

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2023

Virginia



**PART C DUE**  
**February 3, 2025**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

N/A

#### Additional information related to data collection and reporting

On December 11, 2023—midway through the FFY 2023 reporting year—Virginia commenced full implementation of its new statewide early intervention data system, TRAC-IT (Tracking, Reporting and Coordinating for Infants and Toddlers). Since then, a majority of local systems have been directly entering case related data into TRAC-IT, while a few local systems have been entering the minimally required number of fields while working with their own electronic health records (EHR) vendors to develop data exchange capabilities. To accommodate the mid-year data system transition and varying degrees of system adoption at the local level (while ensuring data integrity and the accuracy of reported results), blended approaches to data collection and verification for indicators C-1, C-7 and C-8 were utilized for FFY 2023. These approaches are described in each corresponding SPP/APR indicator.

#### 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: C-1 (Timely Initiation of Services); C-7 (45-day Timeline); and C-8A-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: C-2 (Primary Service Setting); C-3 (Child Outcomes); C-4 (Family Outcomes); C-5 (Child Find 0-1); and C-6 (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 5-year cycle (with the flexibility of extending to a sixth year, if needed). Launched in FFY 2024, the SLA anticipates that 6-8 of Virginia's forty 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 compliance.**

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 C-1, C-7, C-8A, C-8B and C-8C, 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, C-1 evaluates the timely initiation of Part C services during a selected time period. That period may include hundreds 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 C-2, C-5 and C-6, a one-day (December 1, YYYY) count of all children in each LEIS with active IFSPs is reported. For example, FFY 2023 results for these three indicators include all children with active IFSPs as of December 1, 2023.

c. For results indicator C-3, 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 2023 results for this indicator include all children who exited the Part C early intervention system between July 1, 2023, and June 30, 2024, who were in services for at least 6 months.

d. For results indicator C-4, 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 C-1, C-7, C-8A, C-8B and C-8C, 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 Casativity platform, TRAC-IT is intended to serve as a complete early intervention case management system. From intake to transition, the system is designed to support the work of all early interventionists in their engagement with children and families and to collect real-time, child-level data at each step in the early intervention process. The system is designed to meet 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).

As described previously, to accommodate the mid-year transition to TRAC-IT as well as varied LEIS adoption of its use, blended approaches to data collection and verification were utilized for FFY 2023 to ensure complete, accurate and consistent data across all LEIS. These approaches are described in each corresponding SPP/APR indicator. As a general rule, however, the following approaches apply:

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

a. For compliance indicators C-1, C-7, C-8A, C-8B and C-8C, three (3) complete months of data—January, February and March—are evaluated for all localities.

b. For results indicators C-2, C-5 and C-6, a one-day (December 1, YYYY) count of all children with active IFSPs is reported.

c. For results indicator C-3, 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 C-4, 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 from the 3-month period immediately preceding the implementation of POSM with a local system. For example, if POSM is to begin in April, cases for review are selected from the months of January, February and March.

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 in late April, 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 an 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 C-2 (Primary Service Setting) is evaluated against a long-standing state target of 98%. Child outcomes (C-3) are not individually scored at this time; rather, data is scored for completeness and for anomalies. Similarly, family outcomes (C-4) are evaluated for statistical differences against state targets. Data completeness is also a factor when scoring indicator C-4. Lastly, indicators C-5 and C-6 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 October 15 (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 C-1, C-7, C-8A, C-8B and C-8C are reported on this copy. As described above, an accompanying memo details expectations for correction of noncompliance, if warranted.

- Copy 2 of 2 (October 15) is used to report all local results and findings for the year, including results indicators C-2, C-3, C-4, C-5 and C-6. 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-Pre-service Consortium focuses on consistent and robust early intervention content in pre-service 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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

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

YES

**Number of Parent Members:**

21

**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, twenty-one parents were directly engaged in setting targets, analyzing data, implementing improvement activities and/or evaluating progress in FFY 2023. In some cases, these parents had gathered input from other families and reflected that additional information in their feedback. At each quarterly meeting in FFY 2023, the State ICC engaged in discussions about targets, data, SSIP improvement activities and/or evaluating progress. During a state ICC meeting on December 11, 2024, 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 participated on workgroups tasked with addressing specific SSIP improvement strategies. The frequency of workgroup meetings varies from monthly to quarterly.

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.

PEATC, Virginia's Parent Training and Information Center, trained a diverse group of families in FY 2022 to actively engage in SSIP work and collaborated closely with the SLA in planning and executing this training. Some of these families continue to participate in state-level early intervention planning and implementation activities.

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

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**

While the State has publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. Specifically, the FFY21 "State Results" data for indicator 2, indicator 5, and indicator 6 does not match the FFY21 SPP/APR data. With its FFY 2023 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2021. In addition, the State must report with its FFY 2023 SPP/APR, how and where the State reported to the public on the FFY 2022 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

#### **Response to actions required in FFY 2022 SPP/APR**

Corrections have been made to align publicly reported C-2, C-5 and C-6 data for FFY 2021 with SPP/APR figures. This (and all publicly reported documents) may be found online at <https://itcva.online/public-reporting/>

### **Intro - OSEP Response**

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

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	72.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.77%	95.73%	99.05%	95.29%	94.24%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data



Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,701	2,007	94.24%	100%	99.25%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

*This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.*

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**Provide reasons for delay, if applicable.**

Compliant (i.e., family) reasons that resulted delays included child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delays included 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 of service must be within thirty (30) days of the date the parent signs the IFSP—thereby providing consent for the services.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Reported C-1 results for FFY 2023 are based on data collected from all forty (40) local early intervention systems in Virginia via the SLA's annual compliance indicators measurement and verification (CIMV) process. Introduced in FFY 2023, CIMV replaces the annual record review (ARR) used previously and relies on reporting features now available in Virginia's new statewide early intervention data system, TRAC-IT. Rather than randomly selecting cases for review (as was done by SLA staff for each ARR), CIMV evaluates all cases with new IFSP services added during a designated period (January-February-March) to determine local and state C-1 compliance.

For FFY 2024 and beyond, the SLA will use the totality of 3-months' worth of data—January, February and March—when calculating C-1 compliance for each local system (as well as when reporting statewide results). However, to accommodate the varying degrees to which localities had entered data in TRAC-IT since its full implementation in mid-December 2023, for FFY 2023 C-1 measurement the SLA chose to review either one, two or three months of data for each locality. The number of months included in each local review was chosen to ensure inclusion of a minimum number of cases, based on local annualized child count and corresponding to the number of records selected in the previous ARR process, as follows:

- Annual count 0-200: 14 records MINIMUM
- Annual count 201-800: 22 records MINIMUM
- Annual count 801+: 30 records MINIMUM

All cases in the one, two or three-month period were included for each local system (i.e., no randomized selection)—for a total of 2,007 cases statewide included in the SLA's FFY 2023 C-1 review. This is a significant increase in the number of cases reviewed compared to previous years (e.g., the total was 886 cases in FFY 2022).

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

Based on the FFY 2023 CIMV, seven (7) local early intervention systems were identified as noncompliant with this indicator. Four (4) of the seven localities were able to document (with subsequent SLA verification) correction of noncompliance prior to the issuance of a finding of noncompliance. Verification of this pre-finding correction included verification that a) each individual case of noncompliance (prong 1) had been corrected and that b) based on updated data, the local system was now correctly implementing the regulatory requirement (prong 2). Specifically:

- For each individual case (n=7) of noncompliance across these four localities identified as noncompliant via the CIMV, SLA staff subsequently confirmed using TRAC-IT (or local child records, depending on the extent to which the local system was using TRAC-IT) that the 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.
- 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 that all services had begun or, if delayed, any reasons for delays were for compliant (i.e., family) 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.

