# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on**
**FFY 2022**

**Iowa**



**PART C DUE**
**February 1, 2024**

**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) 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

1) Met target and no slippage: Indicators C2, C3B, C4A, C4B, C4C, C5, C6, C8B, C11
2) Did not meet target and no slippage: Indicators: C3A, C3C
3) Did not meet target and slippage: Indicator C1, C7, C8A, C8C

### Additional information related to data collection and reporting

ICC Form FFY 2022: Discussions of Iowa's FFY22 APR were held multiple times with the Iowa Council for Early ACCESS (ICEA) and other stakeholder groups in the fall and winter of 2023/2024. The ICC form was signed by the Chairperson in December 2023 during the last ICEA in-person meeting held prior to the APR submission.

### 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).

Infrastructure
Beginning in 1974, Iowa code required a free appropriate public education (FAPE) to meet the needs of children from birth through 21 years of age eligible for special education [Chapter 256B.2(3)]. It mandated the creation of statewide intermediate education agencies, or Area Education Agencies (AEAs), to ensure the provision and equity of services.

Iowa's Early ACCESS Integrated System of Early Intervention Services (Early ACCESS or EA) was established through Iowa Administrative Rules (2012) in alignment with Part C of Individuals with Disabilities Education Act (IDEA). Iowa's early intervention system involves the lead agency, Iowa Department of Education, and two signatory agencies, Iowa Department of Health and Human Services and University of Iowa's Child Health Specialty Clinics. An interagency agreement, signed by the Iowa Department of Education, Health and Human Services and the University of Iowa's Child Health Specialty Clinics, outlines the agencies' roles and responsibilities in the Early ACCESS system. The agreement includes their commitment to: 1) provide early intervention services; and, 2) support components needed for a coordinated system. Additionally, the nine AEAs (Regional Grantees or Regions) are responsible for ensuring Iowa's Early ACCESS system is carried out in accordance with IDEA Part C including child find, early intervention services, and early childhood transition.

The vision of Iowa's IDEA System of General Supervision (IDEA-SGS) is to provide leadership in system structures and processes, and facilitate the use of a statewide IDEA data system to: 1) improve early intervention and educational results and functional outcomes for infants, toddlers, and learners with disabilities; 2) empower families and caregivers to enhance results and outcomes; 3) ensure early intervention service programs, area education agencies, and local education agencies meet IDEA Part C and Part B requirements with emphasis on results and outcomes; and, (4) utilize complete, valid, and reliable data for reporting and decision-making.

Compliance and Improvement
Iowa's compliance and improvement process is embedded in the IDEA-SGS by recognizing and improving compliance as part of Iowa's Corrective Action Process (I-CAP). The I-CAP uses data across areas to detect noncompliance issues across each AEA, as the designated Early ACCESS Regional Grantee. These data are a compilation of ongoing monitoring within the state's Consolidated Accountability and Support Application (CASA) and Legacy and ACHIEVE data systems. There are actions taken to ensure compliance and improvement within Iowa's Area Education Agencies as described below.

Inform. Compliance actions include but are not limited to:
-- Statewide communication to ensure families, learners, education agencies and the public at-large are informed of current performance of children in Early ACCESS, evidence-based practices, and policies and procedures surrounding compliance with state and federal laws
-- Professional development is provided to direct service staff and support agencies around compliance, desk audits, the Corrective Action Process, and evidence-based practices
-- Notification of noncompliance to be corrected within 365 days to the AEAs

Prevent. Compliance actions include but are not limited to:
-- Compliance as a priority within Iowa's comprehensive IDEA-SGS infrastructure to support families, educational agencies, and direct service providers,
-- Corrective Action Processes which are clear, efficient, and effective

Correct. Compliance actions include but are not limited to:
-- Technical assistance on-demand and compliance-driven as a result of Iowa's Corrective Action Process
-- Corrective action plans which are established by working directly with AEAs. Note: Plans focus on correcting systemic and individual, child-level noncompliance within required federal timelines
-- Monitoring implementation of the AEA Corrective Action Plans
-- Verifying the resolution of identified noncompliance

Detect. Compliance actions include but are not limited to:
-- Identifying noncompliance by reviewing corrective action data
-- Verifying noncompliance to ensure the issue is in fact, noncompliance and determine whether it is systemic or ongoing
-- Determining the current status of corrections, child and family outcomes and intervention efficacy statewide and within each AEA

Inspect. Compliance actions include but are not limited to:
-- Investigating noncompliance issues revealed during detect to determine the extent of noncompliance
-- Conducting in-depth investigations and analysis of noncompliance for AEAs experiencing systemic issues

**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 early intervention service (EIS) programs.**

There are 3 central teaming structures which lead work within compliance, technical assistance, and support. Each team contributes to supporting a robust system of technical assistance.
1. IDEA Coordination and Leadership Teams provide oversight and lead IDEA-SGS for Iowa (Inform, Prevent, Correct, Detect, Inspect)

2. ACHIEVE System Teams provide oversight of Iowa's IDEA data system to ensure data are valid and reliable (Detect, Inspect)

3. Early ACCESS State Implementation Team provides oversight to the implementation of early intervention services and professional development (Prevent, Correct)

The EA State Team, which is representative of staff from each of the signatory partners, provides training and technical assistance for Early ACCESS service providers and directly supports completion of any corrective action and continuous improvement activities. Training and technical assistance are provided for evidence-based implementation and intervention practices, implementation of corrective action plans or improvement activities, and SPP/APR indicators. When technical assistance addressing compliance is individualized for each AEA, the Department of Education's EA quality assurance/monitoring consultant is responsible for ensuring the needs are met. Additionally, regularly scheduled meetings with AEAs provide opportunities for the EA State Team to identify and provide technical assistance, provide resources, and assist with solutions to address monitoring, performance monitoring topics, and other system and regional needs.

Statewide Leadership Meetings
The EA State Team meets with AEA Directors of Special Education (Regional Grantee Administrators) and Early ACCESS Grantee Leadership Team to provide technical assistance and to obtain input and recommendations regarding regional needs. A priority is placed on activities supportive of consistency in communication and implementation of IDEA across the statewide system. These meetings provide opportunities for:
- Statewide discussion and collaboration;
- Dissemination of information;
- Activities to support Early ACCESS (IDEA Part C) Regional Grantee leadership and providers;
- Reciprocal learning; and,
- Coordination with the early care, health, and education systems.

The Regional Grantee Administrators, Iowa's State Director of Special Education, and the Lead Agency's Chief of the Bureau of Early Childhood meet monthly to provide information and collaboration on the implementation of statewide activities addressing Early ACCESS and special education. During the last two years, this leadership team has also utilized weekly, virtual meetings to discuss more timely topics, in particular in regard to ACHIEVE. The Bureau Chief is the Early ACCESS liaison to the Regional Grantee Administrators (also referred to as AEA Directors of Special Education).

The Early ACCESS Grantee Leadership (EAGL) Team meets four times per year. Approximately 30 members attend meetings which include Regional Grantee liaisons and leadership, signatory agency liaisons, Early ACCESS coordinator, Chief of the Bureau of Early Childhood, Iowa Educational Services for the Blind and Visually Impaired liaison, and Area Education Agency Director of Special Education. The EA Grantee Leadership Team meetings allow for training and technical assistance to occur either during the meeting or to plan/coordinate technical assistance efforts needed throughout the state. Meeting minutes, support and guidance documents, and video recordings of training and technical assistance are shared with the members.

**Professional Development System:**

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

Iowa's Comprehensive System of Personnel Development (CSPD) has multiple system components in place at state and local levels to ensure early interventionists are effectively providing services to improve results for eligible infants and toddlers with disabilities and their families, including: 1) Service Coordination (SC) Training; 2) Iowa Distance Mentoring Model of Personnel Development (IA DMM); and 3) Early Childhood Comprehensive System of Personnel Development (EC CSPD).

Service Coordination Training
The Iowa Administrative Rules for Early ACCESS state, "…a service coordinator must be a person who has completed a competency-based training program with content related to knowledge and understanding of eligible children, these rules, the nature and scope of services in Early ACCESS in the state, and the system of payments for services, as well as service coordination responsibilities and strategies. The competency-based training program, approved by the department, shall include different training formats and differentiated training to reflect the background and knowledge of the trainees…" [281-120.34(5)].

Iowa ensures Early ACCESS service coordinators meet the established qualifications by successfully completing training. Iowa's Early ACCESS Service Coordination Competency Training consists of six components: 1) shadowing experienced service coordinators; 2) successful completion of the five online training modules; 3) completing and submitting five application activities; 4) one face-to-face workshop that is six hours and occurs after the service coordinator has had an active caseload for at least 60 days and has completed the online modules; 5) mentoring; and 6) being observed and receiving feedback on an early intervention home visit. The training process is completed in approximately eight months, though it may take up to one year, depending on when the Early ACCESS service coordinator begins employment.

The Early ACCESS Service Coordination Competency Training content is annually reviewed and revised to provide knowledge and skills for service coordinators. Revisions are based upon data and recommendations collected from Regional Grantee administrators, Early ACCESS Grantee Leadership, Early ACCESS service coordinators, and the Early ACCESS State Team.

Iowa Distance Mentoring Model of Personnel Development (IA DMM)
The Iowa Distance Mentoring Model (IA DMM) for Early ACCESS is a professional development approach designed to facilitate coordinated and consistent implementation of high-quality early intervention (EI) services and support. Beginning in 2013, the IA DMM for Early ACCESS has been a multi-year project with the Communication and Early Childhood Research and Practice Center (CEC-RAP) at Florida State University. The Early ACCESS CSPD coordinator has collaborated with the CEC-RAP Center to provide professional development and coaching support to build capacity and sustain the implementation of evidence-based service delivery. By incorporating evidence-based practices for professional development with technology strategies and supports, Iowa DMM engages Early ACCESS providers, service coordinators, and Regional Grantee administrators in a systematic change process to increase and sustain the use of evidence-based practices with children and families.

