associations. Meetings provided updates on coaching activities and gathered feedback on implementation activities.

Update session note to align with SS-OO-PP-RR and Family 5Q Frameworks
•   Pennsylvania' Early Intervention Announcement EI-23 #01: Early Intervention Session Note became effective July 1, 2023, providing guidance for a new session note format better aligned with SSIP activities.
• Endorsed ITEI Coaches received PD on the session note as a pilot group due to their familiarity with the SS-OO-PP-RR and Family 5Q frameworks. PD was then offered to all ITEI staff at various times throughout August and September 2023.

Development of a process to renew endorsed ITEI Coaches
•   The process for renewing the endorsement of ITEI Coaches was shared with ITEI leaders during a statewide leadership meeting in April, 2024. It includes annual PD requirements and submission of a completed session note to document the incorporation of the SS-OO-PP-RR and Family 5Q frameworks during service delivery. A random sampling of ITEI Coaches will be required to submit videotape recording of ITEI sessions to demonstrate the use of coaching strategies as intended.

Development of a process for sustainability of SSIP coaching activities
•   BEISFS continued to monitor ITEI staff's completion of PD activities and endorsement. Progress data on both the ITEI and PSEI Learning Paths are monitored and shared with program leaders periodically during statewide leadership meetings.
•   EITA continues to contract with endorsed Provider and Master coaches to meet ongoing needs to lead PLC and coaching sessions, review recordings, to provide feedback, and assess fidelity of implementation.
•   EITA supports CLTs in the development of a communication plan to share expectations, updates, and progress with their stakeholders.

Summary of Family Engagement Strategies
•   Family members participated in the May 2023 ITEI Leaders Policy Forum, participating in sessions designed to gather feedback on implementation strategies.
• New materials on coaching were developed throughout FFY 2023 on the effectiveness of the coaching process for supporting young children in Early Intervention.

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.

The short-term outcomes for the three areas of systems framework achieved in FFY 2023, Professional Development, Governance and Accountability Strategies, and Family Engagement, have been described in the previous section.

The Active Implementation Science model, one of the evidence-based practices being implemented through SSIP activities, describes the Implementation Drivers that are key to ensuring positive outcomes from systems change activities. Effective implementation can be assured by addressing Competency Drivers (selection, training, and coaching), Leadership, and Organizational Drivers (systems interventions, facilitative administration, and decision support data systems).

Pennsylvania's SSIP was designed to 'map' the Implementation Science Drivers to infrastructure improvement activities: Competency Drivers to the Professional Development infrastructure area and Leadership and Organizational Drivers to the Guidance and Accountability infrastructure area. Pennsylvania has added a third infrastructure area, Family Engagement, to ensure that family members, as key stakeholders in the shift to the use of coaching as the universal strategy for delivering EI services, are provided with information about the SSIP activities and opportunities for feedback.

The second type of evidence-based practice focuses on using coaching strategies to enhance the learning of infants, toddlers, and preschoolers in typical activities and routines. The ITEI programs will focus on coaching using the FGRBI model and the PSEI programs will receive PD on Embedded Instruction. Both evidence-based practices support systems change activities within the Professional Development infrastructure area. The FGRBI model and Embedded Instruction include professional development curriculum that is based on adult learning principles and well-researched fidelity measures that will ensure the quality of EI services provided through a coaching model.

Did the State implement any <u>new</u> (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.

The following activities for each infrastructure improvement strategy will be attained during the next reporting period.

Next Steps for Professional Development Strategies

• All 47 ITEI Program CLTs will continue to meet, review and update their BoQ and complete action plan activities. All will encourage ITEI staff to participate in PD events using the IT Learning Path.
•   Endorsed ITEI Coaches will participate in approved PD toward renewing their endorsement.