To summarize, written notifications of FFY 2023 noncompliance with indicator C-1 were issued to three (3) localities. As of this writing, one (1) of the three has demonstrated correction (with subsequent SLA verification).

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

Three methodologies were used for verifying correction of FFY 2022 noncompliance, depending on if verification occurred pre- or post- full implementation of TRAC-IT or as a result of the FFY 2023 CIMV.

- Three (3) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with recent IFSPs and IFSP reviews with new services added, and the local system submitted documentation from those records showing start of services and the reasons for any delay in meeting the 30-day timeline for timely start of services. SLA staff members reviewed the documentation in order to verify that these local systems were correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

- One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality’s C-1 CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.

- One (1) locality was able to demonstrate correction following full TRAC-IT implementation following the FFY 2023 CIMV. For this 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 that all services had begun or, if delayed, any reasons for delays were for compliant (i.e., family) 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 this 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.**

For each individual case (n=38) of noncompliance across these five localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data documenting the actual start date for each service and verified that, for each instance of noncompliance at the time of the annual record review, 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**1 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2022 SPP/APR**

As indicated above, the SLA has verified the correction of all five (5) FFY 2022 findings on this indicator.

**1 - OSEP Response**

**1 - Required Actions**

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

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

**Monitoring Priority:** Early Intervention Services In Natural Environments

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.00%

FFY	2018	2019	2020	2021	2022
Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
Data	93.75%	94.23%	97.07%	93.76%	93.03%

### Targets

FFY	2023	2024	2025
Target >=	98.00%	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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

**Prepopulated Data**

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	11,813
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	12,461

**FFY 2023 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
11,813	12,461	93.03%	98.00%	94.80%	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 915 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 11,508, the total number of infants and toddlers with IFSPs was 11,546, and Virginia's percentage for Indicator 2 for FFY 2023 is 99.67%.

**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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

#### Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2018	Target>=	66.00%	64.94%	64.94%	64.94%	64.94%
A1	64.93%	Data	64.93%	63.78%	61.63%	63.23%	64.19%
A2	2018	Target>=	65.00%	57.55%	57.55%	57.55%	57.55%
A2	57.54%	Data	57.54%	54.27%	51.00%	50.73%	49.92%
B1	2018	Target>=	70.00%	68.74%	68.74%	68.74%	68.74%
B1	68.73%	Data	68.73%	68.04%	65.39%	66.28%	68.04%
B2	2018	Target>=	54.00%	46.93%	46.93%	46.93%	46.93%
B2	46.92%	Data	46.92%	44.63%	40.49%	40.75%	42.89%
C1	2018	Target>=	73.00%	68.57%	68.57%	68.57%	68.57%
C1	68.56%	Data	68.56%	67.59%	63.32%	63.69%	63.98%
C2	2018	Target>=	57.00%	50.74%	50.74%	50.74%	50.74%
C2	50.73%	Data	50.73%	49.99%	44.65%	45.95%	47.16%

#### Targets

FFY	2023	2024	2025
Target A1>=	64.94%	64.94%	65.78%

Target A2>=	57.55%	57.55%	59.54%
Target B1>=	68.74%	68.74%	70.04%
Target B2>=	46.93%	46.93%	48.92%
Target C1>=	68.57%	68.57%	69.59%
Target C2>=	50.74%	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	24	0.30%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,163	27.49%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,740	22.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,300	29.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,642	20.87%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,040	6,227	64.19%	64.94%	64.88%	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	3,942	7,869	49.92%	57.55%	50.10%	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	0.23%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,079	26.42%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,336	29.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,625	33.36%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	811	10.31%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they	4,961	7,058	68.04%	68.74%	70.29%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
turned 3 years of age or exited the program							
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	3,436	7,869	42.89%	46.93%	43.67%	Did not meet target	No Slippage

**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	21	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,438	30.98%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,703	21.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,895	36.79%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	812	10.32%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,598	7,057	63.98%	68.57%	65.16%	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	3,707	7,869	47.16%	50.74%	47.11%	Did not meet target	No Slippage

**FFY 2023 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	11,967
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	7,869

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	2018	2019	2020	2021	2022
A	2011	Target>=	80.00%	76.12%	74.98%	74.98%	74.98%
A	72.30%	Data	76.12%	74.98%	76.52%	77.65%	77.62%
B	2011	Target>=	77.00%	73.59%	71.88%	71.88%	71.88%
B	70.30%	Data	73.59%	71.88%	73.14%	74.01%	75.09%
C	2011	Target>=	88.00%	85.44%	85.85%	85.85%	85.85%
C	81.90%	Data	85.44%	85.85%	86.31%	87.48%	86.57%

## Targets

FFY	2023	2024	2025
Target A>=	74.98%	74.98%	77.98%
Target B>=	71.88%	73.94%	75.88%
Target C>=	85.85%	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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

### FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	10,975
Number of respondent families participating in Part C	2,217
Survey Response Rate	20.20%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,195
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,575
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	1,137
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,575
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	1,355
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,575

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	77.62%	74.98%	75.87%	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)	75.09%	71.88%	72.19%	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)	86.57%	85.85%	86.03%	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's indicator C-4 family outcome data is based on results from an annual administration of the NCSEAM survey. A survey is sent to all families enrolled on December 1. A second mailing is sent approximately 4 weeks later to families who did not respond to the first mailing. Finally, the contract agency attempts to reach families by telephone who have not yet responded to the survey and who reside in localities that have fewer than 15 completed surveys after the second-wave mailing.

To ensure the family outcomes results reported in the SPP/APR and used for state-level improvement planning are representative by race/ethnicity of the population of families served in Virginia's early intervention system, the evaluator uses the following process to select a statistically valid stratified random sample from the original response group. Surveys in the original response group that have responses to one or more items on the Impact on Families Scale are eligible to be selected for the stratified random sample.

Step 1: Determine the Analytic Sample Size for Each Race/Ethnicity Category. With knowledge of Virginia's early intervention population percentage in each race/ethnicity category, the first step involves determining the actual analytic sample size that will be used for each race/ethnicity category. An important consideration in establishing the analytic sample is that the number of respondents identifying as "Black or African American" is consistently underrepresented in the initial obtained response group (i.e., the proportion of respondents in the original response group is consistently below the percentage in the population of served families).

Step 2: Assign a Random Outcome. Each respondent in the original response group having a valid IFS measure is assigned a random outcome from a 0/1 uniform distribution using a computerized random number generator to eliminate any potential selection bias. This random number (outcome) can range between 0 and 1 and can be any value between 0 and 1. For example, it can be 0.2876, or 0.8921, or 0.0008, etc. In addition, by virtue of being drawn from a uniform distribution, each possible value between 0 and 1 is equally likely to be assigned (i.e., 0.2876 is just as likely to be assigned as is 0.8921 or 0.0008, etc.). The resulting random number assigned to each respondent will be referred hereafter as U. Thus, each respondent is assigned a value of U randomly, and U will range between 0 and 1 such that each possible value between 0 and 1 is equally likely to be assigned. This form of assignment of U to each respondent ensures that each respondent within a given race/ethnicity category in the total sample has an equal chance of being selected for the final analytic sample.

Step 3: Select Respondents for the Analytic Sample Using Random Selection. Within each race/ethnicity category, respondents are ordered from lowest to highest with respect to U, and the first N(category) respondents are selected for inclusion in the analytic sample. Recall that the value of N(Category) for each category of race/ethnicity is obtained from Equation 3 specified in Step 1. For example, if N(White) = 502, then the first 502 respondents in the race/ethnicity category of White (i.e., the 502 respondents in the White race/ethnicity category having the lowest values of U) would be selected for the analytic sample. The ordering of the respondents with respect to U within each race/ethnicity category accomplishes the random selection of respondents to the analytic sample.