Local, state, and national personnel have joined together to design, implement, and evaluate an innovative personnel development approach to improve outcomes for young children and their families. IA DMM uses evidence-based professional development practices including individualized coaching with performance-based feedback and peer mentoring to promote learning. The desired outcome is to align Early ACCESS services and support to current evidence-based practices for family centered services in natural environments. The focus is on improved outcomes for infants and toddlers enrolled in Iowa's Early ACCESS system and their families. Improved outcomes promote learning and development in preparation for each child's success in school and community settings. The scope includes a comprehensive family-centered model of early intervention service delivery designed to support Early ACCESS providers' use of embedded intervention strategies in everyday family routines and activities, as well as evidence-based adult learning strategies including caregiver coaching.

The Active Implementation Frameworks from the National Implementation Research Network (NIRN) are applied continually to increase the capacity of Early ACCESS service providers to implement, scale, and sustain the evidence-based practices of coaching caregivers in family guided routines based interventions (FGRBI). Iowa ensures the following components are in place to support the success of implementation: 1) implementation teams at regional and state levels; 2) usable interventions; 3) implementation drivers; 4) stages of implementation; and 5) improvement cycles.

Project evaluation is a critical element of IA DMM. The evaluation plan continues to measure change on four system levels: 1) family participants, 2) direct service providers, 3) implementing agencies (regional implementation teams), and 4) state level systems (state implementation team and Lead Agency). To date, the focus has been building the internal capacity of providers in Early ACCESS to provide coaching and FGRBI expertise to their peers. While these efforts continue, Iowa has continued planning efforts with the Regional Grantee Administrators to organize the state and regional infrastructure for professional learning and coaching of service providers to support statewide scaling and sustainability.

The EA State Team provides professional learning and technical assistance to further support Early ACCESS service coordinators, providers, data technicians, and administrators to support the implementation of Iowa's Early ACCESS system. The EA State Team includes the Part C coordinator, CSPD consultant, quality assurance/monitoring consultant, autism consultant, and the Chief of the Bureau of Early Childhood from the Lead Agency (Iowa Department of Education) and an Early ACCESS liaison from each of the two signatory agencies (Iowa Department of Health and Human Services and Iowa's, Child Health Specialty Clinics). The EA State Team meets twice a month to address Early ACCESS system needs related to procedures, policies, personnel development, data systems, data, monitoring and compliance, collaboration, and Early ACCESS system improvement. Lead Agency consultants for Medicaid, IDEA Part B 619, and Deaf and Hard of Hearing attend as needed. The EA State Team is responsible for providing professional learning and technical assistance for the Regional Grantees as well as facilitating technical assistance from national experts and OSEP-funded centers and resources. In addition, designated staff from the EA State Team are members of the ACHIEVE System Teams responsible for the development and implementation of Iowa's data systems.

**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 State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers
-Mental Health Providers
-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration

-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

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

YES

**Number of Parent Members:**

4

**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.**

As a primary means of involvement, parent members of ICEA have been involved in every aspect of engagement. As with all ICEA members, parents analyzed the historical data of each indicator and engaged in the discussions regarding improvement strategies to reach the targets. Discussions of data were intentionally structured to provide a means for active, two-way communication among interested parties, leadership, and community collaborators.

Evaluation of progress is conducted by comparing annual indicator data to the identified targets. Additional evaluation methods may be added as improvement strategies are implemented and progress data are shared and reviewed.

**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.**

Activities for increasing capacity of parent involvement and engagement included Lead Agency hosted public webinars, in-person meetings, and online surveys. The Lead Agency and EA State Team also worked with leadership from Iowa's Parent Training and Information Center (PTIC), ASK Resource Center, to connect with families for input and feedback in stakeholder activities. The ASK Resource Center staff consulted with the EA State Team to provide information and resources about the different services and supports available for families with children birth to three years of age. The ASK Resource Center's website includes resources about Early ACCESS and a link to Iowa's early intervention central directory to make a referral or request services through the Early ACCESS system. Additionally, Iowa's central directory website, Iowa Family Support Network/Early ACCESS, has information for families and professionals such as videos of early intervention services, handouts about Early ACCESS, and multiple ways to make a referral to Early ACCESS.

**Soliciting Public Input:**

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

Public engagement and input for Iowa's FFY 2022 APR for Early ACCESS Integrated System of Early Intervention Services included:
-- Routine discussions and input from Regional Grantee Administrators, Grantee Leadership, signatory agencies, and Iowa Council for Early ACCESS (ICEA); and,
-- Access to Iowa's FFY 2022 APR from the Lead Agency's web page and direct links to the OSEP public reporting web page.

Evaluating progress:
Progress of the state's performance on the indicators is shared annually with ICEA; members are involved in any needed revisions to targets or baseline data. Regional Grantee Administrators (AEA Directors of Special Education) also annually review both state and regional data. Current and future efforts include public posting of state and regional data as well as routine data reviews with various stakeholder groups. Routines also include stakeholder discussion of current strategies, impact, and considerations for improvement. The data and acquired information from stakeholders assist the Lead Agency and signatory partners with adjustments of priorities and activities in the state's improvement plan.

**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.**

June 2024: A direct link to the final submitted FFY 2022 APR will be provided on the Lead Agency's public reporting website for early intervention and special education, which is the end result of the target setting, data analysis, development of improvement strategies, and evaluation.

Ongoing: Progress of the State's performance on the indicators is shared with State leadership, ICEA, AEA Regional Grantee administration, and regional leadership through scheduled routine data reviews, which include discussion and making needed revisions to targets or baseline data.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 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 2021 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 2021 APR in 2023, is available.**

The Lead Agency publicly reported performance and progress and/or slippage in meeting the APR indicator targets of each Regional Grantee (AEA) through the following channels and timelines:

AEA Regional Data Profiles posted on the Iowa Department of Education website under "Required Reporting: AEA Regional Data Profiles" no later than 120 days from submission at:
https://educate.iowa.gov/pk-12/early-childhood/early-access#required-reporting:~:text=AEA%20Regional%20Data%20Profiles

Iowa Part C State Performance Plan (SPP)/Annual Performance Report (APR) posted on Iowa Department of Education website under "Required Reporting: Annual Performance Report/State Performance Plan for Iowa's Part C of IDEA" no later than 120 days from submission at:
https://educate.iowa.gov/pk-12/early-childhood/early-access#required-reporting:~:text=Annual%20Performance%20Report/State%20Performance%20Plan%20for%20Iowa%27s%20Part%20C%20of%20IDEA


AEA Regional Data Profiles and Iowa Part C SPP/APR are provided electronically to the following groups no later than 120 days from submission:
-Iowa Council for Early ACCESS;
-Regional Grantee Administrators;
-Early ACCESS Grantee Leadership Team;
-Lead Agency Administration; and,
-Regional and State Implementation Teams.

## Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.


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

The Iowa Department of Education is partnering with Florida State University, Communication and Early Childhood Research and Practice (CEC-RAP) Center, to use the Distance Mentoring Model (DMM) of professional development to scale up and sustain Early ACCESS providers' use of Family Guided Routines Based Intervention (FGRBI) and Caregiver Coaching, a manualized intervention approach (Woods, 2017; http://fgrbi.com/). During FFY22, substantial effort was made to build sustainability by training AEA Early ACCESS coaches who are able to coach providers to implement FGRBI with minimal support from Florida State University (FSU) faculty. Additionally, FSU faculty supported the Lead Agency consultants in sustainability planning and activities. The FSU faculty provided topical webinars two times per month for Early ACCESS providers, FGRBI coaches, administrators, and/or regional implementation teams. The topics for the webinars were selected based on the need to improve results for children and families and the development of competencies in the integration of the "family guided" aspect of FGRBI into ACHIEVE. Specifically, the professional development sequence included evidence-based practices for implementing child and family-directed assessments, intervention strategies, key indicators of FGRBI, and monitoring children's progress.

Furthermore, the State utilized resources from the OSEP-funded Early Childhood Technical Assistance Center (ECTA) and Center for IDEA Early Childhood Data Systems (DaSy) to develop and enhance Iowa's ACHIEVE system. The ACHIEVE system has been designed to integrate the Early Childhood Outcomes and Family Outcomes into the evaluation, assessment, IFSP, and transition from C to B processes. In FFY22, a cross-disciplinary team developed a Child Development Professional Learning Package for providers who serve children ages birth to five (Part C / Part 619) to build upon the foundational knowledge and information of child development and developmental progressions. The Early ACCESS CSPD consultant collaborated with the CSPD consultant from the Infant & Toddler Connection of Virginia (ITCVA) for technical assistance and expertise. The package also includes resources from the ECTA and DaSy to improve team's understanding and decision making about children's functioning and progress in the three ECO areas.

## 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.

The State's determinations for both 2022 and 2023 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 21, 2023 determination letter informed the State that it must report with its FFY 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
| --- | --- |
| 2005 | 100.00% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
| --- | --- | --- | --- | --- | --- |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.56% | 98.26% | Not Valid and Reliable | 99.54% | 99.85% |

**Targets**

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

**FFY 2022 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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 1,739 | 1,949 | 99.85% | 100% | 92.30% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The reason for the slippage is due to inadequate documentation and need for additional training using the new data system, ACHIEVE. Providers entered data into two data systems during this reporting period, each having unique fields and methods for documentation.

**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.*

60

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

Regional grantees provided reasons for delay related to family cancellations, staff schedules, agency closures, data system documentation errors and staff illness.

**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).**

Services are considered timely if initiated within 30 calendar days from the date in which consent for services was obtained. Data are based on the actual number of days, not the average, between parental consent and the date specified on the IFSP service log notes for delivery of first service.

