STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

Virginia

PART C DUE
February 2, 2026

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

N/A

Additional information related to data collection and reporting

N/A

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.

GSM FRAMEWORK

Eight (8) federally required components comprise Virginia's general supervision and monitoring framework ("GSM framework"), with each component linked to and informed by the others—thereby supporting a coordinated and effective system of supervision and monitoring. Together, these components provide a complete picture of state and local compliance, performance, and outcomes, which then supports continuous improvement. The eight federally required components include: 1) Fiscal Management; 2) Integrated Monitoring; 3) Sustaining Compliance and Improvement; 4) Dispute Resolution; 5) Technical Assistance and Professional Development; 6) Data; 7) State Performance Plan/Annual Performance Report (SPP/APR); and 8) Implementation of Policies and Procedures. Please refer to Section B: Federally Required General Supervision and Monitoring Components of the Infant & Toddler Connection of Virginia (ITCVA) GSM Framework for more information about each component and its implementation in Virginia.

PROCESSES FOR SELECTION, SCHEDULING AND NUMBERS OF EIS PROVIDERS/PROGRAMS

The day-to-day activities of Virginia's four-member Part C monitoring team are predominantly directed by five (5) core integrated monitoring activities. Specific activities dictate for whom and when monitoring occurs, as follows:

1) Core Activity 1—Compliance Indicators and Measurement Verification (CIMV). CIMV allows for the SLA to evaluate and record local and statewide annual performance on each of the five (5) Part C compliance indicators: C1 (Timely Initiation of Services); C7 (45-day Timeline); and C8A-8B-8C (Transition). Every local early intervention system (LEIS) in Virginia is monitored annually using the CIMV process.

2) Core Activity 2—Results Indicators Measurement. Results indicators measurement allows for the SLA to evaluate and record local and statewide annual performance on each of the Part C results indicators: C2 (Primary Service Setting); C3 (Child Outcomes); C4 (Family Outcomes); C5 (Child Find 0-1); and C6 (Child Find 0-3). Every LEIS is monitored annually following Virginia's results indicators measurement processes.

3) Core Activity 3—Periodic Oversight of Systems and Methods (POSM). Similar to DMS 2.0—and in alignment with OSEP QA 23-01: State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance and Enforcement—POSM is Virginia's process for conducting cyclical monitoring. This activity allows the SLA to conduct more in-depth and targeted monitoring of all local early intervention systems on a 4-year cycle (with the flexibility of extending to a fifth and sixth year, if needed). Launched in FFY 2024, the SLA anticipates that 12 of Virginia's 40 LEIS will participate in POSM each year. During this current POSM monitoring cycle, focus areas include delivered services and systems of payment/payor of last resort.

4) Core Activity 4—Investigation of Out-of-Cycle (OOC) Noncompliance/Areas of Concern. Activity 4 occurs on an as-needed basis and is triggered by concerns that may arise during and/or outside of CIMV, annual results indicators measurement and/or cyclical monitoring (POSM). Areas of concern may be identified through dispute resolution, informal complaints, data reviews, media reports, self-reporting, ongoing interactions between SLA staff and LEIS staff and providers, etc. Further, Activity 4 is not limited to SPP/APR measures—i.e., any issues related to Part C implementation and requirements (e.g., system of payments/payor of last resort, procedural safeguards, etc.) may result in an OOC noncompliance investigation.

5) Core Activity 5—Structured and Supervised Local Monitoring. Structured and supervised local monitoring is triggered if/when a written finding of noncompliance is issued following any monitoring activity (e.g., CIMV, POSM, and/or OOC noncompliance). Local structured monitoring must occur monthly, with results reported to the SLA, on the requirement(s) associated with the finding of noncompliance. This process ensures attention is paid to issues preventing compliance and to support prompt correction and verification of correction. All local monitoring activities continue until correction of non-compliance is verified by the SLA.

Please refer to Section C: Core Integrated Monitoring Activities (and accompanying appendices) of the ITCVA GSM Framework for more information about each activity and its implementation in Virginia.

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 noncompliance.

The core integrated monitoring activities (described above) dictate the number of records (i.e., children, cases, etc.) included in any particular review, as follows:

DETERMINING COMPLIANCE

1) For the purpose of evaluating SPP/APR indicators, records are selected as follows:

a. For compliance indicators C1, C7, C8A, C8B and C8C, three (3) complete months of data are evaluated for all local systems, and all children for whom the indicator applies are included in the review. For example, C1 evaluates the timely initiation of Part C services during a selected time period. That period may include thousands of children receiving thousands of services. The timeliness of every service added during the time period is evaluated for every child.

b. For results indicators C2, C5 and C6, a one-day (December 1, YYYY) count of all children in each LEIS with active IFSPs is reported. For example, FFY 2024 results for these three indicators include all children with active IFSPs as of December 1, 2024.

c. For results indicator C3, twelve (12) months of data are evaluated for all local systems, and all children who had an IFSP, were in services for at least six months and exited during the time period are included in the review. For example, FFY 2024 results for this indicator include all children who exited the Part C early intervention system between July 1, 2024, and June 30, 2025, who were in services for at least 6 months.

d. For results indicator C4, all families with an active IFSP on December 1 receive a copy of Virginia's family survey instrument. A representative sample of returned surveys is then selected from which state results are evaluated and reported. Local performance is evaluated based on the results of all returned surveys from that LEIS.

2) For the purpose of POSM, either fifteen (15), twenty-two (22) or thirty (30) records are selected by the monitoring team for review. The number is determined by the number of children and families who are actively being served during the selected 3-month POSM review period. The sample is chosen to ensure racial/ethnic and payor source representation that is in alignment with the population served by the LEIS.

3) For the purpose of investigating one or more areas of concern (potential out-of-cycle noncompliance) that may otherwise arise, the number of records reviewed is based on the regulatory requirement in question and chosen to provide a reasonable assurance of compliance (or to identify noncompliance).

VERIFYING CORRECTION

1) For the purpose of verifying correction of noncompliance with compliance indicators C1, C7, C8A, C8B and C8C, one (1) complete month of data is evaluated. All children for whom the indicator applies are included in the review. If a locality has an insufficient number of cases in one month—i.e., a minimum of 3 or 5 cases, depending on annualized child count—additional weeks may be added to the evaluation period.

2) For the purpose of verifying correction of out-of-cycle noncompliance or noncompliance identified via POSM, the same procedures described in 1) above are followed for the SPP/APR compliance indicators. For other compliance-related matters—e.g., the correct use of procedural safeguards or correct billing processes to ensure POLR requirements— the number of records reviewed is based on the regulatory requirement in question and chosen to provide a reasonable assurance of compliance (e.g., to verify correction of noncompliance).

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

TRAC-IT is Virginia's statewide early intervention data system. Designed for Virginia by Strategic Solutions Group (SSG) utilizing its Casetivity platform, TRAC-IT is intended to serve as a complete early intervention case management system. From intake to transition, the system supports the work of all early interventionists in their engagement with children and families and collects real-time, child-level data at each step in the early intervention process. The system meets all federal and state Part C reporting requirements.

All EIS programs and providers have access to TRAC-IT. While most complete Part C data entry, forms and activities directly in TRAC-IT, a few LEIS and provider agencies upload data into TRAC-IT from their own electronic health records (EHR).

1) For the purpose of evaluating SPP/APR indicators, records are selected as follows:

a. For compliance indicators C1, C7, C8A, C8B and C8C, three (3) complete months of data—January, February and March—are evaluated for all localities.

b. For results indicators C2, C5 and C6, a one-day (December 1, YYYY) count of all children with active IFSPs is reported.

c. For results indicator C3, twelve (12) months' worth of data corresponding to the state fiscal year (July 1-June 30) are evaluated for all localities.

d. For results indicator C4, all families with an active IFSP on December 1 receive a copy of Virginia's family survey instrument. The survey is distributed during the spring of each FFY.

2) For the purpose of POSM, samples are selected based on the quarter of the state fiscal year (SFY) in which POSM occurs. For example, if POSM is to begin in either April, May or June of a given SFY (i.e., the third quarter of the SFY), cases for review are selected from the first quarter (July, August and September) of the SFY. This allowance of one quarter between scheduled review and sample pool allows for more complete fiscal data to be reviewed by state staff.

3) For purposes of investigating areas of concern and potential out-of-cycle noncompliance, TRAC-IT is one data source that may be used by the SLA in conducting its due diligence to determine whether noncompliance exists. The extent to which TRAC-IT is used depends on the requirement under investigation and whether TRAC-IT includes data related to that regulatory requirement. When using TRAC-IT to investigate out-of-cycle noncompliance, the most current, complete data is reviewed for all children in the review period. The specific review period is chosen to provide a reasonable assurance of compliance (or to identify noncompliance).

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.

Written findings are issued to a local early intervention system (LEIS) as a single entity. A single finding is issued to the LEIS per compliance indicator/requirement, regardless of the number of instances discovered during the record/data review. For example, if Local System A is out of compliance with the 45-day timeline requirement for 5 of 78 records reviewed, that is one finding.

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).

Virginia permits pre-finding correction as follows:

1) For the annual SPP/APR compliance indicators measurement and verification (CIMV), data for each compliance indicator is pulled from the statewide data system on or before May 15. The SLA then completes data verification activities before reaching a conclusion about compliance/noncompliance and issues findings by June 30. Localities may demonstrate pre-finding correction based on subsequent data from April or May. All cases for an entire month (either April or May) must be reviewed and be compliant (i.e., no sampling) in order for a locality to request verification of correction. If the locality requests verification of correction, the SLA reviews the data for all cases in the given month to verify the locality is now implementing the regulatory requirement correctly (100% compliance) based on this new data and, for each individual case identified as noncompliant via the CIMV, SLA staff confirms that the required activity has been completed (e.g., IFSP meeting held, services started, transition plan developed, etc.), albeit late, unless the child is no longer within the jurisdiction of the local system. If correction cannot be demonstrated and verified by late June, the locality receives a written finding as previously described.

2) Similarly, for noncompliance identified outside of annual SPP/APR measurement activities, localities may demonstrate pre-finding correction using updated data from a one-month period during the time between the data review period used by the SLA to investigate and substantiate noncompliance and the date a finding would be issued by the SLA (within ninety days of the SLA noting an area of concern). To demonstrate correction, all cases for an entire month must be compliant (i.e., no sampling). To verify correction, the SLA reviews the data for all cases in the given month to verify the locality is now implementing the regulatory requirement correctly (100% compliance) based on this new data and, if applicable, for each individual case previously identified as noncompliant, the required activity has been completed, albeit late, unless the child is no longer within the jurisdiction of the local system.