Although not selected specifically for gender, the analytic sample used each year has been representative of the gender of children receiving services under Part C in Virginia. In addition, the analytic sample always includes families representing all local early intervention systems in Virginia. If in any year the initial analytic sample selected based on race/ethnicity is not representative (+/- 3%) of gender, the evaluator will revise the selection parameters to ensure representation by gender as well.

Virginia does not sample at the local early intervention system level. All families in all local systems are surveyed every year.

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

**Response Rate**

FFY	2022	2023
Survey Response Rate	22.51%	20.20%

**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.**

Virginia analyzes 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 in three categories: race/ethnicity, gender and geographic location.

The demographics of families responding to the FFY 2023 survey were representative of the demographics of infants, toddlers and families served in Virginia's Part C system in several ways:

• **Geographic Location:**

All 40 local systems were represented in the survey response group. The percent of the total state survey response group was representative of the percent of total state child count for 39 of the 40 local systems, meaning 39 of the 40 local systems were proportionally represented in the total survey response group.

• **Gender:**

o 59.2% of survey respondents had a male child compared to 61.9% of the population served; and  
o 38.2% were female, compared to 38.1% of the population served.

• **Race/Ethnicity:** The percent of respondents who identified their child as:

o Hispanic was 9.8% compared to 11.2% served.  
o Asian was 3.7% compared to 5.3% served.  
o American Indian or Alaskan Native was 0.2% compared to 0.1% served.  
o Pacific Islander or Hawaiian Native was 0.1% compared to 0.1% served.  
o Two or more races was 13.7% compared to 12.3% served.

For the remaining race/ethnicity categories, the families responding to the survey were not representative of the families served in Part C.

1. Families who identified their child as Black/African-American were under-represented in the survey responses received (17.1% of responses compared to 20.5% served).
2. Families who identified their child as White were over-represented in the survey responses received (54.4% of responses compared to 50.7% of families served).

In addition, one large local system was slightly under-represented in the survey responses received (accounting for 9.34% of total survey responses and 13.59% of the total state child count).

To ensure the family outcome data is representative of the population served, Virginia uses a representative sample of the total responses received to calculate the state results for all parts of indicator C-4. From the 2,217 responses to the FFY 2023 family survey, a random sample of 1,575 families reflecting the distribution of race/ethnicity in the population served in early intervention was selected for data analysis.

The race/ethnicity of children in the representative sample was as follows: 50.7% White (matching the percent served); 20.4% Black/African-American (matching the percent served); 11.2% Hispanic/Latino (matching the percent served); 12.3% two or more races (matching the percent served); 5.3% Asian (matching the percent served); 0.1% American Indian or Alaskan Native (matching the percent served); 0.1% served Pacific Islander or Hawaiian Native (matching the percent served).

Although not selected specifically for gender, the representative sample was also representative of the gender of children receiving services under Part C in Virginia (Male 61.9% of representative sample; female, 38.1%).

In addition, the representative sample includes families representing all local early intervention systems in Virginia.

The sample of 1,575 families exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines, providing a high degree of confidence that the results of the survey accurately reflect the degree to which families have achieved the outcomes in indicator C-4.

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

**NO**

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

The SLA uses strategies described later in this section to increase the response rate for those groups that are underrepresented. While working toward an overall response pool that is more representative of the demographics of families served in the Part C program, Virginia will continue to use a representative sample in reporting results for indicator C-4 to ensure the data the State is acting upon are representative of the population served.

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

After rising slowly but steadily between FFY 2019 to FFY 2022, Virginia's family survey response rate dropped in FFY 2023. The state continues to employ a number of strategies to ensure that families are informed about the annual survey and to promote survey value among local practitioners. Each of the three Part C technical assistance consultants begins regional discussions about the importance of the family survey early in each new year, providing guidance and strategies for promoting its dissemination and fostering appreciation of the process and the information survey results yield.

A workgroup consisting of local system managers, direct service providers and parents was formed in the third quarter of 2023 to review family survey

tools and procedures, response rates, methods of response (paper, online or phone) and demographic data and to identify new strategies for increasing the overall response rate and ensuring the responses are representative of those served. During 2024, the workgroup focused on two long-term outcomes:

1) Virginia will implement strategies to increase response rate and representativeness by:

- a. Continuing to participate in the Family Outcomes Data Community of Practice facilitated by the Early Childhood Technical Assistance Center (ECTA) to learn from national technical assistance providers and other states. Several Part C staff have participated in this COP. Staff also are attending Family Outcomes office hours.
- b. Reviewing methods of response (paper, online or phone) and demographic data to identify response patterns and preferences.
- c. Conducting focus groups with families representing Virginia's diverse races/ethnicities and regions to understand why families do or do not respond to the family survey and what changes to the survey tool and/or procedures would promote an increased response rate and a more representative response. Efforts will particularly target increasing the response rate from families who are Black/African-American since this group is consistently under-represented in the total survey response group.
- d. Exploring with stakeholders, including families and leaders in underrepresented groups, how pre-survey outreach and communication can better convey the value of each family's unique perspective and how the survey results are used.

2) Virginia will implement strategies to identify and address potential nonresponse bias.

- a. As the SLA works with stakeholders to evaluate Virginia's family survey tool and process (as described above), attention will be given to understanding and addressing potential nonresponse bias and strategies to promote equitable survey access and response rates from the full cross-section of families served.
- b. With full implementation of TRAC-IT, Virginia can now begin to explore how family survey respondents can be connected to other demographic data in TRAC-IT to better identify and analyze nonresponse bias. If needed, Virginia will consider adding or revising the demographic questions on the family survey itself as an interim or alternative step for collecting this information.

## FFY 2023 PROGRESS

Workgroup members met nine times during 2024, focusing on goals related to increasing response rate and representativeness. The group developed and reviewed questions to be used with focus group participants and identified a trusted community partner to facilitate the groups. Ten localities were chosen (based on their lack of family survey representativeness among the Black/African American demographic) to serve as a pool for focus group participants. Local system managers in these localities were asked to reach out to families with the assistance of service coordinators and other providers to identify those that had potentially not completed the survey (so insight could be gained as to why). Two families from two separate localities agreed to participate in the focus group, although only one family followed through and met with the facilitator. The most valuable insights gained from the focus group participant were related to survey administration, including when and how the survey is given. Discussion among workgroup stakeholders representing the targeted group (Black/African American families) supported the insights gained during the focus group. As a result, the workgroup will move forward with a focus on exploring potential alternative methods of survey administration (i.e. text, in person) and the time at which the survey is administered (i.e. administration at exit as opposed to once per year at the same time for all enrolled families).

In looking at possible ways to response rate overall, state team members reviewed survey response data. A markedly higher response rate among families of all racial categories that provided an email address for survey administration was noted (70.3% of completed surveys in 2023 were via email). It was also noted that the localities with the highest response rates had emails for at least 50% of their clients; 4 out of 5 localities with the lowest response rates had collected emails for less than 50% of their clients. Thus, a push to increase email address collection at the local level was initiated. A presentation that highlighted information about the local system's role in the survey process (email collection, creating awareness) was developed and shared with all localities. Clarification regarding correct collection of preferred survey method for each family within the statewide data system was disseminated as well.

As a result of these efforts, black/African American response rate representativeness increased by around 4% in FFY 2023 compared to the previous year and was just outside the +/- 3% threshold for being representative. Further, more email addresses were collected by local systems, which resulted in an increase of web responses by around 4%. While families who identified their child as Hispanic were underrepresented in the full survey response group in FFY 2021, the full survey response group was representative of that demographic in FFY 2022 and again in FFY 2023.

**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.**

Virginia's family survey uses the Impact on Families Scale developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM).

Surveys were mailed to 11,522 families who were receiving early intervention supports and services as of December 1, 2023, and who had not declined to receive a survey. Surveys were returned (via mail, online submission, or phone) by 2,217 families receiving early intervention services. This represents a response rate of 19.2%. When the number of surveys sent is reduced by the number returned due to incorrect or insufficient addresses (547), the response rate is 20.2%.