**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).**

January 1 through June 30, 2023

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

Data for this indicator were taken from the ACHIEVE data systems and reflect all new early intervention services from both initial IFSPs and subsequent IFSPs between January 1 and June 30, 2023. The Lead Agency ensured the dataset for each region was representative of the total number of infants and toddlers with IFSPs for the full reporting year. A confidence level of 95% +/-5% margin of error was used for each Region to establish the number of children required in the review based on the population of children with IFSPs for the reporting year. Additionally, the numbers of referrals and child count for Early ACCESS are consistent throughout the year so the data accurately reflects infants and toddlers with IFSPs for the full reporting period. Data are based on the actual number of days, not the average, between parental consent and the date specified on the IFSP service log notes for delivery of first service. Services are considered timely if initiated within 30 calendar days from the date in which consent for services was obtained (state criteria).

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


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

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

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

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

One Regional Grantee (AEA) did not meet the 100% target in FFY 2021 and was notified of findings of noncompliance. The Regional Grantee was required to analyze root causes and correct the instance of noncompliance, unless the child was no longer within the jurisdiction of the Early ACCESS program, as soon as possible and no later than one year from the date of notification of noncompliance. The corrective action was completed, followed by verification by the Lead Agency quality assurance/monitoring consultant.

The Regional Grantee made the correction within the 365 day timeline (including the State's verification of correction) and met requirements for timely correction. The Lead Agency quality assurance/monitoring consultant was responsible for verifying timely corrections. For that Region, after technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. The Regional Grantee demonstrated implementation of the requirement with 100% compliance through additional data review by the Lead Agency.

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

During FFY 2021, one instance of noncompliance was identified. The lead agency notified the Regional Grantee of the noncompliance and verified that the individual case was corrected by (a) verifying services were eventually provided unless the child was no longer within the jurisdiction of the Early ACCESS program, and (b) verifying the Regional Grantee is correctly implementing requirements.

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

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

## 1 - Prior FFY Required Actions

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

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

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

## 1 - 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, 2022- June 30, 2023). 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.

## 1 - 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.

# Indicator 2: Services in Natural Environments

## Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 96.10% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target>= | 96.60% | 96.60% | 96.60% | 96.60% | 96.60% |
| Data | 98.39% | 97.76% | 98.29% | 93.99% | 95.37% |

### Targets

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target >= | 96.64% | 96.68% | 96.72% | 96.76% |

**Targets: Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)

-Medical / Health Care Providers
-Mental Health Providers
-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,002 |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Total number of infants and toddlers with IFSPs | 3,044 |

**FFY 2022 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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 3,002 | 3,044 | 95.37% | 96.64% | 98.62% | Met target | No Slippage |

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

## Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

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

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

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

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of* **infants and toddlers with IFSPs** *is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See* General Instructions *page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)**

NO


**Targets: Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

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4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

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-Mental Health Providers
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-Parents of Children with Disabilities
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-State Legislators

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4. Early ACCESS State Implementation Team; held every 2 months
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In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.


**Historical Data**

| Outcome | Baseline | FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|---|
| A1 | 2018 | Target>= | 46.13% | 46.63% | 46.63% | 46.29% | 46.29% |
| A1 | 46.29% | Data | 46.36% | 46.29% | 45.83% | 44.23% | 46.83% |
| A2 | 2018 | Target>= | 71.40% | 71.90% | 71.90% | 59.67% | 59.67% |
| A2 | 59.67% | Data | 60.46% | 59.67% | 54.78% | 53.32% | 51.68% |
| B1 | 2018 | Target>= | 51.83% | 52.33% | 52.33% | 51.21% | 51.21% |
| B1 | 51.21% | Data | 53.86% | 51.21% | 51.63% | 50.93% | 53.03% |
| B2 | 2018 | Target>= | 51.59% | 52.09% | 52.09% | 42.94% | 42.94% |
| B2 | 42.94% | Data | 44.20% | 42.94% | 36.92% | 38.10% | 38.96% |
| C1 | 2018 | Target>= | 57.58% | 58.08% | 58.08% | 57.40% | 57.40% |
| C1 | 57.40% | Data | 55.02% | 57.40% | 53.83% | 54.56% | 54.84% |
| C2 | 2018 | Target>= | 72.74% | 73.24% | 73.24% | 63.08% | 63.08% |
| C2 | 63.08% | Data | 63.32% | 63.08% | 58.42% | 55.95% | 56.44% |

**Targets**

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target A1>= | 48.63% | 50.97% | 53.31% | 55.65% |
| Target A2>= | 59.77% | 59.87% | 59.97% | 60.07% |
| Target B1>= | 54.06% | 56.91% | 59.76% | 62.21% |
| Target B2>= | 43.33% | 43.71% | 44.09% | 44.47% |
| Target C1>= | 59.73% | 62.05% | 64.38% | 66.70% |
| Target C2>= | 63.18% | 63.28% | 63.38% | 63.48% |

**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 | 12 | 0.57% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 687 | 32.86% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 207 | 9.90% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 434 | 20.76% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 751 | 35.92% |

| Outcome A | Numerator | Denominator | FFY 2021 Data | FFY 2022 Target | FFY 2022 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 | 641 | 1,340 | 46.83% | 48.63% | 47.84% | 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 | 1,185 | 2,091 | 51.68% | 59.77% | 56.67% | Did not meet target | No Slippage |

| Outcome A | Numerator | Denominator | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| turned 3 years of age or exited the program | | | | | | | |

**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 | 7 | 0.33% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 755 | 36.11% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 373 | 17.84% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 637 | 30.46% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 319 | 15.26% |

| Outcome B | Numerator | Denominator | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,010 | 1,772 | 53.03% | 54.06% | 57.00% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 956 | 2,091 | 38.96% | 43.33% | 45.72% | Met 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 | 11 | 0.53% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 613 | 29.32% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 186 | 8.90% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 586 | 28.02% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 695 | 33.24% |

| Outcome C | Numerator | Denominator | FFY 2021 Data | FFY 2022 Target | FFY 2022 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 | 772 | 1,396 | 54.84% | 59.73% | 55.30% | 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 | 1,281 | 2,091 | 56.44% | 63.18% | 61.26% | Did not meet target | No Slippage |

**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 | 2,585 |
| 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. | 494 |
| Number of infants and toddlers with IFSPs assessed | 2,091 |

| 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.**

The Early Childhood Outcome (ECO) Summary process, nationally referred to as Child Outcomes Summary, is used to summarize the child's skills and behaviors in comparison to the functioning expected for the age of the child and the child's progress in each of the three ECO areas.

Teams gather and summarize information about every child's present levels of development and functioning for each of the Early Childhood Outcome areas as part of the evaluation and child and family-directed assessment procedures. A variety of measures are used which include a review of records, family and caregivers interviews, observations, and administration of evaluation and assessments. The assessments commonly administered by teams include: Developmental Assessment of Young Children-2; Developmental Profile 4; Teaching Strategies GOLD; and Assessment, Evaluation, and Programming System for Infants and Children, Third Edition. The IFSP Team, which includes families, reviews the child's functioning and progress. The ECO Decision Tree is used as a tool to make a decision about the ECO rating.

Data for this indicator were taken from Iowa's data systems, Legacy and ACHIEVE, and reflect a year-round count (July through June) of children who have exited Early ACCESS, IDEA Part C services and were reported on Iowa's current reporting year's IDEA Part C Exiting Collection. Missing data were checked by comparing ECO data with the number of children exiting Early ACCESS, IDEA Part C and reported in the current reporting year's IDEA Part C Exiting Collection minus the number of children who had received IDEA Part C services for less than six months.

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

In FFY22, a cross-disciplinary team developed a Child Development Professional Learning Package for providers who serve children ages birth to five (Part C / Part 619) to build upon the foundational knowledge and information of child development and developmental progressions. The package provides support for IFSP and IEP teams, which includes families, to engage in a dialogue and decision making process about children's functioning and to determine consistent child outcome ratings and progress for the three ECO areas. It includes a series of learning activities which must be completed in the following sequence: 1) Child development birth to 36 months online modules; 2) Child development 3 to 5 years online modules; and, 3) Facilitated learning experiences about the ECO process, including age anchoring. The package includes Child Outcomes Summary resources from the OSEP-funded, Early Childhood Technical Assistance Center (ECTA) and Center for IDEA Early Childhood Data Systems (DaSy). The package will enhance providers' knowledge and understanding of development to improve functional outcomes for infants, toddlers, preschool children, and their families.