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.**

Appendix D: ITCVA System of Enforcements—found in Section D (Appendices) of the ITCVA GSM Framework—identifies the authority and federal requirements for making annual local determinations; presents a list of enforcement actions available to the SLA; and specifies required enforcements for extended noncompliance or underperformance. Enforcement options range from performance improvement plans and targeted technical assistance to withholding or recovering funds and contract termination.

Enforcement options include, but are not necessarily limited to, the following:

a) Improvement plan;

b) Required targeted Technical Assistance (TA) and/or Training;

c) On-Site Activities (training, TA, record reviews, meetings with staff and/or providers, etc.) with the Local System Manager (LSM); (may include LSM's supervisor and/or Local Lead Agency Administrator);

d) Focused monitoring site visit(s) on area(s) of noncompliance;

e) Increased frequency of meetings between LSM and Part C TA/Monitoring staff;

f) Development/revision of the EIS's annual staff development plan to include professional development related to the area(s) of noncompliance;

g) Required collection and analysis of specific data;

h) Required record reviews at a frequency determined with the SLA & with verification by the SLA;

i) Link to another EIS which demonstrates promising practices in the identified area(s) of noncompliance;

j) Required meeting with the EIS Administration & the State Part C Administrator, TA & Monitoring Consultants to identify barriers and develop a plan to address the barriers;

k) Report noncompliance to the Administration of the EIS explaining that it may be necessary to redirect or withhold funds if timely improvement is not shown;

l) Conditionally approve the local contract;

m) Require the EIS to direct the use of Part C funds to areas that will assure correction of noncompliance;

n) Withhold a percentage of EIS funds;

o) Recover funds;

p) Withhold any further payments to the EIS; and/or

q) Terminate local contract.

Language included in this appendix also notes the following:

• Under section 616(g) of the Individuals with Disabilities Education Act, the SLA may at any time utilize any authority under the General Education Provisions Act (GEPA) to monitor and enforce the requirements of IDEA, regardless of the determination of the LEIS's status under section 616(d).

• In Virginia, the SLA can withhold a warrant (payment) at any time, including when a LEIS does not meet a Part C local contract deliverable.

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.

Form A: Local Early Intervention System (LEIS) Monitoring Results and Determination Report—found in Section G (Forms) of the ITCVA GSM Framework—presents a template for Virginia's annual determination reporting form and explains all calculations. The form factors local performance on all Part C (compliance and results) indicators as well as data accuracy, timeliness and completeness. Out-of-cycle and/or long-standing noncompliance is also considered when arriving at a locality's annual determination.

Part C compliance indicators require 100% compliance. Indicator C2 (Primary Service Setting) is evaluated against a long-standing state target of 98%. Child outcomes (C3) are not individually scored at this time; rather, data is scored for completeness and for anomalies. Similarly, family outcomes (C4) are evaluated for statistical differences against state targets. Data completeness is also a factor when scoring indicator C4. Lastly, indicators C5 and C6 are also evaluated for statistical differences against state targets.

Localities receive two (2) copies of the determination form annually—on June 30 (or next business day) and on/before September 30 (or next business day).

• Copy 1 of 2 (June 30) is used to report findings resulting from the SLA's annual compliance indicators measurement and verification (CIMV) process. Only the results of compliance indicators C1, C7, C8A, C8B and C8C are reported on this copy. As described above, an accompanying memo details expectations for correction of noncompliance, if warranted.

• Copy 2 of 2 (September 30) is used to report all local results and findings for the year, including results indicators C2, C3, C4, C5 and C6. This copy includes per-item and overall scoring as well as each locality's determination for the year. If enforcement actions are required by the SLA for a participating locality, the action(s) are specified on this copy.

Local results—but not local determinations—are posted online in mid-February following online submission of Virginia's annual SPP/APR.

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

General Supervision & Monitoring (GSM) Framework - ITCVA (https://itcva.online/itcva-gsm-framework)

Technical Assistance System:

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

The primary mechanism for technical assistance and support to local early intervention systems is the technical assistance team. The SLA employs three (3) full-time technical assistance consultants (TACs) who work directly with local systems across Virginia. Each TAC is assigned to two regions of the state. This allows each TAC to get to know the local systems and the region with which each works and provides the local system manager with a specific person to contact for support and questions. When working with a local system, the TAC may work with the local system manager (LSM), local lead agency administrators, service providers, private contractors, local public agencies and/or the local interagency coordinating council. In addition to working individually with local systems to address local issues, each TAC holds monthly regional meetings with LSMs to facilitate two-way information sharing, group learning and collaborative problem-solving.

Beyond the direct support provided by the TACs, local systems receive technical assistance through the following mechanisms:

• Bi-monthly conference calls with all local system managers and SLA staff.

• The Infant & Toddler Connection of Virginia website and the Virginia Early Intervention Professional Development Center website.

• A monthly written update from the SLA that includes answers to frequently asked questions, policy clarification, monitoring information and information on evidence-based practices and child and family outcomes.

• Written information combined with statewide webinars (recorded for those unable to attend) to ensure all LSMs and/or providers have an opportunity to hear the same information when new policies or practices are introduced and explained.

• Other written technical assistance and guidance.

Technical assistance and monitoring are closely linked functions in the Infant & Toddler Connection of Virginia system. Each TAC partners with one of the state monitoring consultants (MCs) in supporting their assigned local systems. In addition, monitoring activities are one source for identifying statewide technical assistance needs as well as the technical assistance needs of individual local systems and specific regions. In order to facilitate consistent information going to local systems, consistent planning for regional meetings, and team problem-solving, the state technical assistance and

monitoring teams meet together twice a month to share information about current local system needs and issues and to identify areas for statewide focus (e.g., child and family outcomes, implementation of evidence-based practices, etc.)

Professional Development System:

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

The SLA contracts with the Partnership for People with Disabilities at Virginia Commonwealth University for the development and implementation of professional development for the Part C early intervention system. The following mechanisms are in place to ensure service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families:

• An early intervention certification process that ensures providers are qualified within their discipline and have the basic knowledge and competencies necessary to serve infants and toddlers with disabilities and their families prior to employment in the Virginia early intervention system. In order to receive early intervention certification, providers must complete and pass competency tests for a series of state-required online modules that address child development, family-centered and evidence-based practices, Virginia's early intervention system, and provider responsibilities. To maintain their early intervention certification, providers must complete at least 30 hours of professional development applicable to early intervention every three years. Service coordinators also must complete the state-provided service coordination training within fifteen (15) months of initial early intervention certification.

• Varied professional development resources that include written documents, videos, webinars, podcasts, short courses, learning paths, learning bytes, online modules, in-person training, landing pads, laminated quick-reference cards, and "tools of the trade" to support local system managers and providers in delivering evidence-based practices. This variety of mechanisms for delivering professional development is designed to appeal to varied adult learning styles and maximize access to resources.

• A state website dedicated to early intervention professional development with varied and abundant state and national resources on evidence-based practices.

• An Integrated Training Collaborative that coordinates Virginia's Comprehensive System of Personnel Development for early intervention. Its members represent families, local system managers, providers, university faculty, other state initiatives that support young children and families, and staff from the State Lead Agency.

• Relationships with two-year and four-year university faculty in early intervention-related fields. There is a web page on the Virginia early intervention professional development website dedicated to faculty and future early interventionists. An Early Intervention-Preservice Consortium focuses of consistent and robust early intervention content in preservice coursework and increasing student placements in early intervention programs.

• Collaboration with other agencies and initiatives focused on professional development for providers serving young children and families to ensure a broad, community-based focus for training, expanded partnerships and awareness of other community programs and resources among participants, and shared planning and funding.

• Regular communication between the professional development, technical assistance and monitoring teams to ensure planned professional development addresses priority issues identified through monitoring and technical assistance.

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 SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of

stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

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

YES

Number of Parent Members:

19

Parent Members Engagement:

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

The SLA contracts with the Arc of Virginia to employ a New Path Family Support Director for early intervention. This individual participates on workgroups associated with the State Systemic Improvement Plan, helps identify and support other parents to participate on the state ICC and on workgroups, and gathers input from other parents to bring to workgroups and meetings. The SLA also collaborates with Virginia's Parent Training and Information Center, PEATC, to identify and support parent participants for SSIP workgroups and to gather/report other parent feedback.

Through the ICC, workgroups and leadership teams, nineteen parents were directly engaged in setting targets, analyzing data, implementing improvement activities and/or evaluating progress in FFY 2024. In many cases, these parents had gathered input from other families and reflected that additional information in their feedback. At each quarterly meeting in FFY 2024, the State ICC engaged in discussions about targets, data, SSIP improvement activities and/or evaluating progress. During a state ICC meeting on December 10, 2025, ICC members reviewed data on each indicator and discussed and approved targets for each performance indicator. The State ICC includes nine parent representatives. The SSIP State Leadership Team includes five parents (one-third of the total membership) who partnered with other team members and the SLA to oversee implementation of the SSIP, evaluate progress and determine the need for revisions. Parents also provided family stories at state ICC meetings and contributed videos for early intervention professional development.

DBHDS continues to work with PEATC and the Arc of Virginia to identify and engage additional families for workgroups.

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.

The New Path Family Support Director orients and supports new parent members on the state ICC and workgroups to ensure they have the information and background necessary to actively and confidently participate. Veteran parent members of the ICC also provide this kind of support to new parent members. For all ICC and workgroup meetings, information is presented in a way that supports all participants in developing a shared understanding of the work, the data, etc. Ample time is allotted for questions, and a contact person is identified for group members to reach out to with any questions before or after meetings.

Soliciting Public Input:

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

A previous section of the Introduction identifies the varied methods used to solicit broad stakeholder input. The primary mechanism for soliciting public input for setting targets, analyzing data, developing improvement strategies and evaluating progress is the Infant & Toddler Connection of Virginia website. The Monthly Update is posted there and routinely includes information about SSIP strategies, progress and contact information for questions/input. There is a dedicated SSIP section on the website. This section includes workgroup meeting notes, draft documents, and evaluation reports for public review. Annually, following the December meeting of the state ICC, the draft SPP/APR is posted to the Infant & Toddler Connection of Virginia website and available for public comment for a minimum of 2 weeks prior to the report being finalized. Opportunities for public input also are frequently publicized through the New Path website, Virginia's Parent Training and Information Center, and social media outlets.

Making Results Available to the Public:

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

• The draft and final SPP/APR, including the SSIP, are posted on the Infant & Toddler Connection of Virginia website to ensure public access to final decisions about targets, data analysis, improvement strategies and evaluation results.