Families have the choice of receiving the survey by email or mail. Surveys are sent by email/mail in two waves that are sent out approximately one month apart. A total of 201 completed surveys were returned from the first wave mailing efforts (1.7% of all families). Another 292 completed surveys were returned from the second wave mailing (an additional 2.5% of all families). A total of 1,641 families completed the web-based version of the survey (14.2% of families). Finally, families in localities with fewer than 15 completed surveys after the second wave mailing received follow-up calls for an additional 83 surveys completed via phone.

The survey is available in seven (7) languages other than English. Six (6) of these languages were available for the first time in FFY 2019 and were added to reflect the languages spoken by families served in Virginia's early intervention system. In FFY 2023, a total of 129 surveys were completed in Spanish, representing 14.9% of the 865 families the statewide data system indicated should receive the survey in Spanish. When the number of surveys sent is reduced by the number returned due to bad or insufficient addresses (46), the response rate is 15.6%.

The family survey processes themselves illustrate several steps Virginia has taken to reduce potential nonresponse bias by promoting survey responses from a broad cross-section of families who received Part C services:

- 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.
- Results on the 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.

That said, more respondents who identify their children as Black/African-American participated in the family survey in FFY 2023 than in FFY 2022 (379 v. 288) and the extent of under-representation was much less. The 379 figure represents 17.1% of all survey respondents, whereas the Black/African-American population served by Part C of IDEA in Virginia is 20.5%. Interestingly, despite reporting the highest percentages on each of the family outcomes among all race/ethnic groups in FFY 2022, Black/African-American families participating in the FFY 2023 had the lowest percentage from among all race/ethnic groups for C-4A (68.6%) and the second lowest percentage for C-4B (66.5%). Families who identified their child as White had the highest percentages on all three family outcomes, so their over-representation would skew results higher.

As for the larger system that was slightly underrepresented in the FFY 2023 family survey, responses for all C-4 indicators were higher than the statewide percentages.

To decrease the potential nonresponse bias discussed here, Virginia's results on the indicator C-4 family outcomes are based on a sample of the total responses that is representative of the race/ethnicity of families served in Virginia's early intervention system.

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

Once Virginia has met a target and maintained that target level for one year, increases in the targets for the remaining years of the SPP/APR cycle are considered. The FFY 2020, FFY 2021 and FFY 2022 results exceeded the FFY 2019 target (set for the first five years of the current SPP/APR 6-year cycle), with FFY 2022 exceeding FFY 2021 results. At its December 2023 meeting, the State (Virginia) Interagency Coordinating Council (VICC) discussed raising the targets for indicator C-4B. The VICC agreed to keep the FFY 2023 indicator C-4B target unchanged (at 71.88%) but to increase the target to 73.9% for FFY 2024.

#### **4 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2022 SPP/APR**

The required reporting and analysis are included in previous sections.

#### **4 - OSEP Response**

#### **4 - Required Actions**

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

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.51%

FFY	2018	2019	2020	2021	2022
Target >=	1.26%	1.58%	1.44%	1.64%	1.83%
Data	1.58%	1.83%	1.35%	1.61%	1.47%

### Targets

FFY	2023	2024	2025
Target >=	1.83%	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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

**Prepopulated Data**

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	1,588
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	95,290

**FFY 2023 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,588	95,290	1.47%	1.83%	1.67%	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

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.72%

FFY	2018	2019	2020	2021	2022
Target >=	2.89%	3.54%	3.20%	3.43%	3.62%
Data	3.54%	3.62%	3.29%	3.87%	4.12%

#### Targets

FFY	2023	2024	2025
Target >=	3.62%	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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

**Prepopulated Data**

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	12,461
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	286,714

**FFY 2023 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
12,461	286,714	4.12%	3.62%	4.35%	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 that target level for one year, increases in the targets for the remaining years of the SPP/APR cycle are considered. At its December 2023 meeting, the State Interagency Coordinating Council discussed raising the targets for Indicator 6. The ICC recommended waiting to have another year of data before potentially raising targets given that the last few years have been impacted by COVID. At its December 2024 meeting, the VICC recommended raising the target for FFY 2025. Acting upon this recommendation, the SLA has selected 4.0% as the new C-6 target for FFY 2025.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

The State revised its FFY 2025 target for this indicator, and OSEP accepts the target.

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / Child Find

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.70%	96.88%	98.71%	97.14%	96.45%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,214	2,911	96.45%	100%	99.79%	Did not meet target	No Slippage

**Number of documented delays attributable to exceptional family circumstances**

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

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**Provide reasons for delay, if applicable.**

Compliant (i.e., family) reasons that resulted in delays included child/family member illness, family scheduling preference, temporary loss of contact with the family, and disaster/severe weather. Noncompliant (i.e., system) reasons for delays included 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).**

Data reflects all children for whom an initial meeting to develop the IFSP occurred between January 1, 2024, and March 31, 2024.

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

Although the data collected for FFY 2023 were from the third quarter of the fiscal year, Virginia has determined that these data accurately reflect data for infants and toddlers with IFSPs for the full fiscal year based on the following:

- The Commonwealth's compliance percentage was similar each year from FFY 2008 through FFY 2012 (97%-99%) when data were collected in the second quarter of the fiscal year as they were in FFY 2007 (98%) when data were from the fourth quarter. There appears to be no difference in performance at different times of the year.
- The data collected in FFY 2023 included all children (2,911) for whom an initial meeting to develop the IFSP occurred and compared the dates of these initial meetings to each child's referral date. Therefore, the data is representative of all local systems and of the population of children served in Virginia's Part C system in terms of race/ethnicity, gender, age and reason for eligibility.

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

At the time of the FFY 2023 CIMV, three (3) local early intervention systems were identified as noncompliant with this indicator. All three local systems were able to document (with subsequent SLA verification) correction of noncompliance prior to the issuance of a finding of noncompliance. Verification of this pre-finding correction included verification that a) each individual case of noncompliance (prong 1) had been corrected and that b) based on updated data, the local system was now correctly implementing the regulatory requirement (prong 2). Specifically:

- 1) For each individual case (n=6) of noncompliance across these three localities identified as noncompliant via the CIMV, SLA staff subsequently confirmed using TRAC-IT that the 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.
- 2) 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 an initial meeting to develop the IFSP was held) to verify that initial IFSP meetings were held within timelines or, if delayed, any reasons for delays were for compliant (i.e., family) 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.

In summary, no written notifications of FFY 2023 noncompliance with indicator C-7 were required based on the annual CIMV.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, two of the three were used.)

Two (of three) methodologies were applicable and used for verifying correction of FFY 2022 noncompliance as follows:

- Three (3) of the four (4) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with initial IFSPs signed during the review period, and the local system submitted documentation from those records to verify that initial IFSP meetings were held within timelines or, if delayed, any reasons for delays were for compliant (i.e., family) reasons. (SLA staff also verified that compliant reasons were properly designated.) SLA staff members reviewed the documentation in order to verify that these local systems were now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.
- One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality's C-7 CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.**

For each individual case (n=40) of noncompliance across these four localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data documenting the actual initial IFSP meeting date and verified that, for each instance of noncompliance at the time of the annual record review, these local early intervention systems had held an initial meeting to develop the IFSP, 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**7 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

As indicated above, the SLA has verified the correction of all four FFY 2022 findings on this indicator.