# 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.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, 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 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---------|----------|-----|------|------|------|------|------|
| A | 2014 | Target>= | 93.00% | 93.00% | 93.00% | 79.84% | 79.84% |
| A | 79.84% | Data | 86.75% | 72.05% | | 77.19% | 78.07% |
| B | 2014 | Target>= | 93.00% | 93.00% | 93.00% | 85.86% | 85.86% |
| B | 85.86% | Data | 90.06% | 86.02% | | 85.96% | 88.06% |
| C | 2014 | Target>= | 93.00% | 93.00% | 93.00% | 83.25% | 83.25% |
| C | 83.25% | Data | 87.95% | 78.88% | | 87.72% | 84.71% |

**Targets**

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target A>= | 80.84% | 81.84% | 82.84% | 83.84% |
| Target B>= | 86.86% | 87.86% | 88.86% | 89.86% |
| Target C>= | 84.25% | 85.25% | 86.25% | 87.25% |

**Targets: Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers
-Mental Health Providers
-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

**FFY 2022 SPP/APR Data**

| | |
|---|---|
| The number of families to whom surveys were distributed | 1,435 |
| Number of respondent families participating in Part C | 178 |
| Survey Response Rate | 12.40% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 175 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 178 |
| 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 | 171 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 177 |
| 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 | 169 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 173 |

| Measure | FFY 2021 Data | FFY 2022 Target | FFY 2022 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) | 78.07% | 80.84% | 98.31% | 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) | 88.06% | 86.86% | 96.61% | 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) | 84.71% | 84.25% | 97.69% | Met target | No Slippage |

| Sampling Question | Yes / No |
|---|---|
| Was sampling used? | NO |

| Question | Yes / No |
|---|---|
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool? | YES |
| If your collection tool has changed, upload it here. | Iowa Part C SPP-APR Indicator 4 Family Involvement Survey |
| | |

**Response Rate**

| FFY | 2021 | 2022 |
|---|---|---|
| Survey Response Rate | 36.31% | 12.40% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

To determine representativeness of survey responses, the State employs population parameter statistics for total number of surveys returned, as well as analyzing for any demographic differences in response rates. To consider whether the total number of survey responses is representative of the Early ACCESS population, the State will utilize criteria with a 95% confidence level and +/-10% margin of error. To ensure representativeness of different demographic groups, including but not limited to: race/ethnicity, gender, and geographic location, the State will employ a +/- 5% discrepancy compared to the population. The State does not expect differences between the survey respondents compared to the Early ACCESS population in relation to race/ethnicity, gender and geographic location. However, one potential difference is there may be less respondents in the birth to one age range as

respondents would have only received a survey upon exit; the annual surveys are sent to families at the time of an annual IFSP review and an initial IFSP would have been developed when children were between birth to one.

**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.**

Upon analyses of the race/ethnicity subgroups, the State found the sample was not representative in terms of the percentage of respondents in each race/ethnicity category. Specifically, the percent of Hispanic or Latino survey respondents was 8% less and the percent of White respondents was 8% higher than the population percentage. All other subgroups were within 3% of the population percentage. The survey respondents were representative for gender, with less than a 3% difference of male to female respondents compared to the population.

There were not enough surveys returned to ensure representativeness for each Regional Grantee (AEA). In reviewing representativeness for geographic location based on school district locale size, (as defined by the U.S. Census bureau being a: city, suburb, town, or rural area) respondents who resided in a city, suburb or rural school district were within 3% of the population percentage. Those respondents who live in a school district that meets the definition of a town were just over the 5% criteria, at 5.6% less than the population percentage.

**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 State was not able to release the survey as early as planned due to data system functionality. Because of the delay, families with infants and toddlers who either exited or had an annual review only received the survey in "real time" between March 31 and June 30. The system did back-date and released surveys to families whose children had exited or completed an annual review between December 1 and March 30; however, the return rate was much lower than expected for those individuals.

The State has been able to send surveys in "real-time" for the FFY 2023 data collection year and are noticing a greater return rate to date. Additionally, Iowa is able to track the demographic response rates throughout the year allowing the ACHIEVE system to identify specific groups with lower response rates and initiate additional prompts to complete the survey.

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

Strategies will be implemented to increase the response rate which include continuing to help families become more familiar with the new ACHIEVE system and its functions and using additional prompts to families who have not completed their survey. The State anticipates the timeliness of survey distribution, as well as readily updated family contact information, will increase families' willingness to respond to the survey. Continuing to track the demographic response rates throughout the year and using the ACHIEVE system to identify specific groups with lower response rates will allow for additional prompts to complete the survey.

**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.**

The State calculated the response rate for all surveys, including subgroup analyses of response rates for race/ethnicity, demographic region, and gender. Given the relatively low overall response rate (12.4%), it suggests that there was a nonresponse bias for all individuals completing the survey. As mentioned above, the State also concluded that Hispanic/Latino survey respondents had lower response rates than other race ethnicity groups. In addition to the previously described strategies, Iowa intends to improve nonresponse bias by 1) reviewing response rates regarding timing and distribution methods, 2) utilizing system prompts or reminders to complete the survey for specific race and ethnicity groups and 3) encouraging service coordinators to share the family outcomes handout with families to encourage the importance of their feedback.

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

## 4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 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 2021 SPP/APR**

## 4 - OSEP Response

## 4 - 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.

# Indicator 5: Child Find (Birth to One)

## Instructions and Measurement

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

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

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

### Data Source

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

### Measurement

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

### Instructions

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

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

## 5 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2017 | 1.08% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target >= | 1.40% | 1.45% | 1.45% | 1.08% | 1.08% |
| Data | 1.08% | 1.18% | 1.17% | 0.73% | 0.89% |

### Targets

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target >= | 1.13% | 1.18% | 1.23% | 1.28% |

### Targets: Description of Stakeholder Input

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers
-Mental Health Providers
-Parent Training and Information Center

-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 1 with IFSPs | 431 |
| 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, 2021 | 06/20/2023 | Population of infants and toddlers birth to 1 | 36,786 |

**FFY 2022 SPP/APR Data**

| Number of infants and toddlers birth to 1 with IFSPs | Population of infants and toddlers birth to 1 | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 431 | 36,786 | 0.89% | 1.13% | 1.17% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

## Instructions and Measurement

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

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

## 6 - Indicator Data

| Baseline Year | Baseline Data |
|---|---|
| 2017 | 2.46% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target >= | 2.70% | 2.70% | 2.70% | 2.46% | 2.46% |
| Data | 2.46% | 2.59% | 2.80% | 2.15% | 2.46% |

**Targets**

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target >= | 2.62% | 2.77% | 2.93% | 3.08% |

**Targets: Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

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-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers
-Mental Health Providers
-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission

-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

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-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

**Prepopulated Data**

| Source | Date | Description | Data |
|---|---|---|---|
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 3 with IFSPs | 3,044 |
| 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, 2021 | 06/20/2023 | Population of infants and toddlers birth to 3 | 110,195 |

**FFY 2022 SPP/APR Data**

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 3,044 | 110,195 | 2.46% | 2.62% | 2.76% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

Targets must be 100%.

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

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

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

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

### 7 - Indicator Data

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 87.00% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.56% | 99.13% | 99.18% | 99.52% | 99.11% |

**Targets**

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

**FFY 2022 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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 1,346 | 1,811 | 99.11% | 100% | 96.63% | Did not meet target | Slippage |

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

The reason for the slippage of 2.48% is due to inadequate documentation and need for additional training using the new data system, ACHIEVE. Providers entered data into two data systems during this reporting period, each having unique fields and methods for documentation.

**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.**

404

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

Regional Grantees provided reasons for delay related to family cancellations, staff schedules, agency closures, and staff illness.

**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).**

January 1 through June 30, 2023

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

Data for this indicator were taken from the ACHIEVE data systems and reflect all new early intervention services from both initial IFSPs and subsequent IFSPs between January 1 and June 30, 2023. The Lead Agency ensured the dataset for each region was representative of the total number of infants and toddlers with IFSPs for the full reporting year. A confidence level of 95% +/-5% margin of error was used for each Region to establish the number of children required in the review based on the population of children on IFSPs for the reporting year. Additionally, the numbers of referrals and child count for Early ACCESS are consistent throughout the year so the data accurately reflects infants and toddlers on IFSPs for the full reporting period.

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

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

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 26 | 26 | 0 | 0 |

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

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

The State uses data from ACHIEVE, designed to track Early ACCESS IDEA Part C referrals, evaluations, and the extent to which 45 day timelines are being met for conducting an initial evaluation and assessment and having an initial IFSP meeting. Five Regional Grantees (AEAs) did not meet the 100% target in FFY 2021 and were notified of findings of noncompliance. The Regional Grantees were required to analyze root causes and correct each case of noncompliance, unless the child was no longer within the jurisdiction of the Early ACCESS system, as soon as possible and no later than one year from the date of notification of noncompliance. The corrective actions were completed, followed by verification by the lead agency.

The Regional Grantees made corrections with the 365 day timeline (including the State's verification of correction) and met requirements for timely correction. The lead agency quality assurance/monitoring consultant was responsible for verifying timely correction. In each region with findings of noncompliance, after technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. All five Regional Grantees demonstrated implementation of the requirement with 100% compliance through additional data review by the lead agency.

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

During FFY 2021, 26 instances of noncompliance were identified within five Regional Grantees. The lead agency notified each Regional Grantee of the noncompliance and verified the individual cases were corrected by (a) verifying evaluations were eventually conducted and the initial IFSP meetings were held even though the timeline was not met unless the child was no longer within the jurisdiction of the Early ACCESS program, and (b) verifying each Regional Grantee performing below 100 percent compliance during the prior reporting period is correctly implementing requirements.

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

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
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## 7 - Prior FFY Required Actions

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

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

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

**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, 2022- June 30, 2023). 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 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.

# 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 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 87.00% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.78% | 98.40% | 98.29% | 98.61% | 98.66% |

**Targets**

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

**FFY 2022 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (yes/no)**

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 865 | 1,050 | 98.66% | 100% | 90.86% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The reason for the slippage of 7.8% is due to inadequate documentation and need for additional training using the new data system, ACHIEVE. Providers entered data into two data systems during this reporting period, each having unique fields and methods for documentation.

**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.**

89

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

Delays were due to Regional Grantee staff illness, leave of absence, and difficulty with schedules.

**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).**

January 1 through June 30, 2023

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

Data for this indicator were taken from the ACHIEVE data system and reflect all children exiting Early ACCESS, IDEA Part C, at age three between January 1 and June 30, 2023. The Lead Agency ensured the dataset for each region was representative of the total number of infants and toddlers with IFSPs for the full reporting year. A confidence level of 95% +/-5% margin of error was used for each Region to establish the number of children required in the review based on the population of children on IFSPs for the reporting year. Additionally, the number of children exiting Early ACCESS is consistent throughout the year, so the data accurately reflects infants and toddlers on IFSPs for the full reporting period.