• During development and implementation of the SSIP, summaries of stakeholder input and evaluation results are posted to the SSIP section of the website along with decisions made based on that input and evaluation data.

• Meeting notes and handouts for workgroup meetings and state ICC meetings also are posted on the Infant & Toddler Connection of Virginia website.

Reporting to the Public:

How and where the State reported to the public on the FFY 2023 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 2023 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 2023 APR in 2025, is available.

Virginia publicly reported on the performance of each local system by posting the required data in the "About ITCVA" section of the Infant & Toddler Connection of Virginia website and by disseminating that information to and through local systems and participating State agencies. Public reporting of state and local results also included dissemination through the Arc of Virginia - New Path Family Support Network list serve, website and Facebook page and sharing results with various advocacy and stakeholder groups.

Virginia's complete State Performance Plan/Annual Performance Report also is available in the "About ITCVA" section of the Infant & Toddler Connection of Virginia website.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	72.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	95.73%	99.05%	95.29%	94.24%	99.25%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,814	4,642	99.25%	100%	97.95%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Virginia's annual C1 performance has more often than not exceeded 95%, and fluctuations between years are to a greater or lesser extent influenced by personnel shortages among qualified early intervention service providers. At the time of our FFY 2024 compliance indicators measurement and verification (CIMV), 20 of 40 localities were found to be 100% compliant with this indicator. Of the remaining 20 localities, compliance was measured as follows: 13 > 95%; 4 > 90%; 2 > 85%; and 1 > 75%. The locality with the lowest C1 percentage accounted for nearly one-third of all individual instances of child-specific noncompliance and is directly attributable to the loss of several local providers.

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.

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Provide reasons for delay, if applicable.

Compliant (i.e., family) reasons for delay include child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delay include provider unavailability and instances where no reason had been documented.

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).

To be evaluated as timely, the first date(s) of service(s) must be within thirty (30) days of the date the parent signs the IFSP, thereby consenting for service(s) to be provided.

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).

01/01/2025 – 03/31/2025 = 3rd quarter of state fiscal year (SFY) 2025

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

Historically, the data used to calculate local and statewide annual compliance percentages for indicators C1, C7, and C8 has consistently been drawn from a single fiscal quarter within the state fiscal year. This approach has remained unchanged, whether the data was obtained through state monitoring procedures or, more recently, extracted from the state database (which allows for inclusion of all children vs. sampling). Over time, it has been observed that the compliance results are stable and consistent, regardless of which quarter is selected for analysis. This consistency supports the continued use of a single-quarter data set for annual reporting purposes.

Provide additional information about this indicator (optional)

Twenty of 40 localities were out of compliance with indicator C1 at the time of Virginia's FFY 2024 CIMV. Eleven of these 20 local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a written notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=38) of child-specific noncompliance across these eleven localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's services had begun, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these eleven localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that all services had begun; or, if delayed, any/all delays were for compliant reasons only. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2024 indicator C1 noncompliance was issued to nine localities—the outcomes and status of which will be reported as required in the FFY 2025 SPP/APR.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Each of the three localities to whom written notification of FFY 2023 indicator C1 noncompliance was sent were able to demonstrate correction following the FFY 2023 CIMV and prior to the FFY 2024 CIMV. For each locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month (which

included all cases in the month for which one or more new IFSP services were added) to verify all services had begun; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) Based on its review of this updated data, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

For each individual case (n=8) of child-specific noncompliance across these three localities identified as noncompliant via the FFY 2023 CIMV, SLA staff used record review data documenting the actual start date for each service and verified that, for each child-specific instance of noncompliance at the time of the CIMV, these local early intervention systems had initiated services for each child, although late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Seven of 40 localities were out of compliance with indicator C1 at the time of Virginia's FFY 2023 CIMV. Four of these seven local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a written notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=7) of child-specific noncompliance across these four localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's services had begun, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these four localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that all services had begun; or, if delayed, any/all delays were for compliant reasons only. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2023 indicator C1 noncompliance was issued to three localities. See above "FFY 2023 Finding of Noncompliance Verified as Corrected" for a description of subsequent verification activities and outcomes.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

Response to actions required in FFY 2023 SPP/APR

Virginia has addressed each concern in the designated reporting sections of this FFY 2024 SPP/APR submission.

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902.

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	2019	2020	2021	2022	2023
Target>=	98.00%	98.00%	98.00%	98.00%	98.00%
Data	94.23%	97.07%	93.76%	93.03%	94.80%

Targets

FFY	2024	2025
Target >=	98.00%	98.00%

Targets: Description of Stakeholder Input

 The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• 	Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• 	Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• 	A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• 	Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

N/A

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,576
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	12,329

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
11,576	12,329	94.80%	98.00%	93.89%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

The total count of children reported under Section 618 in Virginia, and listed in the pre-populated data above, includes 767 children under age 3 served under Part B with an IEP. However, Virginia's targets for each year are based on the count of those children served under Part C with an IFSP. Using that data, the number of infants and toddlers with IFSPs who primarily receive early intervention services in the home and community-based settings was 11,506, the total number of infants and toddlers with IFSPs was 11,565, and Virginia's percentage for Indicator 2 for FFY 2024 is 99.52%

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 SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2018	Target>=	64.94%	64.94%	64.94%	64.94%	64.94%
A1	64.93%	Data	63.78%	61.63%	63.23%	64.19%	64.88%
A2	2018	Target>=	57.55%	57.55%	57.55%	57.55%	57.55%
A2	57.54%	Data	54.27%	51.00%	50.73%	49.92%	50.10%
B1	2018	Target>=	68.74%	68.74%	68.74%	68.74%	68.74%
B1	68.73%	Data	68.04%	65.39%	66.28%	68.04%	70.29%
B2	2018	Target>=	46.93%	46.93%	46.93%	46.93%	46.93%
B2	46.92%	Data	44.63%	40.49%	40.75%	42.89%	43.67%
C1	2018	Target>=	68.57%	68.57%	68.57%	68.57%	68.57%
C1	68.56%	Data	67.59%	63.32%	63.69%	63.98%	65.16%
C2	2018	Target>=	50.74%	50.74%	50.74%	50.74%	50.74%
C2	50.73%	Data	49.99%	44.65%	45.95%	47.16%	47.11%

Targets

FFY	2024	2025
Target A1>=	64.94%	65.78%
Target A2>=	57.55%	59.54%
Target B1>=	68.74%	70.04%

Target B2>=	46.93%	48.92%
Target C1>=	68.57%	69.59%
Target C2>=	50.74%	51.99%

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	17	0.21%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,276	28.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,786	22.16%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,276	28.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,706	21.16%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	4,062	6,355	64.88%	64.94%	63.92%	Did not meet 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	3,982	8,061	50.10%	57.55%	49.40%	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	18	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,224	27.59%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,370	29.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,540	31.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	909	11.28%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	4,910	7,152	70.29%	68.74%	68.65%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	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	3,449	8,061	43.67%	46.93%	42.79%	Did not meet target	No Slippage

Provide reasons for B1 slippage, if applicable

Virginia's FFY 2024 performance on Part C Indicator C3B, Summary Statement 1, showed a slight decline to 68.65%, just 0.09% below the target. While this represents a modest dip from the previous year, it still exceeds performance levels from FFY 2020 through FFY 2022. Several factors may have contributed to this slippage, including delays in service initiation—often due to a "wait and see" approach regarding early language development—and lingering effects of the COVID-19 pandemic, such as reduced in-person services and family engagement challenges. Additionally, the mid-year transition to Virginia's new data system, TRAC-IT, may have introduced inconsistencies in data entry and reporting. Once enhanced reporting capabilities are fully deployed, likely by FFY 2026, TRAC-IT is expected to provide more robust insights into child outcomes and support continuous improvement efforts.

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	12	0.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,457	30.48%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,849	22.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,908	36.07%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	835	10.36%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	4,757	7,226	65.16%	68.57%	65.83%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	3,743	8,061	47.11%	50.74%	46.43%	Did not meet target	No Slippage

FFY 2024 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.	12,329
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.	3,394
Number of infants and toddlers with IFSPs assessed.	8,061

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.

Virginia does not require the use of a specific assessment tool(s). Specific procedures and practices related to the child outcome summary process are detailed in the Infant & Toddler Connection of Virginia Practice Manual and summarized here.

AT ENTRY AND EACH ANNUAL IFSP:

The assessment narrative section of Virginia's IFSP is organized by the three child outcome areas. The service coordinator facilitates the team summary of assessment results in terms of the three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) and determination and documentation of entry ratings for the three child outcomes for all eligible children.

• Assessment information is derived from multiple sources - results from developmental instruments and observation; the family, including information about the child's performance in relation to the three child outcomes across situations and settings and with different people; and any other source (e.g., childcare provider, medical records, etc.)

• Considering the information above and functional skills of same-aged peers, the team determines the appropriate rating statement for each of the three child outcomes. Since September 2018, teams have been required to use the Decision Tree in determining the appropriate rating.

• The assessment process and documentation of assessment results are the same for all children, and entry child outcome summary statements/ratings are entered in TRAC-IT for all children with an initial IFSP.

• The entry ratings recorded in TRAC-IT follow the child. A child who moves within Virginia from one early intervention system to another will already have entry assessment data, and the new local system does not need to do a new entry-level assessment. If a child is discharged from the Infant & Toddler Connection system and returns within 6 months of leaving the system, then the initial child outcome ratings continue to be used as the entry ratings. If the child is out of the system for more than six months but returns to the system when he/she is still 30 months old or younger, then new entry child outcome ratings are completed.

AT EXIT:

The service coordinator ensures exit ratings on all three child outcomes (positive social relationships, acquiring and using knowledge and skills, and use of appropriate behaviors to meet needs) are done prior to exit for all children who have been in the system for 6 months or longer since their initial IFSP (i.e., there have been 6 months between the initial IFSP and the exit assessment). The rating must be done no more than 6 months prior to exit from early intervention. To complete the exit ratings:

• Using information from parent report, an assessment instrument, observation and other sources, and the Decision Tree, determine the child's status (rating) for each of the three child outcomes. A formal assessment is not required. Instead, the provider(s) determines the child's functional status on the three child outcomes through ongoing assessment (which can occur over multiple sessions). The provider must document the child's abilities by filling in an assessment instrument (such as the HELP, ELAP, etc.). The reason for documenting what has been observed through ongoing assessment on an assessment tool is not to generate age levels but to serve as an anchor for the assessment and to provide a standard measure to be used in combination with other assessment sources for determining the child's functional status on the three child outcomes in relation to same-age peers. It is not necessary to use the same instrument that was used for the entry assessment. -OR- Obtain entry ratings from the local school division to use as the exit ratings for the Infant & Toddler Connection system. If Part B entry assessment data is being used for the early intervention exit assessment data, then that Part B assessment information must be available prior to the child's discharge from early intervention.