**7 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

**7 - Required Actions**

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

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.79%	97.60%	98.43%	99.20%	99.61%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

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

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 C-8A 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
739	987	99.61%	100%	97.37%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

When considering C-8A slippage, the SLA found that it was primarily attributable to the mid-year transition to TRAC-IT and the fact that localities were either not completing all required transition related fields and/or were not correctly following data entry procedures. Technical assistance and training were provided to address these issues, and improvement is expected in the state's FFY 2024 results. To substantiate this, the Part C monitoring team recently reviewed a 3-month snapshot for latter 2024 and, from among 2500+ children transitioning during the selected time period, indicator C-8A compliance is once again above 99.0%—more in line with previous results. Further, eight of nine local systems with identified noncompliance at the time of the review were able to demonstrate (with SLA verification) correction of that noncompliance prior to the issuance of a written finding. (The remaining locality has also since corrected noncompliance.)

**Number of documented delays attributable to exceptional family circumstances**

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

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**Provide reasons for delay, if applicable.**

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

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Data for FFY 2023 is based on monitoring data from all 40 local early intervention systems in Virginia and was gathered via a combination of TRAC-IT reporting and record review. The SLA randomly selected children whose cases were to be evaluated for each local system from among those children who exited early intervention between January 1, 2024, and March 31, 2024. The number of records to be reviewed was based on the number of children in the local system who exited early intervention between these dates with a transition destination of public school/Part B eligible or Part B Referral, Eligibility Not Yet Determined.

- 0-9 children exited: All records reviewed
- 10-20 children exited: 10 records reviewed
- 21-100 children exited: 15 records reviewed
- 101-300 children exited: 20 records reviewed
- 301+ children exited: 30 records reviewed

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

At the time of the FFY 2023 CIMV, nine (9) local early intervention systems were found to be noncompliant with this indicator. Eight (8) of the local systems were able to document (with subsequent SLA verification) correction of noncompliance. Verification of this pre-finding correction included verification that a) each individual case of noncompliance (prong 1) had been corrected and that b) based on updated data, the local system was now correctly implementing the regulatory requirement (prong 2). Specifically:

- For each individual case (n=26) of noncompliance across these eight localities identified as noncompliant via the CIMV, the SLA confirmed using TRAC-IT or local child records (depending on the extent to which the local system was using TRAC-IT) 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.
- For each locality, the SLA reviewed updated (post-CIMV) TRAC-IT data for an entire month (which included all children exiting the local system) to



verify that each child's transition plan was developed in accordance with Part C requirements and timelines or, if delayed, any reasons for delays were for compliant (i.e., family) 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.

In summary, written notifications of FFY 2023 noncompliance with indicator C-8A were issued to one (1) locality. As of this writing, this locality has demonstrated correction (with subsequent verification).

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, one of the three was used.)

One (of three) methodologies was applicable and used for verifying correction of FFY 2022 noncompliance as follows:

- The one (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality's C-8A CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.**

For each individual case (n=2) of noncompliance within the locality identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that each child's transition plan was developed, 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**8A - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

As described above, the SLA has verified correction of the one (1) FFY 2022 finding on this indicator.

**8A - OSEP Response**

**8A - Required Actions**

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

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

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	89.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.20%	97.30%	94.76%	98.77%	97.15%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
439	707	97.15%	100%	89.59%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

When considering C-8B slippage, the SLA found that it was primarily attributable to the mid-year transition to TRAC-IT and the fact that localities were either not completing all required transition related fields and/or were not correctly following data entry procedures. Technical assistance and training were provided to address these issues, and improvement is expected in the state's FFY 2024 results. To substantiate this, the Part C monitoring team recently reviewed a 3-month snapshot for latter 2024 and, from among 2500+ children transitioning during the selected time period, indicator C-8B compliance is above 98.0%—more in line with previous results. Further, eight of nine local systems with identified noncompliance at the time of the review were able to demonstrate (with SLA verification) correction of that noncompliance prior to the issuance of a written finding. (The remaining locality has also since corrected noncompliance.)

**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.**

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**Provide reasons for delay, if applicable.**

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

**Describe the method used to collect these data.**

Data for FFY 2023 is based on monitoring data from all 40 local early intervention systems in Virginia and was gathered via a combination of TRAC-IT reporting and record review. The number of records reviewed and the process for selecting local records for review are described below in the section on methods used to select EIS programs for monitoring.

**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 monitoring

**Describe the method used to select EIS programs for monitoring.**

Data for FFY 2023 is based on monitoring data from all 40 local early intervention systems in Virginia and was gathered via a combination of TRAC-IT reporting and record review. The SLA randomly selected children whose cases were to be evaluated for each local system from among those children who exited early intervention between January 1, 2024, and March 31, 2024. The number of records to be reviewed was based on the number of children in the local system who exited early intervention between these dates with a transition destination of public school/Part B eligible or Part B Referral, Eligibility Not Yet Determined.

- 0-9 children exited: All records reviewed
- 10-20 children exited: 10 records reviewed
- 21-100 children exited: 15 records reviewed
- 101-300 children exited: 20 records reviewed
- 301+ children exited: 30 records reviewed

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

At the time of the FFY 2023 CIMV, eighteen (18) local early intervention systems were found to be noncompliant with this indicator. Twelve (12) of the local systems were able to document (with subsequent SLA verification) correction of noncompliance. Verification of this pre-finding correction included verification that a) each individual case of noncompliance (prong 1) had been corrected and that b) based on updated data, the local system was now

correctly implementing the regulatory requirement (prong 2). Specifically:

- For each individual case (n=27) of noncompliance across these twelve localities identified as noncompliant via the CIMV, the SLA confirmed using TRAC-IT or local child records (depending on the extent to which the local system was using TRAC-IT) 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.
- For each locality, 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 or, if delayed, any reasons for delays were for compliant (i.e., family) 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.

In summary, written notifications of FFY 2023 noncompliance with indicator C-8B were issued to six (6) localities. As of this writing, two (2) of the six localities have demonstrated correction (with subsequent SLA verification).

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see “FFY 2022 Findings of Noncompliance Verified as Corrected”. For this indicator, two of the three were used.)

Two (of three) methodologies were applicable and used for verifying correction of FFY 2022 noncompliance, as follows:

- Two (2) of the three (3) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with initial IFSPs signed during the review period, and the local system submitted documentation from those records to verify that notification to the LEA and SEA had occurred in accordance with Part C requirements or, if delayed, any reasons for delays were for compliant (i.e., family) reasons. (SLA staff also verified that compliant reasons were properly designated.) SLA staff members reviewed the documentation in order to verify that these local systems were now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.
- One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality’s C-8B CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.**

For each individual case (n=4) of noncompliance across these three localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that notification to the LEA and SEA had 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

As described above, the SLA has verified correction of the three (3) FFY 2022 findings on this indicator.

## 8B - OSEP Response

### 8B - Required Actions

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

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	87.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.39%	98.68%	98.08%	100.00%	99.55%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
141	707	99.55%	100%	95.31%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

When considering C-8C slippage, the SLA found that it was primarily attributable to the mid-year transition to TRAC-IT and the fact that localities were either not completing all required transition related fields and/or were not correctly following data entry procedures. Technical assistance and training were provided to address these issues, and improvement is expected in the state's FFY 2024 results. To substantiate this, the Part C monitoring team recently reviewed a 3-month snapshot for latter 2024 and, from among 2500+ children transitioning during the selected time period, indicator C-8C compliance is above 99.0%—more in line with previous results. Further, three of four local systems with identified noncompliance at the time of the review were able to demonstrate (with SLA verification) correction of that noncompliance prior to the issuance of a written finding. (The remaining locality has also since corrected noncompliance.)

**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.

494

**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.

62

**Provide reasons for delay, if applicable.**

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

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

Data for FFY 2023 is based on monitoring data from all 40 local early intervention systems in Virginia and was gathered via a combination of TRAC-IT reporting and record review. The number of records reviewed and the process for selecting local records for review are described below in the section on methods used to select EIS programs for monitoring.