•   In July 2024, the Cohort 3 PSEI programs, composed of 9 PSEI programs, will convene a CLT, complete the Benchmarks of Quality, develop an action plan based, and participate in PD on Embedded Instruction.
• PSEI Programs in Cohort 3 will move to Installation Phase activities in January 2025.
•   CLTs will continue to meet and work to ensure successful completion of Installation Phase activities.
•   The 8 PSEI programs in Cohort 2 will move to Implementation Phase activities in FFY 2024.
• Cohort 2 Initial implementers began Embedded Instruction PD and individual work with their early childhood partners in September 2024.
• The 8 PSEI programs in Cohort 1 will have their second group of implementers begin Embedded Instruction PD and individual work with their early childhood partners in September 2024
•   CLTs for both PSEI Cohort 1 and PSEI Cohort 2 will continue to meet and work to complete action plan activities based on updates to the

Benchmarks of Quality and identify next groups of implementers to begin PD on Embedded Instruction with their early childhood partners.

Next Steps for Governance and Accountability Strategies
•   Continue development of guidance documents and other materials as needed throughout FFY 2024.
•   Develop a communication plan for dissemination of new materials to stakeholders.

•   Continue to hold EI Coaching Executive meetings to review data, discuss challenges, and update implementation activities as needed.
•   Continue to meet with identified stakeholder groups about coaching implementation efforts.
• Continue collaborative work on the SPEL grant
•   Hold a PSEI Policy Forum in June 2024 to gather feedback on proposed implementation activities
• Continue to review and update verification tool as needed to better support coaching efforts

• Implement the process to renew endorsed ITEI Coaches
• Updated certificates of endorsement to include recertification date were issued July 2024.
• All endorsed ITEI Coaches received email notification of recertification process and link to website where information is posted
• All endorsed ITEI Coaches will receive instructions on submitting required materials for recertification.

•   Continue to enhance the process for sustainability of SSIP coaching activities
• Continue to monitor the implementation of the ITEI learning path and the success and efficiency of endorsing ITEI coaches
•   Monitor the implementation of the PSEI learning path

Next Steps for Family Engagement Activities
•   Continue to provide information to families in EI on the effectiveness of the coaching roll out.
• Develop and disseminate new materials on coaching, its goals, and its impact on EI services and child development.
• Invite family members to participate in the PSEI Policy Forum in June 2024

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

Two different types of evidence-based practices were chosen for use in achieving Pennsylvania's SIMR. The evidence-based practices, Family Guided Routines Based Intervention (FGRBI) and Embedded Instruction are used for the PD content and fidelity measures of coaching strategies. The other evidence-based practice, Active Implementation Science, is used to guide the implementation process. These practices will be used for Pennsylvania's SSIP for FFY 2020-2025. All types of evidence-based practices to be implemented have extensive peer-review research to support their use as an evidence-based practice.

Provide a summary of each evidence-based practice.

FGRBI is an Early Intervention approach that incorporates the Part C IDEA legal mandates and guidelines to promote child-directed learning into the functional everyday routines and activities of young children and their families. Caregiver coaching has been added to the model to facilitate the shift from the EI provider working directly with the child to focus on the triadic nature of the provider supporting the parent and child interactions in everyday routines, activities, and play. Coaching by providers is related to increased parent/caregiver implementation and intentional use of specific actions or strategies that enhance their child's development. Additional information on FGRBI can be found at http://fgrbi.com/.

Embedded Instruction, as used by the Anita Zucker Center for Excellence in Early Childhood Studies at the University of Florida, is an approach that embeds instructional practices in everyday routines and activities. The instructional practices focus on identifying what to teach, when to teach, how to teach, and how to evaluate progress. Practice based coach is a key component of Embedded Instruction. Additional information on Embedded Instruction can be found at https://www.embeddedinstruction.net/.

The Active Implementation Science model, as developed by the National Implementation Research Network, will be incorporated into Pennsylvania's SSIP efforts. The NIRN work focuses on the use of implementation stages, implementation drivers, assessment of fidelity, and sustainability strategies as tools for ensuring effective implementation of system change. The NIRN model includes application tools, resource materials, and planning tools to assist in implementing new practices. Additional information on the NIRN model can be found at https://nirn.fpg.unc.edu/.