• The IFSP team considers information from the sources listed above to determine the child's status in relation to same-age peers for all three child outcomes. Unless the exit ratings are being determined and documented as part of an annual IFSP, document the child's functional status on the three child outcomes (including the child outcome rating statement) in a contact note or on an IFSP Review page. Also document the sources of information used in the assessment process. When documenting whether the child has made progress for each child outcome (in order to respond to the yes/no progress question in TRAC-IT), remember that the answer to that question must always be based on the child's progress since the initial assessment, even if there have been one or more interim assessments. Information to support the yes/no answer to whether the child has made progress may be documented on an IFSP Review page, an annual IFSP or in a contact note(s).

• Since the ratings reflect the child's status at the time of the assessment, it is important to time the exit assessment/rating as close to exit as possible to capture results for the full time the child was receiving early intervention services. This may mean using ongoing assessment information to update the ratings just before exit, even if there was an annual IFSP developed within the last 6 months.

The date of the exit assessment is one of the following:

• The last date on which assessment information was collected (e.g., date of the last visit during which ongoing assessment information was documented);

• If completed within the 6 months prior to the child's discharge and it reflects the most up-to-date assessment information available, then the date of the most recent IFSP in which the child outcome ratings were documented; or

• If completed within the 6 months prior to the child's discharge and they reflect the most up-to-date assessment information available and they are available to the local early intervention system by the date of the child's discharge, the date that child outcome entry ratings were determined by the local school division.

Provide additional information about this indicator (optional).
N/A

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	2019	2020	2021	2022	2023
A	2011	Target>=	76.12%	74.98%	74.98%	74.98%	74.98%
A	72.30%	Data	74.98%	76.52%	77.65%	77.62%	75.87%
B	2011	Target>=	73.59%	71.88%	71.88%	71.88%	71.88%
B	70.30%	Data	71.88%	73.14%	74.01%	75.09%	72.19%
C	2011	Target>=	85.44%	85.85%	85.85%	85.85%	85.85%

| C | 81.90% | Data | 85.85% | 86.31% | 87.48% | 86.57% | 86.03% |

Targets

FFY	2024	2025
Target A>=	74.98%	77.98%
Target B>=	73.94%	75.88%
Target C>=	85.85%	88.85%

Targets: Description of Stakeholder Input

The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	11,010
Number of respondent families participating in Part C	2,240
Survey Response Rate	20.35%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,423
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,752
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	1,386
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,752
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	1,579
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,752

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 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)	75.87%	74.98%	81.22%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	72.19%	73.94%	79.11%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	86.03%	85.85%	90.13%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

Virginia does not sample at the local early intervention system level. All families in all local systems are surveyed every year. From responses received a representative sample is randomly selected. The process is described below.

• Virginia's indicator C4 family outcome data is derived from the annual NCSEAM survey. Each year, surveys are mailed to all families enrolled as of December 1. About four weeks later, a second round of surveys is sent to families who did not respond to the initial mailing. To further boost participation, the contracted agency follows up by phone with families who still haven't responded—specifically targeting localities with fewer than 15 completed surveys after the second mailing.

• To ensure that the family outcomes reported in the SPP/APR—and used to guide state-level improvement planning—accurately reflect the racial and ethnic diversity of families served by Virginia's early intervention system, a statistically valid stratified random sampling process is used. This process begins with the original group of survey respondents. From this group, only surveys that include responses to at least one item on the Impact on Families Scale are considered eligible. The evaluator then selects a stratified random sample from these eligible responses to ensure representation across racial and ethnic groups.

o Step 1: Determine the Analytic Sample Size by Race/Ethnicity – The first step in the sampling process involves calculating the analytic sample size for each race/ethnicity category, based on the known distribution of Virginia's early intervention population. This ensures that the sample reflects the diversity of families served. A critical consideration in this step is the consistent underrepresentation of families identifying as Black/African-American in the initial response group. That is, the proportion of respondents from this group is regularly lower than their representation in the overall population of families served—necessitating careful attention during sample selection.

o Step 2: Assign a Random Outcome (U) – Each respondent in the original response group who has a valid Impact on Families Scale (IFS) measure is assigned a random value, referred to as U, using a computerized random number generator. This value is drawn from a uniform distribution between 0 and 1, meaning every number within that range—such as 0.2876, 0.8921, or 0.0008—is equally likely to be assigned. This method ensures that selection bias is eliminated and that each eligible respondent within a given race/ethnicity category has an equal chance of being included in the final analytic sample. The random assignment of U is a key step in maintaining the integrity and fairness of the sampling process.

o Step 3: Randomly Select Respondents for the Analytic Sample – Within each race/ethnicity category, eligible respondents are sorted in ascending order based on their assigned random value U (from Step 2). The number of respondents to be selected from each category—denoted as N(Category)—is determined using the calculation outlined in Step 1. For example, if N(White) = 502, then the 502 respondents in the White category with the lowest U values are selected for the analytic sample. This ordering and selection process ensures that the final sample is randomly drawn and proportionally representative of each race/ethnicity group.

A NOTE ABOUT GENDER AND LOCAL SYSTEM REPRESENTATION IN THE ANALYTIC SAMPLE

Although gender is not a specific criterion in the selection process, the analytic sample consistently reflects the gender distribution of children receiving services under Part C in Virginia. Additionally, the sample always includes families from every local early intervention system across the state. If, in any given year, the initial analytic sample selected based on race/ethnicity is found to be unrepresentative of gender (i.e., deviating by more than ±3% from the population distribution), the evaluator will adjust the selection parameters to ensure gender representation is appropriately balanced.

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

Response Rate

FFY	2023	2024
Survey Response Rate	20.20%	20.35%

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

Virginia used +/- 3% discrepancy as the metric to determine 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.

DEMOGRAPHIC REPRESENTATION IN SURVEY RESPONSES

Virginia evaluates whether the demographics of infants and toddlers whose families responded to the survey are representative of those enrolled in the Part C early intervention program. This analysis focuses on three key categories: geographic location, gender, and race/ethnicity. For FFY 2024, the demographics of families who responded to the survey were (or were not) representative of the broader population served by Virginia's Part C system as follows:

• Geographic Location – All 40 local early intervention systems in Virginia were represented in the survey response group. Further, the percent of the total state survey response group was representative of the percent of total state child count for 40 of the 40 local systems—meaning all 40 local systems were proportionally represented in the total survey response group.

• Gender – The analytic sample closely mirrored the gender distribution of children served in Virginia's Part C system. Among survey respondents, 59.5% had a male child, compared to 62.4% in the overall population; 37.8% had a female child, compared to 37.6% of the population served.

• Race/Ethnicity – The percentage of respondents who identified their child as __% / the percentage served __% / difference __%
o Hispanic: Respondents = 10.1% / Served = 11.5% / Difference = - 1.4%
o Asian: Respondents = 4.6% / Served = 5.2% / Difference = - 0.6%
o American Indian or Alaskan Native: Respondents = < 0.1% / Served = 0.1% / Difference = N/A
o Pacific Islander or Hawaiian Native: Respondents = 0.1% / Served = 0.1% / Difference = N/A
o Two or More Races: Respondents = 13.9% / Served = 13.0% / Difference = + 0.9%

• As in prior years, racial/ethnic disparities were observed in two categories:
o Black/African American: Respondents = 16.1% / Served = 20.6% / Difference = - 4.5%
o White: Respondents = 54.3% / Served = 49.7% / Difference = + 4.6%

REPRESENTATIVE SAMPLING FOR INDICATOR C4 ANALYSIS

To ensure that family outcome data reported for Indicator C4 is representative of the population served, Virginia uses a stratified random sample of survey responses for analysis. From the 2,240 responses received for the FFY 2024 family survey, a random sample of 1,752 families was selected. This sample was carefully constructed to reflect the race/ethnicity distribution of families served in Virginia's early intervention system, ensuring that the state-level results are both valid and representative.

• Geographic Representation in the Analytic Sample – The representative sample includes families from all local early intervention systems across Virginia, ensuring that the data reflects the geographic diversity of the population served statewide.

• Gender Representation in the Analytic Sample – Although gender was not a specific selection criterion, the representative sample for FFY 2024 closely aligned with the gender distribution of children receiving services under Part C in Virginia. Among the selected respondents, 59.2% had a male child and 38.1% had a female child, reflecting the gender makeup of the population served.

• Race/Ethnicity Representation in the Analytic Sample – The race/ethnicity distribution of children in the representative sample used for FFY 2024 analysis matched the demographics of the population served in Virginia's Part C early intervention system. This alignment ensures that the family outcome data analyzed is demographically representative of the children and families served across the state. The breakdown was as follows:
o White – 49.7%
o Black/African-American – 20.6%
o Hispanic/Latino – 11.5%
o Two or More Races – 13.0%
o Asian – 5.2%

o American Indian or Alaskan Native – 0.1%

o Pacific Islander or Native Hawaiian – 0.1%

STATISTICAL CONFIDENCE IN THE ANALYTIC SAMPLE

The selected sample of 1,742 families exceeds the minimum required for achieving an adequate confidence level, based on established survey sampling guidelines. This robust sample size provides a high degree of confidence that the results accurately reflect the extent to which families have achieved the outcomes measured in Indicator C4.

STATISTICAL CONFIDENCE IN THE ANALYTIC SAMPLE

The selected sample of 1,742 families exceeds the minimum required for achieving an adequate confidence level, based on established survey sampling guidelines. This robust sample size provides a high degree of confidence that the results accurately reflect the extent to which families have achieved the outcomes measured in Indicator C4.

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.

To improve the representativeness of the overall response pool, Virginia's State Lead Agency (SLA) employs targeted strategies—described later in this section—to increase response rates among underrepresented groups. While working toward a more demographically balanced response group, Virginia will continue to use a representative sample when reporting results for indicator C4. This approach ensures that the data used for decision-making and improvement planning accurately reflects the population served in the Part C program.

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

Virginia recognizes the importance of collecting meaningful family outcome data. However, like many states, Virginia faces significant challenges that impact its ability to prioritize increasing survey response rates. These include rising demand for early intervention services, persistent provider shortages, and stagnant funding—all of which place greater strain on families and systems alike.

IMPACT OF FFY 2023 EFFORTS

• Black/African American response rate improved by approximately 4%, nearing the ±3% threshold for representativeness.