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

At the time of the FFY 2023 CIMV, four (4) local early intervention systems were found to be noncompliant with this indicator. Three (3) of the local systems were able to document (with subsequent SLA verification) correction of noncompliance. Verification of this pre-finding correction included verification that a) each individual case of noncompliance (prong 1) had been corrected and that b) based on updated data, the local system was now correctly implementing the regulatory requirement (prong 2). Specifically:

- For each individual case (n=16) of noncompliance across these three localities identified as noncompliant via the CIMV, the SLA confirmed using TRAC-IT or local child records (depending on the extent to which the local system was using TRAC-IT) 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.
- For each 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, any reasons for delays were for compliant (i.e., family) 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.



In summary, a written notification of FFY 2023 noncompliance with indicator C-8C was issued to one (1) locality. As of this writing, this locality had demonstrated correction (with subsequent SLA verification).

**Correction of Findings of Noncompliance Identified in FFY 2022**

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

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, one of the three was used.)

One (of three) methodologies was applicable and used for verifying correction of FFY 2022 noncompliance, as follows:

- The one (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality’s C-8C CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.**

For each individual case (n=1) of noncompliance within the locality identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that the transition planning conference had 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**8C - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

As described above, the SLA has verified correction of the one (1) FFY 2022 finding on this indicator.

**8C - OSEP Response**

**8C - Required Actions**

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

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

## Indicator 9: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

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 2022 SPP/APR**

### 9 - OSEP Response

### 9 - Required Actions

OSEP notes that this indicator is not applicable.

## Indicator 10: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

The 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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service

coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

**Targets**

FFY	2023	2024	2025
Target>=			

**FFY 2023 SPP/APR Data**

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

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

Virginia has not reached the OSEP-identified threshold (10 mediations in a year) that requires targets to be set.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

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

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

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.**

Theory-of-Action-2022.pdf (itcva.online)

**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	2023	2024	2025
Target	Data must be greater than or equal to the target	64.94%	64.94%	65.78%

**FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,040	6,227	64.19%	64.94%	64.88%	Did not meet target	No Slippage

**Provide the data source for the FFY 2023 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 3A, 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. Full implementation of required fields in Virginia's statewide early intervention data system, TRAC-IT, began on December 11, 2023. Once there is a longer period of full data entry in TRAC-IT, this system will facilitate more thorough analysis of factors potentially impacting child outcome results (e.g., demographics, delivered services, etc.) and more effective improvement planning moving forward.

**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)**

NO

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

NO

## **Section B: Implementation, Analysis and Evaluation**

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

<https://itcva.online/wp-content/uploads/2024/11/SSIP2-The-Plan-Updated-for-2025.docx>

**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 2023, Virginia continued to implement infrastructure improvement strategies related to data and professional development/personnel to support the Commonwealth's implementation and evaluation of evidence-based practices for improving infants' and toddlers' positive social-emotional skills (including social relationships).

**DATA:** Virginia launched full implementation of the new statewide early intervention data system TRAC-IT on December 11, 2023. TRAC-IT is a comprehensive electronic health record and case management system with significantly more data fields and functionality than the previous data system. As indicated in Virginia's Theory of Action, an enhanced data system is essential for ensuring necessary data will be available for monitoring, evaluation and improvement planning related to child outcomes at the state and local levels. Since December's full implementation of required fields in TRAC-IT, efforts have focused on (1) supporting local systems to analyze and use local child outcome data to support data quality and program improvement and (2) full data entry to allow more in-depth analysis. Technical Assistance Consultants from the State Lead Agency provided support to local system managers during regional meetings to understand and manipulate the data available through "canned" child outcome reports in TRAC-IT. A state-level ad hoc reporting database was created. Once there is a longer period of full data entry in TRAC-IT and with further build out of ad hoc reporting capacity, TRAC-IT will facilitate in-depth analysis of child outcomes based on demographics, eligibility reasons, delivered services, etc.

**PROFESSIONAL DEVELOPMENT AND PERSONNEL:** 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. In FFY 2023, several new professional development activities, resources or tools relevant to all early intervention practitioners were implemented. These offerings covered a variety of topics, including relationships, stress, attachment, trauma, temperament and behavior. Professional development was provided through a variety of formats, including an infant mental health podcast series, an Infant and Early Childhood Mental Health conference, webinars, short courses and written resources. In FFY 2023, Virginia introduced a new professional development format, ElevatED EI, to address requests from early intervention practitioners for more in-depth learning on priority topics. These are virtual 3-hour workshops facilitated by topic experts with the latest evidence-based practices and research findings. The first ElevatED EI workshop focused on navigating substance use in homes.

This year, with input and recommendations from a stakeholder group working on the topic, Virginia developed and released numerous professional development resources to support statewide implementation of the Pyramid Model Framework in early intervention. These included a statewide pyramid model "launch" webinar, a new page on the state early intervention website, a learning byte, an overview infographic, statewide conference sessions, a feature article in each monthly Infant & Toddler Connection of Virginia Update, and a series of six short written resource guides that connect the six key practices of the pyramid model to the top resources available to support local implementation of that key practice. Virginia also designed logos for each of the six key practices and is using these logos on all new resources to show how that resource (document, webinar, etc.) connects to one or more of the key practices.

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 expanded to offer 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.

Virginia also implemented activities in FFY 2023 to improve 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. New in 2024, the monthly Infant & Toddler Connection of Virginia Update includes a series of stories about the varied career paths that practitioners follow to get to early intervention and highlights promotions that happen as practitioners move into leadership roles. Recognizing the value of reflective supervision in retaining staff (in addition to improving service delivery), the State Lead Agency implemented a pilot project in 2024 to embed reflective supervision for all staff in two local early intervention systems.

Workforce recruitment activities implemented in FFY 2023 included 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 roundtable discussions with local system managers to identify ways to streamline field placement processes. The Faculty/Future Early Interventionists page of the Virginia Early Intervention Professional Development Center website also was updated to support personnel preparation efforts. Virginia continued to implement an OSEP grant (Workforce Ready: Supporting Community College Faculty to Prepare Scholars Serving Diverse Young Children with Disabilities).

To increase access to practitioners with mental health expertise, the State Lead Agency collaborated with the State Medicaid Agency to add new disciplines, most of which support mental health, to those who can be reimbursed by Medicaid for early intervention services. The State Lead Agency is in the process of issuing fast-track regulation updates to add these providers. Virginia also explored multiple options to expand the reach of available specialty providers to support positive social-emotional skills statewide. A hub approach has launched successfully this year to support children with hearing and/or vision impairments and is a potential model for maximizing access to practitioners with infant mental health and related expertise as well. The State Lead Agency also began researching infant mental health consultation models to support early intervention providers. State early intervention staff collaborated with other programs within the State Lead Agency to support the expansion of the Virginia Mental Health Access Project (VMAP) for children birth to five years old. VMAP supports primary care providers in recognizing and responding to children's mental health concerns in a timely manner. The early childhood expansion of VMAP also includes adding early childhood psychiatrists, developmental/behavioral pediatricians, an early childhood licensed mental health professional and early childhood care navigators to the VMAP consultation line.

**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.**

Since Virginia is still early in the implementation of the new SiMR and improvement plan, this year's evaluation of outcomes was based primarily on the short-term indicators of success, monitoring completion of activities and release of products and reviewing evaluation data related to specific activities when available. Ongoing stakeholder feedback and anecdotal data were also critical sources of evaluation information.

DATA: Full implementation of Virginia's new data system occurred on time, and agendas from regional and statewide meetings demonstrate that training and technical assistance on child outcome data analysis and use, including data quality, were provided to all local system managers. Virginia's new cyclical monitoring system launched in November 2024. This process will take advantage of the greater breadth of data now available in TRAC-IT and focus on topics that support positive child outcomes (e.g., planned services align with family concerns and priorities, services are delivered in accordance with the IFSP, etc.). These continued improvements in access to and use of data are essential to understanding who is and is not benefiting from our efforts to improve child outcomes in the area of positive social-emotional development, what accounts for differences and how to promote equitable outcomes.