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

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

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|---|---|---|---|
| 10 | 10 | 0 | 0 |

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

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

Five Regional Grantees (AEAs) did not meet the 100% target in FFY 2021 and were notified of findings of noncompliance. All five Regions made corrections within the 365 day timeline (including the State's verification of correction) and met requirements for timely correction. The lead agency quality assurance/monitoring consultant was responsible for verifying timely correction. In each of the five Regions with findings of noncompliance, after technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. All five Regional Grantees demonstrated implementation of the requirement with 100% compliance through additional data review by the lead agency.

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

During FFY 2021, 10 instances of noncompliance were identified within five Regional Grantees. The lead agency notified each Regional Grantee of the noncompliance and verified through record reviews and documentation the individual cases were corrected by (a) verifying transition steps and services occurred even though the timeline was not met unless the child was no longer within the jurisdiction of the Early ACCESS program, and (b) verifying each Regional Grantee performing below 100 percent compliance during the prior reporting period is correctly implementing requirements.

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

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

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

## 8A - Prior FFY Required Actions

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

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

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


## 8A - 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, 2022- June 30, 2023). 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.

## 8A - 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.

# Indicator 8B: Early Childhood Transition

## Instructions and Measurement

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

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

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

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

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

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

### Data Source

Data to be taken from monitoring or State data system.

### Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 96.00% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2022 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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 831 | 831 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

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

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

Data for the indicator are from ACHIEVE, which is a birth to 21 data system, for children exiting Early ACCESS, IDEA Part C, and potentially eligible for Special Education, IDEA Part B. The IFSP Teams, which includes families, determine children as potentially eligible for Part B through a series of responses to questions programmed into the transition planning process in ACHIEVE. The system is automatically able to generate a notice once a child is indicated as potentially eligible for Part B. Additionally, the State has a birth-to-five service delivery system such that the Early ACCESS Grantee is also the same agency (AEA) which provides IDEA Part B child find and special education services.

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

NO

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

State database

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

January 1 through June 30, 2023.

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

Data for this indicator were taken from the ACHIEVE data system and reflect all children exiting Early ACCESS, IDEA Part C, at age three and also identified as potentially eligible for Part B. Given the data were pulled from January through June 2023, the Lead Agency also ensured the dataset for each region was representative of the total number of infants and toddlers with IFSPs for the full reporting year. A confidence level of 95% +/-5% margin of error was used for each Region to establish the number of children required in the review based on the population of children on IFSPs for the reporting year. Additionally, the number of children exiting Early ACCESS is consistent throughout the year, so the data accurately reflects infants and toddlers on IFSPs for the full reporting period.

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

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

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

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

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

**8B - Prior FFY Required Actions**

None

**8B - 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, 2022- June 30, 2023). 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.

**8B - Required Actions**

# Indicator 8C: Early Childhood Transition

## Instructions and Measurement

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

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

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

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

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

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

### Data Source

Data to be taken from monitoring or State data system.

### Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---|---|
| 2005 | 87.00% |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.14% | 98.58% | 98.43% | 99.20% | 99.12% |

**Targets**

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

**FFY 2022 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has 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. (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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 644 | 845 | 99.12% | 100% | 86.88% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The reason for the slippage of 12.24% is due to inadequate documentation and need for additional training using the new data system, ACHIEVE. Providers entered data into two data systems during this reporting period, each having unique fields and methods for documentation.

**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.**

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**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.**

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

Regional Grantees provided reasons for delay related to staff schedules, agency closures, and staff illness.

**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).**

January 1 through June 30, 2023

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

Data for this indicator were taken from the ACHIEVE data system and reflect all children exiting Early ACCESS, IDEA Part C, at age three and also identified as potentially eligible for Part B. Given the data were pulled from January through June 2023, the Lead Agency also ensured the dataset for each region was representative of the total number of infants and toddlers with IFSPs for the full reporting year. A confidence level of 95% +/-5% margin of error was used for each Region to establish the number of children required in the review based on the population of children on IFSPs for the reporting year. Additionally, the number of children exiting Early ACCESS is consistent throughout the year, so the data accurately reflects infants and toddlers on IFSPs for the full reporting period.

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


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

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

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

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

Three Regional Grantees (AEAs) did not meet the 100% target in FFY 2021 and were notified of findings of noncompliance. All Regions made corrections within the 365 day timeline (including the State's verification of correction) and met requirements for timely correction. The lead agency quality assurance/monitoring consultant was responsible for verifying timely correction. In each of the Regions with findings of noncompliance, after technical assistance and corrective activities occurred, a follow-up review of data from five IFSPs with dates subsequent to the corrective activities was conducted. All Regional Grantees demonstrated implementation of the requirement with 100% compliance through additional data review by the lead agency.

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

During FFY 2021, four instances of noncompliance were identified within three Regional Grantees. The lead agency notified each Regional Grantee of the noncompliance and verified through record reviews and documentation the individual cases were corrected by (a) verifying a transition conference

did occur, even though the timeline was not met, unless the child was no longer within the jurisdiction of the Early ACCESS program, and (b) verifying each Regional Grantee performing below 100 percent compliance during the prior reporting period is correctly implementing requirements.

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

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

## 8C - Prior FFY Required Actions

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

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

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

## 8C - 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, 2022- June 30, 2023). 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.

## 8C - 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.

# Indicator 9: Resolution Sessions

## Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

States are not required to establish baseline 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 baseline 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.**

The State has adopted Part C due process procedures under section 639 of IDEA

## 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

**Response to actions required in FFY 2021 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 (E*MAPS*)).

**Measurement**

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

**Instructions**

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

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

States are not required to establish baseline 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1 Mediations held | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

**Targets: Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers
-Mental Health Providers

-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2005 | |

| FFY | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|
| Target>= | | | | | |
| Data | | | | | |

**Targets**

| FFY | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Target>= | | | | |

**FFY 2022 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 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | | | | N/A | N/A |

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

# 10 - Prior FFY Required Actions

None

# 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. 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, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)?**

Iowa's State-identified Measurable Result (SiMR) is an increase in the percentage of families reporting that Early ACCESS has helped them help their child develop and learn. The SiMR aligns with the Part C SPP/APR Indicator 4C - Family Involvement: Help their children develop and learn.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

NO

**Is the State's theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

https://www.iafamilysupportnetwork.org/wp-content/uploads/2022/01/SSIP-Theory-of-Action-Early-ACCESS-FFY-2020.pdf

**Progress toward the SiMR**

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

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

NO

**Historical Data**

| Baseline Year | Baseline Data |
|---|---|
| 2014 | 83.25% |

**Targets**

| FFY | Current Relationship | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Target | Data must be greater than or equal to the target | 84.25% | 85.25% | 86.25% | 87.25% |

**FFY 2022 SPP/APR Data**

| Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | Status | Slippage |
|---|---|---|---|---|---|---|
| 169 | 173 | 84.71% | 84.25% | 97.69% | Met target | No Slippage |

**Provide the data source for the FFY 2022 data.**

The SiMR data source is a family outcomes survey for Part C, which is also used for Iowa's Part C SPP/APR Indicator 4C - Family Involvement: Help their children develop and learn.

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

The ACHIEVE data system will automatically send a survey to families of all children with either an annual IFSP meeting or exiting Early ACCESS between July 1-June 30 of the current reporting year. Families will not receive a survey if either of these events happen within three months of each other or if a child exits Early ACCESS prior to receiving early intervention services. All nine Regional Grantees for early intervention programs (Area Education Agencies) are represented in the state-wide survey distribution.

To consider whether the total number of survey responses is representative of the Early ACCESS population, the State will utilize criteria with a 95% confidence level and +/-10% margin of error. To ensure representativeness of different demographic groups, including but not limited to: race/ethnicity, gender, and geographic location, the State will employ a +/- 5% discrepancy compared to the population. The State does not expect differences between the survey respondents compared to the Early ACCESS population in relation to race/ethnicity, gender and geographic location.

**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.**

Provider:
The Coaching Fidelity Checklist and Internal Coach (IC) Activity Logs were used to measure coaches' progress on core knowledge and application competencies when coaching Early ACCESS providers in the use of Family Guided Routines Based Intervention (FGRBI). The range of coaching fidelity scores was 82-100 for FFY 2022, which illustrates coaches are generally coaching their peers with fidelity. In June 2023, there were six Trainee Coaches, three Provider Coaches, and 11 Master Coaches statewide, representing an increase of three Trainee Coaches, and a decrease of two Provider coaches, while maintaining Master Coaches from the previous year. We also began training three providers to be fidelity coders in FFY 2022.

The Early ACCESS providers' use of FGRBI with fidelity is measured by the implementation of the FGRBI key indicators. In the FFY 2022 nine month coaching cycle, Early ACCESS providers demonstrated improvement and a performance value of 56% of the FGRBI key indicators observed in their first video to 63% in their third video. Several agencies did not have three new providers to join a cohort during the data period, so the sample size was reduced from n=50 for video 1 and n=27 for video 3. Overall, those who completed all three video recordings showed improvement of seven percentage points over the course of their coaching cycle.

In addition, in FFY22, we identified a random sample of three providers per Regional Grantee (AEA) to submit a video of their home visit. The videos were coded for fidelity using the FGRBI Key Indicator checklist. The average fidelity score on these was 59% with a range of scores from 13 to 100% (n = 26). This annual fidelity check provides the state and Regional Grantees with a snapshot of providers' use of FGRBI key indicators, which further informs professional learning.

Family/Child:
The Early Intervention Parenting Self-Efficacy Scale (EIPSES) was used to quantify parent responses of their ability to facilitate positive child outcomes within the context of early intervention programs and via interactions with early intervention providers (scale from 1 to 7). The data reported in FFY 2022 continued to indicate high caregiver competence (Mean = 5.85, Median = 6.00) and confidence (Mean = 5.35, Median = 5.40) related to child outcomes while also reflecting a higher use of FGRBI key indicators by Early ACCESS providers. Data from FFY 2022 had a response rate of 37% (n = 33), which is lower than the response rate of 46% in FFY 2021.