• Web-based responses increased by 4%, driven by improved email collection.

• Hispanic/Latino representation was maintained at a representative level for the second consecutive year.

FFY 2024 PROGRESS UPDATE: SURVEY PARTICIPATION AND REPRESENTATION

• The response rate from Black/African American families declined slightly compared to FFY 2023, reinforcing the need for targeted outreach and revised strategies.

• Email remains a highly effective communication method, contributing significantly to online survey completions. In FFY 2024, 74.0% of completed surveys were submitted online—and increase of nearly 4% over FFY 2023. Localities with higher email collection rates consistently achieve better response rates; local systems collecting emails for at least 50% of families continue to have notably higher participation, prompting ongoing encouragement to improve email collection and clarify preferred survey methods in TRAC-IT. To this end, an often-requested enhancement has been recently launched in TRAC-IT that streamlines the identification of survey recipients and preferred survey methods.

• There was the smallest of increases in the overall survey response rate – from 20.20% to 20.35% -- between FFY 2023 and FFY 2024. Virginia acknowledges that a 20% response rate is not outstanding—but nor is it insignificant, especially given the broader context of public skepticism toward government initiatives, increased stress among families, and limited time and capacity to engage with surveys. Experience tells us that while most people want to be helpful, participation in surveys is often influenced by factors such as trust, perceived relevance, and ease of access. These realities must be considered when setting expectations for response rate growth.

FFY 2025 AND BEYOND

Virginia remains committed to using a representative sample to ensure that the data used for planning and reporting reflects the diversity of families served. The NCSEAM survey, while lengthy, is a well-established and validated tool, and its results continue to provide reliable insights into family outcomes. While substantial increases in response rates may not be realistic in the short term, Virginia remains committed to ensuring that the data it reports and acts upon is representative and meaningful, and to making thoughtful, research-informed adjustments where feasible.

To support incremental progress, Virginia will continue implementing the following strategies:

• Participating in national communities of practice (e.g., ECTA's Family Outcomes Data CoP) to learn from other states and technical assistance providers.

• Analyzing response patterns by method (paper, online, phone) and demographics to identify opportunities for improvement.

• Conducting focus groups with families from underrepresented racial/ethnic groups to better understand barriers to participation.

• Exploring alternative survey administration methods, such as text messaging or in-person delivery, and adjusting the timing of survey distribution (e.g., at program exit).

• Improving email collection at the local level, which has been shown to significantly increase online response 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.

FFY 2024 DISSEMINATION AND RESPONSE

• Invitations to complete the survey were sent (with permission) to 11,573 families receiving early intervention supports and services as of December 1, 2024. 563 (4.8%) of all survey packets were returned as undeliverable.

• A total of 150 completed surveys were returned from the first wave mailing efforts (1.3% of all families). Another 342 completed surveys were returned from the second wave mailing (an additional 2.9% of all families).

• A total of 1711 families completed the web-based version of the survey (14.8% of families). Finally, families in localities with fewer than 15 completed surveys received follow-up calls for an additional 37 surveys completed via telephone. The total number of surveys completed was 2,240 which equates to an overall response rate of 20.35%.

• 120 surveys were completed in Spanish.

• In FFY 2023, 379 families who identified their child as Black/African American responded to the family survey—an increase from 288 responses in FFY 2022. This improvement in participation was largely sustained in FFY 2024, with 360 responses, reflecting a relatively stable level of engagement year over year.

EFFORTS TO PROMOTE REPONSE AND REPRESENTATIVENESS

• The survey is available in the languages predominantly spoken by families in Virginia's early intervention system.

• There are multiple methods for distributing and returning the survey.

• Families completing the survey are entered into a drawing to win one of three $100 gift cards.

• Phone surveys are attempted in those local systems with fewer than 15 completed surveys after the second wave mailing to ensure representation from all areas of the Commonwealth.

ANALYSIS OF RESPONSE RATE AND NONRESPONSE BIAS

Reported C4 family outcomes are based on a sample of the total responses to ensure the data is representative of the race/ethnicity of families served in Virginia's early intervention system. As indicated in the demographic analysis presented in a previous section of this report, the race/ethnicity of respondents and non-respondents do differ. Analyzing the results of the survey based on all responses potentially would skew the results toward the experiences of families who identify their child as White and would not adequately capture the voice of families who identify their child as Black/African American.

Via this FFY 2024 SPP/APR Virginia is reporting across-the-board increases in indicators C4A, C4B and C4C. Interestingly, these increases are noted among all race/ethnicity groups included in the FFY 2024 survey, including:

• C4A Results SFY 2023 … SFY 2024
o White: 79.0% … 83.7%
o Black/African American: 68.6% … 77.8%
o Hispanic or Latino: 76.2% … 77.0%
o Asian: 73.5% … 83.3%
o Two or More Races: 74.6% … 83.0%

• C4B Results SFY 2023 … SFY 2024
o White: 74.7% … 81.0%
o Black/African American: 66.5% … 75.3%
o Hispanic or Latino: 70.2% … 76.1%
o Asian: 63.9% … 81.4%
o Two or More Races: 72.6% … 80.1%

• C4C Results SFY 2023 … SFY 2024
o White: 87.1% … 91.3%
o Black/African American: 85.0% … 88.3%
o Hispanic or Latino: 86.2% … 88.5%
o Asian: 86.8% … 93.1%
o Two or More Races: 84.8% … 89.4%

Provide additional information about this indicator (optional).

The C4B target for FFY 2024 was increased to 73.9% by the Virginia Interagency Coordinating Council (VICC) at its December 2023 meeting.

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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. If the State is required to report on the reasons for slippage, the State must include the results of its analyses.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.51%

FFY	2019	2020	2021	2022	2023
Target >=	1.58%	1.44%	1.64%	1.83%	1.83%
Data	1.83%	1.35%	1.61%	1.47%	1.67%

Targets

FFY	2024	2025
Target >=	1.83%	1.90%

Targets: Description of Stakeholder Input

The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

•   Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

•   Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

•   A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

•   Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of

stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	1,661
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, 2024	06/03/2025	Population of infants and toddlers birth to 1	93,267

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,661	93,267	1.67%	1.83%	1.78%	Did not meet target	No Slippage

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

N/A

Provide additional information about this indicator (optional)

N/A

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS902 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. If the State is required to report on the reasons for slippage, the State must include the results of its analysis.

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.72%

FFY	2019	2020	2021	2022	2023
Target >=	3.54%	3.20%	3.43%	3.62%	3.62%
Data	3.62%	3.29%	3.87%	4.12%	4.35%

Targets

FFY	2024	2025
Target >=	3.62%	4.00%

Targets: Description of Stakeholder Input

The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	12,329
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, 2024	06/03/2025	Population of infants and toddlers birth to 3	286,404

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
12,329	286,404	4.35%	3.62%	4.30%	Met target	No Slippage

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

N/A

Provide additional information about this indicator (optional).

Once Virginia has met a target and maintained performance for one year, the Virginia Interagency Coordinating Council (VICC) considers whether to recommend increasing a target for the remaining years of the SPP/APR cycle. At its December 2023 the VICC discussed, but ultimately declined to recommend, a C6 target increase (thereby allowing time to better assess post-Covid realities). However, at its December 2024 meeting and in consideration of a continued C6 increase, the VICC did recommend raising the target for FFY 2025. Acting upon this recommendation, the SLA selected 4.0% as the new C6 target for FFY 2025.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.88%	98.71%	97.14%	96.45%	99.79%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,043	2,767	99.79%	100%	98.45%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Virginia's annual C7 performance has more often than not exceeded 96%, and fluctuations between years are to a greater or lesser extent influenced by personnel shortages among qualified early intervention service providers. At the time of our FFY 2024 compliance indicators measurement and verification (CIMV), 35 of 40 localities were found to be 100% compliant with this indicator. Of the remaining five localities, compliance scores for four exceeded 90%. The fifth locality's lesser performance was directly attributable to acute service coordinator staffing issues (which have since been addressed).

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.

681

Provide reasons for delay, if applicable.

Compliant (i.e., family) reasons for delay include child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delay include provider unavailability and instances where no reason had been documented.

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).

01/01/2025 – 03/31/2025 = 3rd quarter of state fiscal year (SFY) 2025

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

Historically, the data used to calculate local and statewide annual compliance percentages for indicators C1, C7, and C8 has consistently been drawn from a single fiscal quarter within the state fiscal year. This approach has remained unchanged, whether the data was obtained through state monitoring procedures or, more recently, extracted from the state database (which allows for inclusion of all children vs. sampling). Over time, it has been observed that the compliance results are stable and consistent, regardless of which quarter is selected for analysis. This consistency supports the continued use of a single-quarter data set for annual reporting purposes.

Provide additional information about this indicator (optional).

Five of 40 localities were out of compliance with indicator C7 at the time of Virginia's FFY 2024 CIMV. Three of these five local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a written notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=18) of child-specific noncompliance across these three localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that an initial meeting to develop the IFSP was held, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these three localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that initial IFSP meetings were held within timelines; or, if delayed, delays were for compliant reasons only. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2024 indicator C7 noncompliance was issued to two localities—the outcomes and status of which will be reported as required in the FFY 2025 SPP/APR.

Correction of Findings of Noncompliance Identified in FFY 2023

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

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Three of 40 localities were out of compliance with indicator C7 at the time of Virginia's FFY 2023 CIMV. Three of three local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a written notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=6) of child-specific noncompliance across these three localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that an initial meeting to develop the IFSP was held, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these three localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that initial IFSP meetings were held within timelines; or, if delayed, delays were for compliant reasons only. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, no written notifications of FFY 2023 indicator C7 noncompliance were required to be issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

Response to actions required in FFY 2023 SPP/APR

Virginia has addressed each concern in the designated reporting sections of this FFY 2024 SPP/APR submission.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	86.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.60%	98.43%	99.20%	99.61%	97.37%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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)

NO

If no, please explain

By Virginia Code (12VAC35-225-190 -- Transition) children in Virginia are age eligible for preschool special education services under Part B at the beginning of the school year in which the child turns 2 by September 30 (and, in some localities, on a rolling basis during the school year). Therefore, some Virginia families may choose to transition to Part B at age 2 while other families may choose to transition at age 3. As a result, Virginia's C8A indicator data include children who have exited the Part C early intervention system at age 2 (i.e., prior to the child's 3rd birthday) with a transition destination of Part B special education as well as those exiting at age 3.

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
606	1,186	97.37%	100%	99.49%	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.

574

Provide reasons for delay, if applicable.

Compliant (i.e., family) reasons for delay include child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delay include provider unavailability and instances where no reason had been documented.

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).