PROFESSIONAL DEVELOPMENT AND PERSONNEL: Virginia continued to strengthen its robust early intervention professional development system in FFY 2023 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 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, 93% of evaluation respondents indicated they had gained knowledge and skills from a webinar on Real Impacts of Sensory and Social-emotional Regulation, 96% indicated the webinar would have a positive impact on their work, and 90% indicated they learned about practical strategies they can use. Similarly, 93% of participants who completed the evaluation for the SC Chat: Can Service Coordinators Use Coaching indicated it would have a positive impact on their work. During the week-long virtual Infant and Early Childhood Mental Health Conference, over 660 professionals accessed 12 webinar sessions. Overwhelmingly, post-conference evaluation respondents described that the conference sessions enhanced their knowledge about infant/early childhood mental health. Ninety-eight percent 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. In July 2024, the Creating Connections to Shining Stars Conference, a collaborative effort between Virginia's Part C, Early Intervention and Part B, Preschool Special Education programs, was held and focused on promoting and supporting the implementation of evidence-based practices in inclusive settings for infants, toddlers, and young children, both with and without disabilities. Over 500 participants attended, and 90% agreed or strongly agreed that the conference motivated them to reflect and consider changes in their practices.

Evaluation activities for other workforce initiatives indicate there was a 42% increase in applications for Infant and Early Childhood Mental Health Endorsement in FFY 2023 compared to the previous year. This year also brought an expansion of the early intervention preservice consortium, a critical personnel pipeline support, from five to seven institutions. The consortium now includes occupational therapy, physical therapy and speech-language pathology preparation programs in addition to the original early childhood education/early childhood special education members.

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

#### DATA:

In 2025, Virginia expects to use the new statewide data system and information from local systems to establish baseline information on the number of children referred to early intervention solely or partly due concerns about social-emotional development and what factors are associated with or lead to determining a child eligible based on delayed or atypical social-emotional development. The State Lead Agency also will further explore ad hoc reporting capabilities to conduct deeper analysis of child outcomes by various demographic data.

#### PROFESSIONAL DEVELOPMENT AND PERSONNEL:

During the next reporting period, Virginia will continue work on a number of strategies that started in 2023, including those related to increasing the diversity of the early intervention workforce; 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; building Virginia's reflective supervision capacity to support all early intervention practitioners; and providing targeted outreach and training to referral sources to ensure timely referral for children with potentially delayed or atypical social-emotional development. Virginia also expects to complete development of educational resources and training in a variety of formats for families and other caregivers on the importance of positive social-emotional skills and social relationships, what is typical at each age level, red flags, and how to support the child in developing 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. Also in 2024, a stakeholder group continued to identify strategies for using Infant or Early Childhood Mental Health endorsed practitioners, Licensed Clinical Social Workers and other mental health specialty providers effectively throughout the early intervention process to support children, families and other providers, particularly at higher levels of the pyramid.

#### 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 2023, there were 534 coaching fidelity observations conducted statewide. Results showed increased 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 84% to 91%) in the percentage of practitioners observed giving the caregiver an opportunity to demonstrate what he/she has previously tried with their child before the provider suggests a new strategy. There was also an increase from seven to nine of the twelve components for which 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.

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.

**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.**

Virginia's SIMR results did improve over the previous year. As indicated in the evaluation plan, other interim progress data will be measured beginning in 2025-2026.

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

Evidence-based screening and assessment tools and practices – During the next reporting period, Virginia expects to establish an implementation plan, including professional development activities and resources needed to support implementation of the recommended social-emotional screening and assessment tools and practices issued in 2024. In 2025, Virginia also will begin gathering baseline data that will assist in measuring progress and in considering the addition of an automatic eligibility category for children at very high risk for social-emotional/infant mental health delays or disorders.

Pyramid Model – In FFY 2024, Virginia will continue using the established implementation plan, including professional development activities and resources, to support implementation of evidence-based Pyramid Model practices at the local level. Related activities will include strengthening state practice manual language, guidance and support for documenting family outcomes on the IFSP and identifying services and supports to meet those outcomes; establishing practices for accessing clinical-level treatment, including evidence-based dyadic treatment, when needed (e.g., when to access, who determines the need, who provides it, etc.); and identifying, and sharing statewide, strategies for using Infant or Early Childhood Mental Health endorsed practitioners, Licensed Clinical Social Workers and other mental health specialty providers effectively throughout the early intervention process to support children, families and other providers.

**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.**

Timelines have been adjusted (delayed) for some activities in Broad Improvement Strategies 1 and 2. In most cases, these activities have begun but were not completed by the end of 2024. In some cases, the activity simply took longer than expected (to ensure or respond to stakeholder input, wait for necessary data, etc.). In other cases, stakeholders recommended delaying an activity to ensure alignment with work on another activity(ies).

Based on feedback from stakeholders, one new activity has been added to the SSIP for 2025 –2026. Local system managers identified the need for support in onboarding new practitioners to ensure consistent use of evidence-based screening, assessment and service delivery that supports positive social-emotional skills and social relationships. The new activity will create an orientation schedule/toolkit to address this need.

## **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.
- 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 2023, 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 2023, three stakeholder work groups that each included families, local system managers, service coordinators and providers developed and submitted recommended social-emotional screening and assessment practices to the SLA. The SLA used these recommendations to develop draft State procedures and then held a statewide listening session for additional stakeholder input prior to finalizing the work. Thirty-one local stakeholders participated in the listening session.

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

Mechanisms for ongoing communication 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; provided input on proposed social-emotional screening and assessment practices through a statewide listening session; co-presented and co-lead work with state staff; participated in a pilot project for using reflective supervision in two local early intervention systems; presented a pair and share conference session to support practitioners in knowing about and using Pyramid Model resources; recorded videos that will be part of a new video series, Heartwired: Fostering Social-Emotional Growth in Families, that is under development; 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.**

During the listening session on proposed social-emotional screening and assessment practices, some local system managers and practitioners expressed concern about the lack of flexibility in some proposed practices that would lead to duplication of effort and also about the time and cost to implement the practices, particularly given personnel shortages and high caseloads. In response, the State Lead Agency revised the practices to eliminate any duplication of screening/assessment effort and to account for the scenarios raised by stakeholders. Virginia will begin implementation of these practices by strongly recommending their use and will work with stakeholders toward a tentative target date of July 1, 2026, to require them. 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.

**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 last year 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. In 2024, offering listening sessions for stakeholders to react to draft documents or discuss ideas was effective in engaging more and new individuals in SSIP activities.

Personnel shortages and staff turnover also require 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).

**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:

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

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

### Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

N/A

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

Three methodologies were used for verifying correction of FFY 2022 noncompliance, depending on if verification occurred pre- or post- full implementation of TRAC-IT or as a result of the FFY 2023 CIMV.

- Three (3) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with recent IFSPs and IFSP reviews with new services added, and the local system submitted documentation from those records showing start of services and the reasons for any delay in meeting the 30-day timeline for timely start of services. SLA staff members reviewed the documentation in order to verify that these local systems were now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

- One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality’s C-1 CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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.

- One (1) locality was able to demonstrate correction following full TRAC-IT implementation following the FFY 2023 CIMV. For this 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 that all services had begun or, if delayed, any reasons for delays were for compliant (i.e., family) 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 this local system with a FFY 2022 finding 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:**

For each individual case (n=38) of noncompliance across these five localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data documenting the actual start date for each service and verified that, for each instance of noncompliance at the time of the annual record review, 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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

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

N/A

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see “FFY 2022 Findings of Noncompliance Verified as Corrected”. For this indicator, two of the three were used.)

Two (of three) methodologies were applicable and used for verifying correction of FFY 2022 noncompliance, as follows.