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 FGRBI model and Embedded Instruction, as evidence-based practices, will be used to support all professional development activities and coaching supports. The FGRBI model will be used primarily with ITEI programs and Embedded Instruction with PSEI programs. The curricula, tools, and fidelity measures will be used to ensure that EI providers develop expertise in implementing coaching practices in the provision of EI services. The use of the FGRBI model and Embedded Instruction to improve staff practices in coaching will result in increasing family members' competence and confidence in embedding learning strategies in their child's typical activities and routines.

The Active Implementation Science principles, particularly the Implementation Drivers, guided the design of the SSIP goals and strategies. The SSIP strategies focus on ensuring statewide leadership and regulatory support for the use of coaching in EI service delivery, focus on promoting leadership from local EI programs, and including stakeholder input in all SSIP activities. These strategies will ensure the effective implementation of coaching as a universal EI service delivery model.

The combination of both evidence-based practices, FGRBI, Embedded Instruction, and Implementation Science, will ensure that Pennsylvania reaches its SiMR.

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

Full details of data to be collected to monitor the fidelity of implementation can be found in the evaluation plan.

The FGRBI Coaching Checklist will be used to measure whether ITEI staff have reached fidelity as an ITEI Coach. The Coaching Checklist relies on the scoring videos of EI service delivery sessions where coaching strategies are used.

PSEI programs will implement Embedded Instruction and will use The Benchmarks of Quality for Early Intervention Service Delivery – Preschool as the tool for measuring implementation 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.

Additional data, such as descriptive data of PD activities, evaluation of PD outcomes, demographic data of ITEI and PSEI providers participating in PD sessions, ratings of videos of family service delivery sessions, measurement of evidence-based fidelity, and number and type of endorsed coaches by geographic regions were collected to support decision-making processes.

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

A summary of the next steps for each evidence-based practice can be found in the section on the next steps for infrastructure improvement strategies.

For ITEI programs implementing evidence-based practices, the primary focus for FFY 2024 will be the sustainability of implementation of FGRBI coaching strategies and the scaling up of PD strategies. For PSEI programs the primary focus for FFY 2023 will be the provision of PD to those PSEI programs in Exploration and Installation Phases.

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.

In FFY 2020, Pennsylvania analyzed data from previous SSIP activities and determined the need for a new SIMR. A new Theory of Action and Infrastructure Analysis led to the development of a new implementation plan and evaluation plan.

FFY 2023 is the fourth year of reporting on that new SiMR and the impact of its implementation. Analysis of the data reported above and analysis of the logistics of implementation of roll out activities has not shown any concerns with current implementation plan. All activities are being held as planned and reaching planned impact. No changes to activities, strategies or timelines are needed at this stage of implementation.

While Pennsylvania did not reach its target, analysis of supportive data on implementation strategies supports the current implementation plan.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The EI system has two primary stakeholder groups, one with a birth-5 focus, the State Interagency Coordinating Council (SICC), and one with a 3–21focus, the Special Education Advisory Panel (SEAP). These two groups allow BEISFS to gather statewide stakeholder input across all ages and across all geographic regions. BEISFS also collaborates with federal Parent Training and Information Centers and the Community Parent Resource Centers.

BEISFS and EITA met with SEAP and SICC to review the annual APR data, including a review of historic data, current year data, targets, and improvement activities implemented during the fiscal year. SEAP and SICC made recommendations for changes as needed. This information was used by BEISFS to update its APR plans.

BEISFS holds bi-monthly meetings with ITEI program leaders. The EI leaders were offered an opportunity for feedback on the APR data, targets, and improvement activities throughout FY 2023. BEISFS staff also provided updates and gathered feedback on the APR from the Pennsylvania Association of Intermediate Units Special Education Directors, Pennsylvania Association of County Administrators, and the Early Intervention Providers Association.

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

Stakeholders are incorporated into all SSIP activities where progress information is shared, and feedback is gathered on improvement efforts and the potential changes needed. Family members, ITEI leaders, ITEI staff, PSEI leaders, PSEI staff, and PTI staff participate in CLTs, professional development events, Policy Forums, and larger stakeholder groups including the SICC and SEAP.