System:
Early ACCESS regional and state system progress was measured through written reports submitted by Early ACCESS Regional Grantees. Regional implementation team reports were updated four times during FFY 2022, discussed at Early ACCESS Grantee Leadership team meetings, and addressed by the Early ACCESS State Team. In previous years, the Regions had identified organizational barriers which included involving occupational and physical therapists, finding resources to support Internal Coaches, and allocating time to engage in effective teaming practices. In FFY 2022, the Early ACCESS Regional Grantees reported some of these same barriers, and added an increased focus on working with providers who are resistant to FGRBI and supporting them to use it with fidelity. In general, regional implementation teams are focusing more on data collection and analysis to guide professional learning support compared to previous years.

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**
YES

**Describe any data quality issues, unrelated to COVID-19**, **specific to the SiMR data and include actions taken to address data quality concerns.**

Upon analyses of the race/ethnicity subgroups, the State found the sample was not representative in terms of the percent of respondents in each race/ethnicity category. Specifically, the percent of Hispanic or Latino survey respondents was 8% less and the percentage of White respondents was 8% higher than the population percentage. All other subgroups were within 3% of the population percentage. The survey respondents were representative for gender, with less than a 3% difference of male to female respondents compared to the population.

There were not enough surveys returned to ensure representativeness for each Regional Grantee (AEA). In reviewing representativeness for geographic location based on school district locale size, (as defined by the U.S. Census bureau being a: city, suburb, town, or rural area) respondents who resided in a city, suburb or rural school district were within 3% of the population percentage. Those respondents who live in a school district which met the definition of a town were just over the 5% criteria, at 5.6% less than the population percentage.

**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://www.iafamilysupportnetwork.org/wp-content/uploads/2024/01/SSIP-Early-ACCESS-Evaluation-Plan-FFY-2024-updated.docx.pdf

**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.**
The FFY22 evaluation plan reflects dates for the current fiscal year plus the next two years. In addition, a new data collection item for direct service providers was added (sustaining implementation). Finally, the entity completing the tasks in the "data collection methods" column was updated.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**
The evaluation plan submitted last year ended in FFY21, so the FFY22 plan needed to include the current fiscal year plus the next two years. Because a portion of our providers are now in the maintenance phase of implementation, a new data collection method was added to check on sustainability of implementation of FGRBI. Finally, the contract with the current vendor ended in December 2023, so the entity listed in "data collection methods" needed to be updated.

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**
Improvement Strategy 1: Instructional Practices
The instructional practices improvement strategies included the implementation of professional development to support Early ACCESS providers' use of FGRBI. These strategies included online modules to build knowledge and peer coaching by a trained peer coach to strengthen skills.

Improvement Strategy 2: Implementation Practices
The implementation practices improvement strategies focused on the use of active implementation frameworks to scale-up the use of evidence-based practices. Additionally, the State's continued focus in FFY 2022 was on strengthening partnerships and using effective communication to establish and build upon sustainability efforts.

Improvement Strategy 3: High Quality system
The high quality system improvement strategies focused on using data to inform continuous improvement practices. The Early ACCESS State Team and Data Work Team continued to meet to intentionally utilize and apply data-based decision making for sustainability of Iowa's high quality Early ACCESS system.

**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.**
Improvement Strategy 1: Instructional Practices
In-Service Training (Professional Development)
In previous years, Early ACCESS providers had been trained in person. In FFY 2022, professional learning for Early ACCESS providers continued using online FGRBI modules, supplemented with four 2-hour zoom meetings for all cohort participants. This professional development model was continued from FFY 2019 to support maintenance of learning within each cohort. A shift to online modules has supported sustainability through greater flexibility in delivery of FGRBI content. Sixteen providers completed the pre- and post-module assessment. The average pre-module score was 63% and the average post-module score was 85%, illustrating an increase in knowledge of FGRBI upon module completion.

In FFY 2022, coaches used a Coaching Manual and a Coaching Fidelity Checklist to ensure coaching sessions were implemented with fidelity. The range of fidelity scores was 82-100, which shows that coaches are following the checklist with fidelity as they coach their peers. The goal of the coaching sessions was to support Early ACCESS providers in using FGRBI with families. The FFY 2022 data represented 50 first videos, 41 second videos, and 27 third videos. The average fidelity scores from first to third video were 56% to 63%. Several agencies did not have three new providers to join a cohort during the data period, so the sample size was reduced from n = 50 for video 1 and n = 27 for video 3. Overall, those who completed all three video recordings showed improvement of seven percentage points over the course of their coaching cycle.

Ongoing professional learning and coaching in order to maintain skills with fidelity are essential for scale-up and sustainability. Routine updates and maintenance of online modules and use of highly trained peer coaches will be utilized to support the Early ACCESS system. These will continue to directly impact the improvement of Iowa's Part C SiMR (an increase in the percentage of families reporting that Early ACCESS has helped them help their child develop and learn).

Improvement Strategy 2: Implementation Practices
Strengthening Partnerships (Governance, Quality Standards)
The Early ACCESS State Team has continued to foster partnerships with Regional Grantees to support infrastructure for service delivery. Reports from the regional implementation teams indicated reflective routines in discussion and reporting have been helpful, both at agency and state system levels. In addition, the established communication efforts have been effective in addressing successes and barriers, allowing more focused dialogue on system level sustainability topics. Moreover, intentional discussions with the Regional Grantee administrators have increased leadership engagement and the development of action plans for sustainability.

The Early ACCESS State Team has continued to strengthen relationships with Iowa's institutes of higher education (IHE) in order to sustain knowledge of evidence-based practices among future practitioners. In FFY 2022 activities, there was a shift to focus on facilitating collaboration among higher education faculty and in-service professional development providers at the Area Education Agencies. In the first of a series of four webinars, pre-service and in-service personnel came together via Zoom to spend time in facilitated conversations to overcome barriers related to recruitment and retention. Conversations included brainstorming: solutions to challenges related to early intervention field experience and activities to increase awareness of early intervention as a career option among high school students and higher education students across disciplines.

Progress towards outcomes has been made through:
Partnerships among institutes of higher education from multiple disciplines and in-service professional development providers from the AEAs;
Implementation team meetings (regional and state);
Fidelity and sustainability planning;
Stakeholder meetings to address implementation; and,
Communication with agency administrators to improve readiness and leadership support.

Improvement Strategy 3: High Quality system
Early ACCESS Data Work Team (Data System; Accountability & Continuous Improvement)
The Early ACCESS Data Work Team, composed of Lead Agency staff, meets weekly to address Early ACCESS data quality, collection, analysis, and dissemination of data to make informed decisions. The purpose has been to effectively use data to positively impact outcomes for families and children served in Iowa. As a result of these weekly meetings, we have used data to determine focus areas for professional development and technical assistance.

Progress towards outcomes has been made through:
- Public Relations and Marketing Task Team;
- Continued development of in-service training system;
- IHE relationship-building to impact fidelity and sustainability of FGRBI and coaching, and;
- Implementation of and support for Iowa's data system, ACHIEVE.

**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.**

1) Instructional Practices
The Early ACCESS system will shift focus from supporting internal coaches externally, to supporting them externally. A new module was developed this year to support internal coaches to train new coaches. In the past, Florida State University was contracted to do this work. The Early ACCESS State Team anticipates internal coaches will continue to strengthen their facilitation skills to build agency capacity of FGRBI with Early ACCESS providers across disciplines. Likewise, the number of internal coaches who progress from Trainee to Provider and Provider to Master coaching tiers will continue to increase and more Master coaches will become qualified to train new Trainee coaches.

2) Implementation Practices
The Early ACCESS system will continue supporting partnerships between institutes of higher education across disciplines, regional implementation teams, and the use of implementation science. The Early ACCESS State Team will continue to have additional intentional discussions with administrators about implementation fidelity, sustainability, and scale-up efforts. The statewide goal is to continue the implementation of a collaboratively developed system plan supported by Iowa's Regional Grantee administrators and leadership, the Iowa Council for Early ACCESS, and all of the Early ACCESS Signatory Agencies.

3) High Quality System
The Early ACCESS system will continue involving stakeholders in data review, decision-making, and the development and implementation of state activities represented by the Early Childhood Technical Assistance Center (ECTA) System Framework. Parallel to the new IDEA system, ACHIEVE, the State will continue to support staff in using the system and building on their implementation of FGRBI with families through webinars and tip sheets. Each of the above improvement strategies support a high quality early intervention system according to the ECTA System Framework.

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

1) Family Guided Routines Based Intervention (FGRBI); and,
2) Distance Mentoring Model (DMM) of professional development (coaching)

**Provide a summary of each evidence-based practice.**

Early ACCESS providers support and enhance the caregiver's consistency and effectiveness to implement learning opportunities within natural environments using familiar family routines. In order to accomplish this, Iowa's Early ACCESS state strategies focus on improving the competence and confidence of caregivers through embedded interventions in everyday routines and activities. Families are implementing interventions and see progress in their child's development and learning, which reinforces their confidence and competence as well as results in an increase in the teaching opportunity cycle. Children have more practice as their parents and/or caregivers provide more opportunities throughout their routines and daily activities. This leads to an increase in the percentage of families reporting that Early ACCESS has helped them help their child develop and learn, which is the Part C SPP/APR Indicator 4C Family Involvement and Iowa's SiMR.