01/01/2025 – 03/31/2025 = 3rd quarter of state fiscal year (SFY) 2025

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

Historically, the data used to calculate local and statewide annual compliance percentages for indicators C1, C7, and C8 has consistently been drawn from a single fiscal quarter within the state fiscal year. This approach has remained unchanged, whether the data was obtained through state monitoring procedures or, more recently, extracted from the state database (which allows for inclusion of all children vs. sampling). Over time, it has been observed that the compliance results are stable and consistent, regardless of which quarter is selected for analysis. This consistency supports the continued use of a single-quarter data set for annual reporting purposes.

Provide additional information about this indicator (optional).

Four of 40 localities were out of compliance with indicator C8A at the time of Virginia's FFY 2024 CIMV. Four of four local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=19) of child-specific noncompliance across these four localities, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these four localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that each child's transition plan was developed in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, no written notifications of FFY 2024 indicator C8A noncompliance were required to be issued.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Written notification of FFY 2023 indicator C8A noncompliance was issued to one locality. For this one locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that each child's transition plan was developed in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that the local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8A noncompliance was issued to one locality. For this one locality, for each individual case (n=13) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Nine of 40 localities were out of compliance with indicator C8A at the time of Virginia's FFY 2023 CIMV. Eight of these nine local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=26) of child-specific noncompliance across these eight localities, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these eight localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that each child's transition plan was developed in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2023 indicator C8A noncompliance was issued to one locality. See above "FFY 2023 Finding of Noncompliance Verified as Corrected" for a description of subsequent verification activities and outcomes.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

Response to actions required in FFY 2023 SPP/APR

Virginia has addressed each concern in the designated reporting sections of this FFY 2024 SPP/APR submission.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	89.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.30%	94.76%	98.77%	97.15%	89.59%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
730	992	89.59%	100%	94.32%	Did not meet 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.

218

Provide reasons for delay, if applicable.

Compliant (i.e., family) reasons for delay include child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delay include provider unavailability and instances where no reason had been documented.

Describe the method used to collect these data.

Data for FFY 2024 is based on monitoring data from all 40 local early intervention systems in Virginia and was obtained from the statewide early intervention database (see below). The denominator includes all children potentially eligible for Part C who exited Part C during the selected review period with one of four exit-at-age 3* transition destinations: Part B eligible; Part B referral, eligibility to be determined; exit age 3 w/ referrals; exit at age 3 w/o referrals.

*In Virginia, and within specific guidelines, Part C to Part B transition is permitted for children aged 2. Per guidance received from OSEP, these children are included in the denominator, as they have a definitive transition destination of Part B.

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

YES

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

YES

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

State database

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

01/01/2025 – 03/31/2025 = 3rd quarter of state fiscal year (SFY) 2025

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

Historically, the data used to calculate local and statewide annual compliance percentages for indicators C1, C7, and C8 has consistently been drawn from a single fiscal quarter within the state fiscal year. This approach has remained unchanged, whether the data was obtained through state monitoring procedures or, more recently, extracted from the state database (which allows for inclusion of all children vs. sampling). Over time, it has been observed that the compliance results are stable and consistent, regardless of which quarter is selected for analysis. This consistency supports the continued use of a single-quarter data set for annual reporting purposes.

Provide additional information about this indicator (optional).

Ten of 40 localities were out of compliance with indicator C8B at the time of Virginia's FFY 2024 CIMV. Eight of these 10 local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=13) of child-specific noncompliance across these eight localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's transition notification to the LEA and SEA occurred, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these eight localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that notification to the LEA and SEA occurred in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2024 indicator C8B noncompliance was issued to two localities—the outcomes and status of which will be reported as required in the FFY 2025 SPP/APR.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Written notification of FFY 2023 indicator C8B noncompliance was issued to six localities. For these six localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that notification to the LEA and SEA occurred in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8B noncompliance was issued to six localities. For these six localities, for each individual case (n=22) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Eighteen of 40 localities were out of compliance with indicator C8B at the time of Virginia's FFY 2023 CIMV. Twelve of 18 local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=27) of child specific noncompliance across these twelve localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's transition notification to the LEA and SEA occurred, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b) For each of these twelve localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that notification to the LEA and SEA occurred in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2023 indicator C8B noncompliance was issued to six localities. See above "FFY 2023 Finding of Noncompliance Verified as Corrected" for a description of subsequent verification activities and outcomes.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that

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

Response to actions required in FFY 2023 SPP/APR

Virginia has addressed each concern in the designated reporting sections of this FFY 2024 SPP/APR submission.

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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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	87.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	98.68%	98.08%	100.00%	99.55%	95.31%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
132	989	95.31%	100%	98.79%	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.

742

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.

112

Provide reasons for delay, if applicable.

Compliant (i.e., family) reasons for delay include child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delay include provider unavailability and instances where no reason had been documented.

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).

01/01/2025 – 03/31/2025 = 3rd quarter of state fiscal year (SFY) 2025

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

Historically, the data used to calculate local and statewide annual compliance percentages for indicators C1, C7, and C8 has consistently been drawn from a single fiscal quarter within the state fiscal year. This approach has remained unchanged, whether the data was obtained through state monitoring procedures or, more recently, extracted from the state database (which allows for inclusion of all children vs. sampling). Over time, it has been observed that the compliance results are stable and consistent, regardless of which quarter is selected for analysis. This consistency supports the continued use of a single-quarter data set for annual reporting purposes.

Provide additional information about this indicator (optional).

Three of 40 localities were out of compliance with indicator C8C at the time of Virginia's FFY 2024 CIMV. Three of three local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=3) of child-specific noncompliance across these three localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's transition planning conference occurred, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b)	For each of these three localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that the transition planning conference occurred in accordance with Part C requirements; or, if delayed, delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, no written notifications of FFY 2024 indicator C8C noncompliance were required to be issued.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Written notification of FFY 2023 indicator C8C noncompliance was issued to one locality. For this one locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that the transition planning conference occurred in accordance with Part C requirements; or, if delayed, delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that the local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8C noncompliance was issued to one locality. For this one locality, for each individual case (n=6) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

If procedures have been adopted that permit EIS program or providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the *regulatory requirements*; and, (2) each *individual case* of noncompliance was corrected.

Three of 40 localities were out of compliance with indicator C8C at the time of Virginia's FFY 2023 CIMV. Two of three local systems were able to demonstrate—with subsequent SLA verification—correction prior to receiving a notification of noncompliance. Specifically, in accordance with Virginia's pre-finding correction procedures described in the introduction to this report:

a) For each individual case (n=2) of child-specific noncompliance across these two localities, the SLA confirmed using TRAC-IT (and supplemental documentation, if needed) that each child's transition planning conference occurred, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

b)	For both of these two localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that the transition planning conference occurred in accordance with Part C requirements; or, if delayed, delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

As a result, written notification of FFY 2023 indicator C8C noncompliance was issued to one locality. See above "FFY 2023 Finding of Noncompliance Verified as Corrected" for a description of subsequent verification activities and outcomes.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

Virginia has addressed each concern in the designated reporting sections of this FFY 2024 SPP/APR submission.

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS908.

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.

Virginia has not adopted Part B due process procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

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

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS907.

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 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

•   Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

•   Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

•   A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

•   Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

Historical Data

	Baseline Year	Baseline Data
	2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

Targets

FFY	2024	2025
Target>=		

FFY 2024 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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

Results Indicator: 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 3, 2025). 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 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) 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)?

As a result of implementing the SSIP, Virginia will increase the percentage of infants and toddlers who substantially increase their rate of growth in the area of positive social-emotional skills (including social relationships) by the time they exit early intervention.

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://itcva.online/wp-content/uploads/About/SSIP/COREDOCS/Theory-of-Action-2022.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2018	64.93%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	64.94%	65.78%

FFY 2024 SPP/APR Data

# of infants and toddlers who substantially increased their rate of growth in Outcome 3A by the time they turned 3 years of age or exited the program (c+d)	# of infants and toddlers who entered or exited the program below age expectations in Outcome 3A (a+b+c+d)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,062	6,355	64.88%	64.94%	63.92%	Did not meet target	No Slippage

Provide the data source for the FFY 2024 data.

Data is from Virginia's statewide early intervention data system.

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

Virginia's SiMR is the same as indicator C3A, summary statement 1. Procedures used to assess each child's functional skills and progress in the area of positive social-emotional skills (including social relationships) are described in indicator 3 of this report. Based on those procedures, entry and exit data are entered into the state early intervention data system. Virginia analyzes data quality using the pattern checking tools recommended by national technical assistance centers.

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.
As outlined in Virginia's theory of action, progress on infrastructure changes and use of the targeted evidence-based practices are expected to have a positive impact over time on Virginia's SiMR. Therefore, progress on and evaluation of infrastructure and practice changes speak to progress toward the SiMR and are discussed later in this report.

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)
YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.
Full implementation of required fields in Virginia's statewide early intervention data system, TRAC-IT, began on December 11, 2023. However, the State Lead Agency continues to work with the data system vendor to enhance the data system's reporting functionality to facilitate more thorough analysis of factors potentially impacting child outcome results (e.g., demographics, delivered services, etc.). This enhanced level of reporting and resulting data analysis will be important to effective improvement planning around the SiMR and has been added as an SSIP improvement activity for 2026.

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://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fitcva.online%2Fwp-content%2Fuploads%2F2025%2F12%2FSSIP2-The-Plan-Updated-for-2026.docx&wdOrigin=BROWSELINK
Is the State's evaluation plan new or revised since the previous submission? (yes/no)
YES

If yes, provide a description of the changes and updates to the evaluation plan.
Dates were updated for some long-term evaluation activities.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.
Dates were changed for some long-term evaluation activities to reflect updated timelines for completing the related SSIP activities and the time needed to see impacts from those improvement activities.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.
In FFY 2024, Virginia's infrastructure improvement strategies focused primarily on professional development/personnel to support the Commonwealth's implementation of evidence-based practices for improving infants' and toddlers' positive social-emotional skills (including social relationships).

To have a sufficient, sustainable and accessible workforce of highly effective and diverse practitioners with the core competencies necessary to meet the social-emotional needs of infants, toddlers and their families, Virginia is focused on (1) professional development for current practitioners, (2) recruitment and retention strategies, and (3) infrastructure that supports access to specialty practitioners.