- Three (3) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with initial IFSPs signed during the review period, and the local system submitted documentation from those records to verify that initial IFSP meetings were held within timelines or, if delayed, any reasons for delays were for compliant (i.e., family) reasons. (SLA staff also verified that compliant reasons were properly designated.) SLA staff members reviewed the documentation in order to verify that these local systems were now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

- One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality’s C-7 CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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:**

For each individual case (n=40) of noncompliance across these four localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data documenting the actual initial IFSP meeting date and verified that, for each instance of noncompliance at the

time of the annual record review, these local early intervention systems had held an initial meeting to develop the IFSP, 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 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:**

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

N/A

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, one of the three was used.)

One (of three) methodologies was applicable and used for verifying correction of FFY 2022 noncompliance, as follows:

- The one (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality's C-8A CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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:**

For each individual case (n=2) of noncompliance within the locality identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that each child's transition plan was developed, 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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	0	3	0	0

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

N/A

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, two of the three were used.)

Two (of three) methodologies were applicable and used for verifying correction of FFY 2022 noncompliance, as follows:

- Two (2) localities were able to demonstrate correction prior to full TRAC-IT implementation. For these localities, the SLA selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with initial IFSPs signed during the review period, and the local system submitted documentation from those records to verify that notification to the LEA and SEA had occurred in accordance with Part C requirements or, if delayed, any reasons for delays were for compliant (i.e., family) reasons. (SLA staff also verified that compliant reasons were properly designated.) SLA

staff members reviewed the documentation in order to verify that these local systems were now correctly implementing the specific regulatory requirements (100% compliance), consistent with OSEP QA 23-01, dated July 24, 2023.

• One (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality's C-8B CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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:**

For each individual case (n=4) of noncompliance across these three localities identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that notification to the LEA and SEA had 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.

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

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

N/A

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

(Depending on if verification occurred pre- or post- full implementation of TRAC IT or as a result of the FFY 2023 CIMV, three methodologies were available for verifying correction of FFY 2022 noncompliance. Each of the three is described previously in C-1; see "FFY 2022 Findings of Noncompliance Verified as Corrected". For this indicator, one of the three was used.)

One (of three) methodologies was applicable and used for verifying correction of FFY 2022 noncompliance, as follows:

• The one (1) locality was able to demonstrate correction following full TRAC-IT implementation via the FFY 2023 CIMV—i.e., this locality's C-8C CIMV results were 100%. (SLA staff verified that compliant reasons contributing to full compliance were properly designated.) Based on its review of this data, 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:**

For each individual case (n=1) of noncompliance within the locality identified as noncompliant via the FFY 2022 ARR (predating TRAC-IT and CIMV), SLA staff used record review data and verified that the transition planning conference had 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.

**Optional for FFY 2023, 2024, and 2025:**

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

N/A

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

N/A

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



N/A

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

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

**FFY 2023 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
14	14		100%	100.00%	N/A	N/A

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

N/A

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	14
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)	14
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance.

to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

N/A

## **12 - OSEP Response**

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

## **12 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

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

#### **Select the certifier's role**

Designated by the Lead Agency Director to Certify

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

#### **Name:**

Kyla Patterson

#### **Title:**

Early Intervention Program Manager

#### **Email:**

k.patterson@dbhds.virginia.gov

#### **Phone:**

804-402-8759

#### **Submitted on:**

04/15/25 10:21:56 AM

## Determination Enclosures

### RDA Matrix

# Virginia

## 2025 Part C Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
87.50%	Meets Requirements

#### Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	16	100.00%

#### 2025 Part C Results Matrix

##### I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	7,869
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	11,967
Percentage of Children Exiting who are Included in Outcome Data (%)	65.76
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	2

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

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

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

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

<b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	64.88%	50.10%	70.29%	43.67%	65.16%	47.11%
FFY 2022	64.19%	49.92%	68.04%	42.89%	63.98%	47.16%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	99.25%	YES	2
Indicator 7: 45-day timeline	99.79%	YES	2
Indicator 8A: Timely transition plan	97.37%	YES	2
Indicator 8B: Transition notification	89.59%	YES	2
Indicator 8C: Timely transition conference	95.31%	YES	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

## Appendix A

### I. (a) Data Completeness:

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

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

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

## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2023 Outcomes Data

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

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

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

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

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

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

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



**Anomalies in Your State's Outcomes Data FFY 2023**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>7,869</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	24	2,163	1,740	2,300	1,642
<b>Performance (%)</b>	0.30%	27.49%	22.11%	29.23%	20.87%
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	18	2,079	2,336	2,625	811
<b>Performance (%)</b>	0.23%	26.42%	29.69%	33.36%	10.31%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	21	2,438	1,703	2,895	812
<b>Performance (%)</b>	0.27%	30.98%	21.64%	36.79%	10.32%
<b>Scores</b>	1	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	5
<b>Outcomes A-C</b>	15

<b>Data Anomalies Score</b>	2
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**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data**

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

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

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

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

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

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

**Your State's Summary Statement Performance FFY 2023**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	64.88%	50.10%	70.29%	43.67%	65.16%	47.11%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2</b>	6
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<b>Your State's Data Comparison Score</b>	1
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## Appendix D

### II. (b) Performance Change Over Time:

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

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

#### Test of Proportional Difference Calculation Overview

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	5,800	64.19%	6,227	64.88%	0.69	0.0087	0.7893	0.4299	NO	1
SS1/Outcome B: Knowledge and Skills	6,637	68.04%	7,058	70.29%	2.25	0.0079	2.8447	0.0044	YES	2
SS1/Outcome C: Actions to meet needs	6,585	63.98%	7,057	65.16%	1.18	0.0082	1.4354	0.1512	NO	1
SS2/Outcome A: Positive Social Relationships	7,342	49.92%	7,869	50.10%	0.18	0.0081	0.2182	0.8273	NO	1
SS2/Outcome B: Knowledge and Skills	7,342	42.89%	7,869	43.67%	0.77	0.0080	0.9638	0.3351	NO	1
SS2/Outcome C: Actions to meet needs	7,343	47.16%	7,869	47.11%	-0.05	0.0081	-0.0638	0.9492	NO	1

<b>Total Points Across SS1 and SS2</b>	<b>7</b>
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<b>Your State's Performance Change Score</b>	<b>1</b>
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**Data Rubric**  
**Virginia**

FFY 2023 APR (1)

**Part C Timely and Accurate Data -- SPP/APR Data**

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

**APR Score Calculation**

<b>Subtotal</b>	13
<b>Timely Submission Points</b> - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	18

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

**Indicator Calculation**

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	37.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement and are consistent with previous indicator data (unless explained).

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits all ED*Facts* files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

## Dispute Resolution

### IDEA Part C

Virginia

Year 2023-24

#### Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

#### Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

#### Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:

Virginia

These data were extracted on the close date:

11/13/2024



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



## United States Department of Education Office of Special Education and Rehabilitative Services

### Final Determination Letter

June 18, 2025

Honorable Nelson Smith  
Commissioner  
Virginia Department of Behavioral Health & Developmental Services  
P.O. Box 1797, 1220 Bank St.  
Richmond, VA 23218-1797

Dear Commissioner Smith:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Virginia meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Virginia's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Virginia's 2025 determination is based on the data reflected in Virginia's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Virginia and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Virginia's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2025: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Virginia.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Virginia's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Virginia's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Virginia is required to take. The actions that Virginia is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) Virginia's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Virginia's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Virginia must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Virginia on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Virginia's submission of its FFY 2023 SPP/APR. In addition, Virginia must:

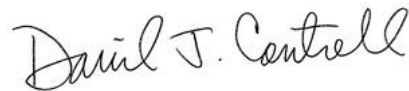
- (1) review EIS program performance against targets in Virginia's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, Virginia must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Virginia's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Virginia's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Virginia over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



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David J. Cantrell  
Deputy Director  
Office of Special Education Programs

cc: State Part C Coordinator