To build toward full implementation of the FGRBI, the Iowa Department of Education partnered with Florida State University's Communication and Early Childhood Research and Practice (CEC-RAP) Center to use the Distance Mentoring Model (DMM) of professional development to scale up and sustain their providers' use of FGRBI and Caregiver Coaching, a manualized intervention approach (Woods, 2017; http://fgrbi.com/). The professional development (PD) sequence used in DMM is aligned with best practices in professional development research for early childhood providers. DMM incorporates explanations of effective instruction paired with active engagement and practice in context over an extended time frame (Bransford et al., 2000; Dunst, Trivette, & Deal, 2011; Snyder, Hemmeter, & McLaughlin, 2011; Trivette et al., 2009) using a combination of distance learning technologies.

**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.**

Professional development (PD) for Early ACCESS providers on FGRBI was delivered by Iowa's nine Early ACCESS Regional Grantees, while Florida State University (FSU) focused on professional development for Internal Coaches.
1) Early ACCESS providers continued professional learning using the online modules about FGRBI, how to coach families and caregivers, and efforts to maintain implementation fidelity of the FGRBI key indicators. Cohort scores showed growth; pre-score average = 63%, and post-score average = 85%.

2) In addition, monthly coaching sessions and four 2-hour webinars were conducted by Internal Coaches to reinforce Early ACCESS provider learning. The new Early ACCESS providers were also part of monthly provider webinars and internal coaches attended monthly internal coach webinars. The FSU team supported these internal coaching activities.

3) The use of Community of Practice (CoP) Professional Development webinars also continued. The CoP webinars were geared specifically toward supporting the integration of the "family guided" aspect of FGRBI into Iowa's new data system, ACHIEVE. Topics focused on assessment and intervention strategies as well as progress monitoring.

Each of these strategies supports Early ACCESS providers in using FGRBI with families with fidelity and an intended outcome to increase a family's confidence and competence (outcome) to help their child develop and learn (SiMR).

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

Internal Coaching Session Fidelity
As Internal Coaches become more independent in their coaching of peer Early ACCESS providers, it has been critical to ensure they are conducting coaching sessions according to the feedback session protocol. The fidelity measure has been used to ensure that all Internal Coaches are utilizing similar core coaching components which include joint planning, direct teaching of content, reflection, problem solving, active participation of team members, and action planning.

FGRBI Key Indicator Checklist
To ensure Early ACCESS providers are implementing FGRBI with families with fidelity, recorded home visits are reviewed by the Early ACCESS provider, the Internal Coaches, and an external coach at FSU using the 12-item FGRBI Key Indicator Checklist. The items on the checklist are weighted to calculate and generate data representing implementation fidelity used in the coaching cycle.

**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.**

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

The Early ACCESS system is committed to the implementation of the sustainability strategies for FGRBI. In the spring of 2022, the professional learning for the new ACHIEVE system integrated the FGRBI framework into the child and family evaluation, assessments, and development of the IFSP. This provided an opportunity to expand the implementation of FGRBI into all aspects of the IFSP process. Professional learning efforts continued in this direction to support evidence-based practices and appropriate documentation in ACHIEVE in FFY22. Additionally, a statewide sustainability plan for FGRBI was finalized with the input and agreement of all Regional Grantee Administrators, which commenced in October 2023. With additional professional learning, continued sustainability efforts, and integration of FGRBI into all aspects of the IFSP process; the State anticipates improvement of both family and child outcomes.

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

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The evaluation data has consistently shown improved results which supports the State's decision to continue the current activities, strategies, and improvement efforts. The results of each component of the evaluation have provided evidence of increased capacity of Early ACCESS to implement, scale, and sustain evidence-based practices of coaching caregivers in FGRBI. The State remains committed to implementing a statewide system of early intervention in which families with infants and toddlers served in Early ACCESS receive individualized services in natural environments and demonstrate improved family and child outcomes.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

The State's Interagency Coordinating Council (SICC) or Iowa Council for Early ACCESS (ICEA), Regional Grantee Administrators, Early ACCESS (EA) Grantee Leadership Team, Early ACCESS State Implementation Team, and Early ACCESS ad hoc task teams provide input on SPP/APR indicators, SSIP development and implementation, and IDEA reporting requirements. The Early ACCESS facilitator ensures the composition of the ICEA meets the Iowa Administrative Rules for Early ACCESS. Regional Grantee administrators include the special education directors from each of Iowa's nine area education agencies (AEA). The EA Grantee Leadership Team represents approximately 30 members from each of the following: Lead Agency, signatory agencies; Regional Grantees; and Iowa Educational Services for the Blind and Visually Impaired.

A five-step process was used by the EA State Team with interested parties and community collaborators to review and discuss data and provide input for the FFY 2022 APR:
1. The importance of input regarding the EA system is reviewed. This includes ensuring interested parties and community collaborators' feedback is reported in the APR and used for improvement activities.
2. Interested parties and collaborators are provided baseline, target, and trend data for each compliance and performance indicator.
3. Members work in small and large groups to analyze data and draw conclusions.
4. A question-and-answer period occurs to clarify data questions and concepts. The ICEA Council Chair and EA State Team facilitate discussion and answer questions.
5. Conclusions and comments regarding targets, progress or slippage of meeting targets, root causes, and improvement activities are shared and agreed upon (indicating consensus).

Discussion notes, comments, and analysis conclusions are documented and provided to EA and Lead Agency staff to include in the APR for each indicator where appropriate. Questions requiring additional data are collected for the APR. The EA State Team is responsible for obtaining additional information and data for deeper analysis and discussion at subsequent meetings.

The leadership teams and community collaborators regularly engage in topics of IDEA Part C implementation and evaluation including an annual review of Iowa's IDEA Part C Annual Performance Report. These groups have been involved in activities specific to the development of the FFY 2022 APR.

1. State Interagency Coordinating Council (Iowa Council for Early ACCESS); four meetings held annually
-Early ACCESS Service Providers
-Early ACCESS Signatory Agencies (Departments of Health and Human Services and Iowa Child Health Specialty Clinics)
-Early Head Start / Head Start
-Iowa IDEA Part C Lead Agency (Department of Education)
-Medical / Health Care Providers

-Mental Health Providers
-Parent Training and Information Center
-Parents of Children with Disabilities
-Personnel Preparation / Institutes of Higher Education
-Private Health Insurance / Insurance Commission
-Special Education / IDEA Part B 619
-State Legislators

2. Regional Grantee Administrators (Directors of Special Education) for nine Regional Grantees (AEA); weekly and monthly meetings.

3. Early ACCESS Grantee Leadership Team; four meetings held annually
-Regional Grantee Administration
-Regional Grantees
-Signatory Agencies
-Specialized Lead Consultants

4. Early ACCESS State Implementation Team; held every 2 months
-EA CSPD
-Lead Agency EA Leadership
-Regional Grantee Administration

5. Early ACCESS Task Teams; as needed
-Child Development Professional Learning
-ACHIEVE Professional Learning for Early ACCESS
-Institutes of Higher Education (Preservice) and Early ACCESS (Inservice) Preparation/Professional Learning

In addition to the review of APR data, interested parties, community collaborators, and EA Regional and State Implementation Teams routinely review data related to the ongoing implementation and continuous improvement of the IDEA Part C State Systemic Improvement Plan (SSIP), or indicator C11. Data related to the SSIP includes: services provided; frequency and intensity of services; disaggregated early childhood outcomes data; and family outcome data. The various groups provide input and decisions at scheduled meetings throughout the year as well as between meetings when a need for input is identified.

The data are used to inform decisions about personnel development related to the use of evidence-based practices as well as addressing barriers for successful implementation.

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

State efforts for engagement of interested parties and community collaborators focused on activities with established groups including the Early ACCESS Grantee Leadership Team, Iowa Council for Early ACCESS (ICEA), Early ACCESS State Team, and Regional Grantee Administrators (AEA Directors of Special Education). Activities included data review, reflection and revision of implementation of evidence-based practices, and analysis of infrastructure improvements. In addition, regional implementation teams met routinely to review implementation practices and data respective to their agencies. Several of the interested parties include families with children with disabilities or developmental delays. Input was also shared with the FSU team through facilitated discussions with various groups.

Some of the specific public engagement activities during FFY 2022 included:
- Bringing together faculty from institutes of higher education and AEA professional learning consultants and coaches to discuss barriers to collaboration and field experience placements;
- Discussing the implementation plan for 2023-2024 with Regional Grantee Administrators (AEA Directors of Special Education); and,
- Designing and implementing professional learning, which included Early ACCESS providers, Signatory Agency representatives, and administrators.

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

NO

**Additional Implementation Activities**

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

Not Applicable

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

Not Applicable

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

Not Applicable

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

Not Applicable

# 11 - Prior FFY Required Actions

None

**11 - OSEP Response**


**11 - 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 Lead Agency Director

**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:**

KIMBERLY VILLOTTI

**Title:**

Bureau Chief

**Email:**

kimberly.villotti@iowa.gov

**Phone:**

5153395519

**Submitted on:**

04/22/24  5:54:20 PM

# Iowa
## 2024 Part C Results-Driven Accountability Matrix

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

| Percentage (%) | Determination |
|---|---|
| 90.18% | Meets Requirements |

**Results and Compliance Overall Scoring**

| Section | Total Points Available | Points Earned | Score (%) |
|---|---|---|---|
| **Results** | 8 | 7 | 87.50% |
| **Compliance** | 14 | 13 | 92.86% |

**2024 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)**

| | |
|---|---|
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,091 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 2,585 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 80.89 |
| **Data Completeness Score** (please see Appendix A for a detailed description of this calculation) | 2 |

**(b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data**

| | |
|---|---|
| **Data Anomalies Score** (please see Appendix B for a detailed description of this calculation) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State's 2022 Outcomes Data to other States' 2022 Outcomes Data**

| | |
|---|---|
| **Data Comparison Score** (please see Appendix C for a detailed description of this calculation) | 1 |

**(b) Performance Change Over Time: Comparing your State's FFY 2022 data to your State's FFY 2021 data**

| | |
|---|---|
| **Performance Change Score** (please see Appendix D for a detailed description of this calculation) | 2 |

| 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 2022** | 47.84% | 56.67% | 57.00% | 45.72% | 55.30% | 61.26% |
| **FFY 2021** | 46.83% | 51.68% | 53.03% | 38.96% | 54.84% | 56.44% |

**(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 2024: Part C."**

**2024 Part C Compliance Matrix**

| Part C Compliance Indicator (2) | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2021 (3) | Score |
|---|---|---|---|
| **Indicator 1: Timely service provision** | 92.30% | YES | 2 |
| **Indicator 7: 45-day timeline** | 96.63% | YES | 2 |
| **Indicator 8A: Timely transition plan** | 90.86% | YES | 2 |
| **Indicator 8B: Transition notification** | 100.00% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 86.88% | YES | 1 |
| **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/2024_Part-C_SPP-APR_Measurement_Table.pdf**

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

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2022 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2022 Outcomes Data (C3) and the total number of children your State reported in its FFY 2022 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 2022 in the State's FFY 2022 IDEA Section 618 Exit Data.