All practitioners (regardless of discipline) must know they have a role in supporting positive social-emotional development and a nurturing caregiver-child relationship and must have the training and tools to do that. Over the lifespan of this SSIP, Virginia has developed and continues to use a variety of professional development resources to assist all early intervention practitioners in supporting social-emotional development for all infants and toddlers in early intervention. Based on feedback from families, local system managers and practitioners, several new professional development activities, resources or tools relevant to all early intervention practitioners were implemented in FFY 2024 to address knowledge, skill and support gaps. These offerings covered a variety of topics, including day-to-day implementation of the Pyramid Model, preventing suspension and expulsion from childcare settings, writing IFSP outcomes that support positive social-emotional skills and social relationships, awareness of social-emotional and infant mental health issues and impacts. Professional development was provided through a variety of formats, including an infant mental health podcast series, a blog, learning paths and learning bytes, ElevatED EI 3-hour workshops, an Infant and Early Childhood Mental Health conference, webinars, short courses and written resources like a handout titled "Supporting Social and Emotional Development-What All Early Interventionist Can Do" and written articles on the Pyramid Model in every monthly newsletter. In FFY 2024, Virginia introduced HeartWired, a new video series that explores key aspects of social-emotional (SE) development through expert interviews, real-life interactions, and practical insights. Virginia also launched new social media campaigns, featuring carousels, reels, stories and more, on social emotional development and the Pyramid Model.

For those who want to specialize in the promotion and practice of infant or early childhood mental health within his/her own chosen discipline, Virginia continued to implement the existing Infant Mental Health Endorsement and the Early Childhood Mental Health Endorsement. Monthly office hours support new applicants and those going through the endorsement process and a rolling admissions approach encourages practitioners to apply when they are ready.

In FFY 2024, Virginia continued to focus on recruitment and retention of early intervention staff who can support positive social-emotional skills, including social relationships. To support retention, the State Lead Agency continued the reflective leadership community that started in 2023, providing a yearlong networking and support opportunity for Local System Managers to gather monthly to reflect on their work and share ideas and resources. Recognizing the value of reflective supervision in retaining staff (in addition to improving service delivery), the State Lead Agency also completed a pilot project that started in 2024 to embed reflective supervision for all staff in two local early intervention systems.

Workforce recruitment activities implemented in FFY 2024 included continued efforts to strengthen the pipeline that supplies early intervention professionals. Virginia's early intervention preservice consortium focuses on increasing early intervention content in preservice coursework and increasing undergraduate and graduate student field placements in early intervention. The consortium held multiple networking and collaboration sessions with local system managers to identify ways to streamline and increase field placement processes. Virginia continued to implement an OSEP grant (Workforce Ready: Supporting Community College Faculty to Prepare Scholars Serving Young Children with Disabilities).

After collaborating with the State Medicaid Agency to add new disciplines, most of which support mental health, to those who can provide and be reimbursed by Medicaid for early intervention services, the State Lead Agency successfully used the fast-track regulation process to add these providers in 2025. In accordance with House Bill 1760, which was introduced in the 2025 General Assembly session, the State Lead Agency and the Virginia Department of Education convened a workgroup of relevant stakeholders to develop recommendations on (1) screening and assessment for the early identification of and intervention for emotional and behavioral challenges in children five years of age and under and (2) mental health consultation resources and training to early childhood providers and families. Workgroup discussions and the submitted recommendations reflected resource needs and potential options for growing the workforce and increasing access to Infant or Early Childhood Mental Health Endorsed practitioners and others with this expertise for all areas of the Commonwealth.

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.

Virginia continued to strengthen its robust early intervention professional development system in FFY 2024 through multiple new activities, resources and tools. This information was provided in a variety of evidence-based formats to facilitate access, engage adult learners and support use of the information in practice. These activities successfully targeted a broad audience of service coordinators, service providers of all disciplines and local system managers in all parts of Virginia. Evaluation data from these activities consistently indicated they were widely accessed and successful in imparting knowledge and/or supporting practitioners to use that knowledge in their work. For instance, 91% of evaluation respondents indicated they had gained knowledge and skills from a three-hour workshop on the Pyramid Model, 91% indicated they gained resources they will use with families, and 95% indicated the content was practical and useful. Similarly, 94% of participants who completed the evaluation for the two-part webinar series Preventing Suspension and Expulsion in Early Childhood indicated it would have a positive impact on their work and 90% learned about resources they will use in their work with families. A webinar on Sharing Their Worlds: Coaching Families to Support Joint Attention, a key evidence-based practice, garnered very high agreement from participants about its positive impact, with 95% indicating their knowledge and skills increased and 96% indicating their confidence in their skills increased. During the three-day virtual Infant and Early Childhood Mental Health Conference, over 225 professionals accessed nine sessions. Overwhelmingly, post-conference evaluation respondents described that the conference sessions enhanced their knowledge about infant/early childhood mental health. Ninety-seven percent (97%) also agreed or strongly agreed that the sessions would improve their abilities to support infant and early childhood mental health and social-emotional well-being.

Virginia's pilot project to embed reflective supervision in early intervention also yielded positive results. The purpose of the project was to investigate the effectiveness, sustainability, financial feasibility, and replicability of the reflective supervision model as an approach to increasing the capacity of local early intervention programs to implement high-quality and family-centered services to support the social and emotional development of all infants and toddlers eligible for Part C services in their service area. We also investigated the impact of the model training program on providers' perceived self-efficacy and job satisfaction, along with use of reflective practices. Of the early intervention providers that participated in the pilot and completed the survey 88% had high or extremely high confidence about their ability to observe infant and toddler behavior in the context of their relationship with their caregiver. 88% had high or extremely high confidence that they can integrate reflective supervision topics into their work.

The EI-preservice consortium continued to expand coursework and student placements related to early intervention. In 2025, 17 of the 21 undergraduate and graduate degree programs in Early Childhood Special Education, Early Childhood Education, Occupational Therapy, Physical Therapy and Speech-Language Pathology across the seven member universities required some or all of the early intervention certification modules as part of their program. Local early intervention systems have noted this results in students who are more prepared to benefit from student placements/practica in early intervention and students who graduate ready for (or with) certification and hiring.

Having a sufficient, sustainable and accessible workforce of highly effective and diverse practitioners to support children's positive social-emotional development is a critical component of Virginia's theory of action, and the short-term outcomes achieved over the past year and described here directly relate to achieving the SiMR and to Virginia's ability to make and sustain system improvements.

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

Data and stakeholders point to professional development, personnel, and the data system as the key components of the system framework where Virginia should focus efforts to impact provider practices and, ultimately, child and family outcomes.

DATA:

In 2026, Virginia expects to work with the data system vendor to enhance the data system's reporting functionality to facilitate more thorough analysis of factors potentially impacting child outcome results (e.g., demographics, delivered services, etc.). This enhanced level of reporting and resulting data analysis will be important to effective improvement planning around the SiMR and has been added as an SSIP improvement activity for 2026.

PROFESSIONAL DEVELOPMENT AND PERSONNEL:

During the next reporting period, Virginia will continue to work on a number of multi-year strategies, including those related to recruiting and retaining early intervention personnel with mental health expertise as well as personnel in other fields (OT, PT, SLP, education, etc.) with the knowledge and skills to support positive social-emotional development for all children and building Virginia's reflective supervision capacity to support all early intervention practitioners. In addition, existing resources will be packaged into an orientation checklist/toolkit for local systems to use when onboarding new providers and service coordinators to ensure consistent use of evidence-based screening, assessment and service delivery that supports positive social-emotional skills and social relationships.

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

Virginia is in the early stages of using the Pyramid Model as the framework of evidence-based service delivery practices that will be implemented in Virginia. Virginia continued to implement the evidence-based caregiver coaching and natural learning environment practices that were first implemented as part of Virginia's previous SSIP since these are important practices within the Pyramid Model framework.

In late 2024, the State Lead Agency issued recommended social-emotional screening and assessment practices to support the Pyramid Model key practice area of social-emotional assessment. The State Lead Agency has established a target date of July 1, 2026, to begin requiring use of these practices.

Provide a summary of each evidence-based practice.

Pyramid Model - The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development. In this tiered approach, systems provide universal supports to all children to promote wellness, targeted services to those who need more support, and intensive services to those who need them. Resources are now available to specifically support the use of the pyramid model in early intervention.

Within the framework of the Pyramid Model, Virginia continued to implement the evidence-based caregiver coaching and natural learning environment practices already in place. As defined by Dathan Rush and M'Lisa Shelden, coaching is "An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations." In Virginia, practitioners are expected to implement the early childhood coaching approach described by Rush and Shelden to focus on building the caregiver's capacity to enhance the child's development using everyday interactions and activities. Practitioners support caregivers during early intervention visits by joining family activities and coaching caregivers as they practice using intervention strategies with their children during everyday routines and activities.

Besides caregiver coaching, other key practice areas within the Pyramid Model include the following: building partnerships with families; promoting social-emotional development; dyadic relationship indicators; supporting families with severe, persistent challenging behaviors; and social-emotional assessment.

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.

As detailed in Virginia's Theory of Action, if providers are consistently using evidence-based screening, assessment and service delivery practices then (1) eligibility, assessment and IFSP teams will have an improved picture of the child's social-emotional skills and social relationships in the context of his or her family; (2) all children will receive supports and services necessary to develop and maintain positive social-emotional skills and social relationships; and (3) caregivers will receive services, support, information and/or referrals, as needed, to promote their own well-being and ability to meet their child's social-emotional needs. The improvement activities in Virginia's SSIP are designed to impact the SiMR by building the state-level expectations (policies) for use of the evidence-based practices, the capacity (knowledge and skills) of providers to implement these evidence-based practices, the capacity of local systems to deliver ongoing support to providers in using these practices, and the fidelity measures necessary to know these practices are being delivered as intended.

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

During the reporting period, Virginia continued to collect data on fidelity to the caregiver coaching practices, a key component of the Pyramid Model Framework. Virginia's coaching fidelity assessment process includes both self-assessment and observation. All observation data is reported to the State Lead Agency annually. In FFY 2024, there were 357 coaching fidelity observations conducted statewide. Results showed increased or sustained use of ten of the twelve components of coaching on the fidelity checklist compared to the previous year. There was a particularly marked increase (from 88% to 93%) in the percentage of practitioners observed asking the caregiver what they would like to work on in that day's session. For nine of the twelve components, the percentage of practitioners who used the practice was at or above 90%. Local systems continue to implement a variety of strategies to support providers in reaching and sustaining fidelity.

With more complete data available in the new statewide data system, Virginia was able to establish baseline data on some measures that will be used for long-term evaluation. In calendar year 2024, there were 141 children found eligible for Part C early intervention based on only delayed or atypical social-emotional development; and 3,344 children were found eligible based on delayed or atypical social-emotional development combined with other areas of delay or atypical development.