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

NO

Additional Implementation Activities

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

All activities anticipated to be implemented in FFY 2024 can be found in the section on next steps.

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

All activities anticipated to be implemented in FFY 2024 can be found in the section on next steps.

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

No barriers have been newly identified.

Provide additional information about this indicator (optional).

Pennsylvania began implementation of its new SiMR strategies in FFY 2020 and no barriers have been identified to date.

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

   a. # 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)

   b. # 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

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
44	1	44	1	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).

While the 1 program in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact the program's ability to meet requirements for Indicator 1, timely IFSP services.

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely IFSP services, BEISFS Advisors reviewed a sample of child IFSP services data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed the timely IFSP services data reflected that the ITEI program was now correctly implementing the regulatory requirements for timely services.

In addition, ITEI programs developed and submitted Quality Enhancement Plans (QEPs) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to the timely delivery of IFSP services, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the services listed on their IFSP, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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
36	4	36	4	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).

While the 4 programs in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact the program's ability to meet requirements for Indicator 7, timely evaluation, assessment and initial IFSP meeting.

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of timely initial evaluation, assessment, and initial IFSP meeting, BEISFS Advisors reviewed a sample of evaluation, assessment and IFSP meeting data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed the timely evaluation, assessment, and IFSP meeting data reflected that the ITEI program was now correctly implementing the regulatory requirements for timely evaluation, assessment, and IFSP.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to the timely initial evaluations, assessments and IFSPs, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the initial evaluation, assessment and IFSP meeting, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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
29	5	29	5	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).

While the 5 programs in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact the program's ability to meet requirements for Indicator 8a, timely transition plan.

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for the provision of transition plans, BEISFS Advisors reviewed transition plan data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that transition plan data reflected that the ITEI program was now correctly implementing the regulatory requirements for transition plans.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to transition plans, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received a transition plan, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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).

No findings of noncompliance were identified for indicator 8B in FY 2022.

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*:

No findings of noncompliance were identified for indicator 8B in FY 2022.

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

No findings of noncompliance were identified for indicator 8B in FY 2022.

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
41	3	41	3	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).

While the 3 programs in column B showed noncompliance related to additional IDEA related requirements, the noncompliance did not impact the program's ability to meet requirements for Indicator 8c, timely transition conference.

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

To verify that ITEI programs with identified instances of noncompliance are correctly implementing the regulatory requirements for transition conferences, BEISFS Advisors reviewed a sample of child IFSP services data from identified ITEI programs. The data were reviewed through the PELICAN-EI data system and confirmed that transition conference data reflected that the ITEI program was now correctly implementing the regulatory requirements for transition conferences.

In addition, ITEI programs developed and submitted QEPs (Quality Enhancement Plans) to address correction of all areas of noncompliance. All QEPs were approved by BEISFS Advisors and implementation of the QEP was validated within one year of issuance of the finding's report. BEISFS Advisors reviewed documentation of completion of all QEP activities as part of the validation of correction of systemic noncompliance. Documentation included the review of updated local policies and procedures and/or documentation of staff training on new procedures.

BEISFS verified that all ITEI programs who had identified noncompliance in FFY 2022 are correctly implementing regulatory requirements related to transition conferences, consistent with State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

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

For each individual case of noncompliance, BEISFS Advisors reviewed the evidence in the PELICAN-EI data system that demonstrated that the child received the transition conference, although late. BEISFS Advisors reviewed this evidence to confirm that all individual cases of noncompliance were corrected, consistent with the State General Supervision Responsibilities Under Parts B and C of IDEA (OSEP QA 23-01).

Optional for FFY 2023, 2024, and 2025:

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

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

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

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*:

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

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
150	13	150	13	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
163	163		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%

Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	163
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)	163
3. Number of findings not 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	
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	
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	
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	
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	
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 - All other findings	
7. Number of findings not 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

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

Designated by the Lead Agency Director to Certify

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:

Emily F Hackleman

Title:

Bureau of Early Intervention Services & Family Supports Division Chief

Email:

ehackleman@pa.gov

Phone:

7177833636

Submitted on:

02/03/25 3:59:44 PM