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

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2022 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2022 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 2018 – FFY 2021 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 2022 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.

| Outcome A | Positive Social Relationships |
|---|---|
| Outcome B | Knowledge and Skills |
| Outcome C | Actions to Meet Needs |

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

**Expected Range of Responses for Each Outcome and Category, FFY 2022**

| Outcome\Category | Mean | StDev | -1SD | +1SD |
|---|---|---|---|---|
| Outcome A\Category a | 1.57 | 3.26 | -1.69 | 4.83 |
| Outcome B\Category a | 1.39 | 3 | -1.6 | 4.39 |
| Outcome C\Category a | 1.26 | 2.6 | -1.33 | 3.86 |

| Outcome\Category | Mean | StDev | -2SD | +2SD |
|---|---|---|---|---|
| Outcome A\ Category b | 24.07 | 9.01 | 6.05 | 42.08 |
| Outcome A\ Category c | 20.96 | 13.11 | -5.27 | 47.19 |
| Outcome A\ Category d | 26.97 | 9.61 | 7.74 | 46.2 |
| Outcome A\ Category e | 26.43 | 15.4 | -4.37 | 57.23 |
| Outcome B\ Category b | 25.63 | 9.71 | 6.21 | 45.04 |
| Outcome B\ Category c | 29.44 | 12.56 | 4.32 | 54.57 |
| Outcome B\ Category d | 31.02 | 8.11 | 14.8 | 47.25 |
| Outcome B\ Category e | 12.51 | 8.23 | -3.96 | 28.98 |
| Outcome C\ Category b | 20.98 | 8.89 | 3.19 | 38.76 |
| Outcome C\ Category c | 23.49 | 13.59 | -3.68 | 50.66 |
| Outcome C\ Category d | 33.36 | 8.28 | 16.8 | 49.93 |
| Outcome C\ Category e | 20.91 | 15.22 | -9.53 | 51.35 |

| Data Anomalies Score | Total Points Received in All Progress Areas |
|---|---|
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State's Outcomes Data FFY 2022**

| Number of Infants and Toddlers with IFSP's Assessed in your State | 2,091 |
|---|---|

| Outcome A — Positive Social Relationships | Category a | Category b | Category c | Category d | Category e |
|---|---|---|---|---|---|
| State Performance | 12 | 687 | 207 | 434 | 751 |
| Performance (%) | 0.57% | 32.86% | 9.90% | 20.76% | 35.92% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| Outcome B — Knowledge and Skills | Category a | Category b | Category c | Category d | Category e |
|---|---|---|---|---|---|
| State Performance | 7 | 755 | 373 | 637 | 319 |
| Performance (%) | 0.33% | 36.11% | 17.84% | 30.46% | 15.26% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| Outcome C — Actions to Meet Needs | Category a | Category b | Category c | Category d | Category e |
|---|---|---|---|---|---|
| State Performance | 11 | 613 | 186 | 586 | 695 |
| Performance (%) | 0.53% | 29.32% | 8.90% | 28.02% | 33.24% |
| Scores | 1 | 1 | 1 | 1 | 1 |

| | Total Score |
|---|---|
| Outcome A | 5 |
| Outcome B | 5 |
| Outcome C | 5 |
| Outcomes A-C | 15 |

| Data Anomalies Score | 2 |
|---|---|

**Appendix C**

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

**Comparing Your State's 2022 Outcomes Data to Other States' 2022 Outcome Data**

This score represents how your State's FFY 2022 Outcomes data compares to other States' FFY 2022 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 2022**

| Percentiles | Outcome A SS1 | Outcome A SS2 | Outcome B SS1 | Outcome B SS2 | Outcome C SS1 | Outcome C SS2 |
|---|---|---|---|---|---|---|
| **10** | 45.63% | 35.29% | 54.05% | 27.07% | 51.93% | 33.56% |
| **90** | 82.58% | 69.37% | 81.10% | 56.55% | 85.30% | 71.29% |

| 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 2022**

| 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 (%)** | 47.84% | 56.67% | 57.00% | 45.72% | 55.30% | 61.26% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

| Total Points Across SS1 and SS2(*) | 6 |
|---|---|

| Your State's Data Comparison Score | 1 |
|---|---|

**Appendix D**

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

**Comparing your State's FFY 2022 data to your State's FFY 2021 data**

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2021) is compared to the current year (FFY 2022) 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<=.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<=.05. The statistical test has several steps. All values are shown as rounded for display purposes.

Step 1: Compute the difference between the FFY 2022 and FFY 2021 summary statements.

      e.g., C3A FFY2022% - C3A FFY2021% = 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

      Sqrt[([FFY2021% * (1-FFY2021%)] / FFY2021N) + ([FFY2022% * (1-FFY2022%)] / FFY2022N)] = 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.

      Difference in proportions /standard error of the difference in proportions = z 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 it 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 2021 to FFY 2022

      1 = No statistically significant change

      2= statistically significant increase from FFY 2021 to FFY 2022

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 2021 N | FFY 2021 Summary Statement (%) | FFY 2022 N | FFY 2022 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 | 1,262 | 46.83% | 1,340 | 47.84% | 1.01 | 0.0196 | 0.5134 | 0.6077 | NO | 1 |
| SS1/Outcome B: Knowledge and Skills | 1,618 | 53.03% | 1,772 | 57.00% | 3.97 | 0.0171 | 2.3218 | 0.0202 | YES | 2 |
| SS1/Outcome C: Actions to meet needs | 1,313 | 54.84% | 1,396 | 55.30% | 0.46 | 0.0191 | 0.2430 | 0.808 | NO | 1 |
| SS2/Outcome A: Positive Social Relationships | 1,871 | 51.68% | 2,091 | 56.67% | 4.99 | 0.0158 | 3.1489 | 0.0016 | YES | 2 |
| SS2/Outcome B: Knowledge and Skills | 1,871 | 38.96% | 2,091 | 45.72% | 6.76 | 0.0157 | 4.3097 | <.0001 | YES | 2 |
| SS2/Outcome C: Actions to meet needs | 1,871 | 56.44% | 2,091 | 61.26% | 4.82 | 0.0156 | 3.0814 | 0.0021 | YES | 2 |

| Total Points Across SS1 and SS2 | 10 |
|---|---|

| Your State's Performance Change Score | 2 |
|---|---|

**Data Rubric**

**Iowa**

**FFY 2022 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 |

**APR Score Calculation**

| | |
|:---|:---:|
| **Subtotal** | 12 |
| **Timely Submission Points** -  If the FFY 2022 APR was submitted  on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

**(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: 8/30/23** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/15/23** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

| | |
|---|---|
| **Subtotal** | 9 |
| **Grand Total** (Subtotal X 2) = | 18.00 |

**Indicator Calculation**

| | |
|---|---|
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| 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 |
| **Denominator** | 35.00 |
| 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 points is 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.**

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

**DATE: February 2024 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 counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

| 618 Data Collection | EMAPS Survey | Due Date |
|---|---|---|
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 8/30/2023 |
| Part C Exiting | Part C Exiting Collection in EMAPS | 2/21/2024 |
| Part C Dispute Resolution | Part C Dispute Resolution Survey in EMAPS | 11/15/2023 |

**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. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: https://www2.ed.gov/about/inits/ed/edfacts/index.html).

**Dispute Resolution**

**IDEA Part C**

**Iowa**

**Year 2022-23**

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing' if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

**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 no 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 |

**State Comments:**

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

**These data were extracted on the close date:**
11/15/2023

## 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 2024 will be posted in June 2024. 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, 2024

Honorable McKenzie Snow
Director
Iowa Department of Education
Grimes State Office Building, 400 East 14th Street
Des Moines, IA 50319-0146

Dear Director Snow :

I am writing to advise you of the U.S. Department of Education's (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Iowa meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Iowa's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Iowa's 2024 determination is based on the data reflected in Iowa's "2024 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Iowa 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)   Iowa'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 2024: 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 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Iowa.) For 2024, 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 2022 data.

You may access the results of OSEP's review of Iowa'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 Iowa's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Iowa is required to take. The actions that Iowa 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)   Iowa's RDA Matrix;

(2)   the HTDMD link;

(3)   "2024 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4)   "Dispute Resolution 2022-2023," 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, Iowa's 2024 determination is Meets Requirements. A State's 2024 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 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

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

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

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the "longstanding noncompliance" section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 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. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Iowa 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 Iowa on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Iowa's submission of its FFY 2022 SPP/APR. In addition, Iowa must:

(1) review EIS program performance against targets in Iowa'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, Iowa 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 Iowa'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 Iowa's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Iowa 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,

Valerie C. Williams

Valerie C. Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator

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