Implementing fidelity tools and processes for additional evidence-based practices within the Pyramid Model Framework are among the next steps outlined in Virginia's SSIP. In 2025, Virginia held discussions with the creators of the Early Intervention Pyramid Practices Fidelity Instrument (EIPPFI) to determine options for modifying the tool (particularly for length).

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.

Beyond caregiver coaching and natural learning environment practices, Virginia is still in the early stages of implementing the evidence-based practices that comprise the Pyramid Model. The early years of this SSIP cycle were focused on establishing the infrastructure components (professional development, personnel and data) that would be essential to implementing the evidence-based practices and understanding their impact. Local implementation plans for the Pyramid Model were developed by all local system in FFY 2024, and baseline data was established.

Anecdotal data suggests that these efforts have raised awareness among early intervention providers of all disciplines of the importance of social-emotional development and how they can support children and families in this area. They are beginning to use more formal mechanisms (screening and assessment) to identify social-emotional concerns and are developing skills and confidence in talking with families about their children's social-emotional development and factors that impact that area of development. Providers are at various stages of understanding the Pyramid Model as a structure for applying evidence-based practices to support social-emotional development.

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

During the next reporting period, Virginia will continue to support the use of the recommended social-emotional screening and assessment practices and evidence-based Pyramid Model practices by supporting and monitoring local Pyramid Model implementation plans that were established in 2025. Virginia will also adopt and implement a fidelity measure (the EIPPFI) for evidence-based screening, eligibility and assessment, and service delivery practices that support positive social-emotional skills and social relationships. Anticipated outcomes, particularly with the introduction of the fidelity tool, include a consistent and concrete understanding among providers about what these practices look like in their everyday work with families and more consistent implementation of the evidence-based practices.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

Based on feedback from stakeholders, twoeew activities have been added to the SSIP for 2026. The SSIP State Leadership Team and other stakeholders identified the need for enhanced reporting functionality in the statewide data system to facilitate more thorough analysis of factors potentially impacting child outcome results and the need for ongoing support from state staff on local Pyramid Model implementation plans. The SSIP State Leadership Team also noted that many providers need basic child development training on social-emotional development and infant mental health since they may not receive that in their discipline specific training. This will help build confidence in using informed clinical opinion and the atypical development eligibility criteria effectively and appropriately. As a result of their input, this was added as an area of emphasis for 2026 within an existing SSIP activity.

One previously planned activity was eliminated: Consider automatic eligibility category(ies) for children at very high risk for social-emotional/infant mental health delays or disorders. Existing activities to support appropriate use of screening and assessment tools, strengthen use of informed clinical opinion and ensure understanding eligibility options within atypical development are expected to eliminate the need for a new eligibility category. The planned activity to work with the state Medicaid agency to increase early intervention reimbursement rates overall and add licensed mental health professionals to Reimbursement Category 1 has been delayed due to completing Medicaid priorities within the state. The ability to pursue this activity will be re-assessed in one year.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The SLA has had in place and continues to use multiple mechanisms for sharing data with and soliciting broad stakeholder input and engagement on targets in the SPP/APR and the development and implementation of Indicator 11 (SSIP):

• Quarterly meetings of the Virginia Interagency Coordinating Council (VICC);

• Statewide meetings and regional meetings of local system managers;

• The New Path Family Support Network through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;

• Virginia's Parent Training and Information Center, PEATC, which collaborates with DBHDS to identify and support families to engage in data analysis and improvement planning through SSIP workgroups and the leadership team;

• A monthly update that is disseminated to a wide range of stakeholders, including service providers, and includes information every month about the SPP/APR or SSIP and how to submit ideas and feedback;

• Meetings with local lead agency executives and supervisors;

• The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input;

• Webinars and teleconferences;

• Meetings and joint planning sessions with other early childhood programs and groups, like home visiting and early childhood mental health; and

• Work groups for specific projects and initiatives related to the SSIP. Members for these groups always include representation from families, providers, local system managers and state ICC members with attention to ensuring varied expertise and experiences, different local system structures and different areas of the state.

By using these mechanisms again in FFY 2024, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) received information and had the opportunity to provide input and partner with the SLA in planning, evaluation and decision-making related to the SPP/APR targets and implementation of the SSIP. As an example of stakeholder engagement in FFY 2024, the state ICC added family stories to each of their meetings. This ensures the work of the ICC and the SLA, including SPP/APR targets and activities, are driven by the system's strengths and needs as identified by families. An increasing number of stakeholders, particularly families and providers, are developing content for and leading professional development activities. In FFY 2024, stakeholders recorded videos for the HeartWired series, joined Meaningful Moments podcasts, and led workshops and webinars.

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

Mechanisms for ongoing communication with stakeholders specifically about the SSIP work include a SSIP section on the state website and written monthly updates.

Beyond being informed of SSIP work, stakeholders were actively engaged in the work, serving on work groups, review groups and the State Leadership Team (one-third of whom are parents) that were involved with implementing SSIP activities and evaluating progress. The state Interagency Coordinating Council (ICC) was updated on and discussed SSIP implementation at each of their quarterly meetings. Other mechanisms to support stakeholder engagement included discussion during statewide and regional meetings, participation on subject matter expert small groups, and opportunities for evaluation/feedback via surveys and web discussions. Participants included families, service providers, service coordinators, local system managers, local lead agency administrators, state agencies, institutes of higher education faculty and state ICC members. Stakeholder group meeting notes were posted in the SSIP section on the Infant & Toddler Connection of Virginia website and available for broader stakeholder review and input.

Among other activities over the past year, stakeholders have reviewed and provided input on professional development resources and the functionality of the new statewide data system; co-presented and co-lead work with state staff; presented webinars and two 3-hour workshops on the Pyramid Model; recorded videos for the new video series, Heartwired: Fostering Social-Emotional Growth in Families; and reviewed progress on and evaluated the need for revisions to the SSIP activities.

As noted in the Introduction section of this report, the State Lead Agency continued to collaborate with the Arc of Virginia and PEATC (Virginia's Parent Training and Information Center) to increase family engagement in Virginia's SPP/APR, including SSIP work.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Some local system managers and practitioners continue to express concern about the time and cost to implement new social-emotional screening and assessment practices, particularly given personnel shortages and high caseloads. In response, the State Lead Agency is continuing to monitor local progress on implementation and will remain flexible about the tentative target date of July 1, 2026, to require those practices. The State Lead Agency recognizes the need for funding to purchase tools and time to train personnel in their use as well as the challenges presented by personnel shortages and/or funding shortages in some areas. These factors will be considered when determining a final date for requiring the new screening and assessment practices.

Additional Implementation Activities

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

N/A

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

N/A

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

Although no new barriers have been identified, those identified over the past two years remain: As personnel shortages and staff turnover increase at the local level, there is a ripple effect on stakeholder engagement in SSIP work and the pace at which this work can proceed. Either the same local system managers and practitioners participate in a lot of stakeholder groups (leading to burnout) or there is frequent turnover in membership of stakeholder groups that requires a lot of re-starting and re-orienting. State staff are offering a variety of ways for stakeholders to be engaged, recognizing that not all stakeholders will have the time or interest in participating in workgroups and meetings. The State Lead Agency continues to offer opportunities for stakeholders to react to draft documents or discuss ideas during meetings, and these remain effective options for engaging more individuals in SSIP activities. In addition, in 2025 the state expanded participation in a statewide in-person meeting of local system managers to include one additional staff member from each local system. This not only supported development of new local leaders, specifically related to local implementation of the Pyramid Model, but also supported the local system manager by providing a partner to support the ongoing local implementation work.

Personnel shortages and staff turnover necessitate careful thought when considering the timing of and approach to professional development and practice change to ensure already short-staffed programs and practitioners with high caseloads are not overwhelmed (leading to further turnover and shortages).

Flat federal Part C funding also impacts the availability of fiscal resources necessary for training, purchase of assessment protocols, data system enhancements and other SSIP activities. Virginia is maximizing the use of existing materials, free or low-cost training options, and collaboration with other programs and states to maximize the impact of limited fiscal resources.

Provide additional information about this indicator (optional).

N/A

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 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)

  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

Instructions

Targets must be 100%.

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

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, 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. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023-June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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.

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 findings of 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 and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					100.00%

Targets

FFY	2024	2025
Target	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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
3	0	3	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

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

Each of the three localities to whom written notification of FFY 2023 indicator C1 noncompliance was sent were able to demonstrate correction following the FFY 2023 CIMV and prior to the FFY 2024 CIMV. For each locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month (which included all cases in the month for which one or more new IFSP services were added) to verify all services had begun; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) Based on its review of this updated data, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

For each individual case (n=8) of child-specific noncompliance across these three localities identified as noncompliant via the FFY 2023 CIMV, SLA staff used record review data documenting the actual start date for each service and verified that, for each child-specific instance of noncompliance at the time of the CIMV, these local early intervention systems had initiated services for each child, although late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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 the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

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

N/A

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

N/A

Indicator 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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
1	0	1	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

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

Written notification of FFY 2023 indicator C8A noncompliance was issued to one locality. For this one locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that each child's transition plan was developed in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that the local system was now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8A noncompliance was issued to one locality. For this one locality, for each individual case (n=13) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
6	0	6	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

N/A

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

Written notification of FFY 2023 indicator C8B noncompliance was issued to six localities. For these six localities, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that notification to the LEA and SEA occurred in accordance with Part C requirements and timelines; or, if delayed, any/all delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that each local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8B noncompliance was issued to six localities. For these six localities, for each individual case (n=22) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

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 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
1	0	1	0	0

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.).

N/A

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

Written notification of FFY 2023 indicator C8C noncompliance was issued to one locality. For this one locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month to verify that the transition planning conference occurred in accordance with Part C requirements; or, if delayed, delays were for compliant reasons. (SLA staff also verified that compliant reasons were properly designated.) As a result, the SLA was able to conclude that the local system was correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

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

Written notification of FFY 2023 indicator C8C noncompliance was issued to one locality. For this one locality, for each individual case (n=6) of child-specific noncompliance, the SLA confirmed via TRAC-IT (and supplemental documentation, if needed) that each child's transition plan was completed, albeit late, unless the child was no longer within the jurisdiction of the local system, consistent with OSEP QA 23-01, dated July 24, 2023.

Optional for FFY 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 2023 (7/1/23 – 6/30/24)	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

Please 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 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 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
11	0	11	0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
11	11	100.00%	100%	100.00%	Met target	No Slippage

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 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	11
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)	11
3. Number of findings <u>not</u> verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (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 - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	0

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

None

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

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:

Title:

Email:

Phone:

Submitted on: