

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**

Delaware



**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

The DHSS Birth to Three Early Intervention Program - Administration (hereafter referred to as Administration) has multiple general supervision components in place to ensure that Part C requirements are met. This is accomplished through sound policies and procedures; a statewide data system; monitoring and a system to ensure correction of noncompliance; fiscal management; coordination with interagency partners; stakeholder engagement; professional development and technical assistance; and a system of dispute resolution. The Administration leverages these general supervision components to support the two Birth to Three Early Intervention Regional Programs (hereafter referred to as Regional Programs) and the external early intervention service (EIS) provider agencies.

FFY 2022 has been another pivotal year for addressing compliance and quality performance issues in the state. The Birth to Three Program (hereafter referred to as Program) focused much of its attention on improving policy updates and strengthening the relationship with parents, staff, and providers to enrich the State Systemic Improvement Plan (SSIP). Program policies and processes have been developed to focus on data being timely, complete, and accurate so that Administration can quickly attend to issues that need improvement. In FFY 2022 Administration accessed OSEP-recommended technical assistance from the Center for IDEA Early Childhood Data Systems (DaSy), Early Childhood Personnel Center (ECPC), the Early Childhood Technical Assistance Center (ECTA), and the Center for IDEA Fiscal Reporting (CIFR). Administration also contracted with WestEd for additional technical assistance support. Delaware has continued to provide OSEP with updates and additional information so that OSEP is aware of Administration's progress and assist OSEP in determining the scope of engagement necessary to improve compliance. This will include further collaboration with OSEP-funded technical assistance centers and independent contractors, working with stakeholders to launch a root cause analysis process to identify the factors that contributed to low compliance, increasing training and technical assistance to Regional Programs, and accessing additional OSEP engagement and follow-up. The state has taken actions as a result of the technical assistance they received: in working with each of these agencies, Administration has been able to develop an Early Intervention Provider monitoring schedule and process as well as a Fiscal and Budget Monitoring schedule and process which will be conducted annually. Administration has monitored and created a Prior Written Notice and informed written parental consent training for the Regional Programs. Administration is also developing a Dispute Resolution process and training and ultimately the development of a new family service coordinator (FSC) training meant to help guide new staff on their journey with Birth to Three.

The Program engages with DHSS leadership, the two Regional Programs, EIS provider agencies, the Interagency Coordinating Council (ICC), Parent Information Center (PIC), the Department of Education (DOE), Early Head Start, Division of Children, Youth and their Families (DSCYF), and collaborates with the Lead Prevention Program, GACEC (the State's special education advisory council), Parents As Teachers, Hands and Voices, Delaware Early Childhood Center (DECC), Health Service Advisory Committee (HSAC), Delaware Joining Forces through the Delaware National Guard, Home Visiting Community Advisory Board (HVCAB), Interagency Committee on Autism, Delaware Visually Impaired Collaborative, Purchase of Care Special Needs Workgroup Project ASCEND with the University of Oregon, Delaware Department of Education Transition Collaborative, Early Hearing Detection Advisory Board (EHDI), Delaware Early Association for the Education of Young Children (DEAYC), as well as other interested partners to engage in continuous improvement, expand on outreach and engagement with family members, increase the capacity of diverse groups of parents, and plan for system changes to ensure high quality statewide early intervention services.

Stakeholder groups determined, when developing the FFY 2020 APR, that they would meet after the FFY 2021 data were collected to determine the need for review of the targets. The stakeholder meetings occurred simultaneously with other ICC committee groups review data and determine appropriate target settings for the FFY 2022 APR.

As stated previously, the Delaware's Birth to Three Program continues to engage with various programs to enlist parent involvement in discussions that affect the birth to three population and to increase the capacity of diverse groups of parents. Through various outreach events attended with our stakeholder groups, we are able to reach underserved populations not only for child find activities but also to make efforts for recruitment to our program as parent representative stakeholders. We worked with Delaware 211 and the Help Me Grow Program, and increased efforts to have parent stories at each quarterly ICC meeting. Subsequently, three parents who shared their stories at the meetings have joined the ICC. We have provided Birth to Three Early Intervention brochures and materials to birthing hospitals with the intention of aiding new parents in understanding the importance of early intervention. Outreach efforts also included collaboration with TAPP Network agency to develop marketing materials such as social media, new website, and live virtual event with Ms. Rachel for Delaware families. This event resulted in over 300 Delaware families tuning in to hear about Delaware's Birth to Three Early Intervention program, provided families the opportunity to ask questions and receive answers in real time, and, the highlight, have a 40-minute interactive performance by Ms. Rachel and her husband, Aron Accurso. We utilized PIC and Ad Astra to translate documents and made efforts to maximize the extent to which early intervention materials are available in Spanish and Haitian Creole to aid in reaching our underserved and/or more diverse populations. Regional Programs had Early Head Start, Parents As Teachers, Delaware Medicaid, and Division of Developmental Disability Services (DDDS), present, at staff meetings, on the benefits of utilizing their services to best meet the needs of our population. We have joined with the Delaware Libraries list serve for information sharing purposes. This allows us to gain resources for our staff, Regional Programs, and our families.

Additional information related to data collection and reporting

While the availability of services was made easier with the parents' choice of virtual versus in home visits in light of the pandemic, the effects of the COVID pandemic continued to impact the provision of services for families. However, even with those challenges that were presented, the Regional Programs were able to carry out successful delivery of early intervention services, collect and enter data, make timely payments to contracted providers, and provide services to meet the individual needs of children and families in the state.

Data System: The Birth to Three data system (DHSSCares) was utilized as a vital component to the general supervision system. The two Regional Programs entered and maintained their own data in DHSSCares. As a way to enhance the quality of data and its usefulness in efficient and effective data based strategic planning, DHSS contracted and coordinated with a vendor who created a more comprehensive data system, called the Delaware Early Childhood Record System (DECRS), which replaced the current DHSSCares system. The new data system went live on October 31, 2023.

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).

Within DHSS as the lead agency, Administration is responsible for the general administration & supervision of programs & activities administered by the two Regional Programs & external early intervention service (EIS) providers. These responsibilities include:

- The monitoring of programs through annual chart, monthly compliance & COS review. The Part C Coordinator meets monthly with the Regional Program administrators to provide real time technical assistance to the Regional Programs; to hear & address concerns; & to collaborate regarding internal process to be used to provide information to the ICC committees.
- Administration completed monitoring on the Regional Program's provision of prior written notice & consent as part of the parent's procedural safeguards. This was in addition to the annual compliance monitoring.
- Administration completed a full round of EIS Provider monitoring this reporting period, monitoring a total of 12 contracted providers. This monitoring was conducted with the support of TA, in an effort to correct Indicator 1 noncompliance, via a structured interview process to determine the extent to which the EIS agencies are able to provide services in a timely manner (30 days from the date of written parental consent) & that the provision of all services are consistent with the IFSP.
- Administration worked closely with EIS agencies to correct any noncompliance identified through monitoring as soon as possible & in no case later than one year after the lead agency's identification of the noncompliance.
- Administration is collaborating with stakeholders to identify available resources for EI services within the State, including those from federal, state, local, & private sources. Administration continues to contract with the PIC of Delaware to support underserved populations & family outreach, & increase the capacity of said parents.
- Within DHSS, the Division of Public Health (DPH) is charged with the single line of authority. DPH has delegated responsibility for policy & monitoring to Birth to Three Administration. Administration assigns financial responsibility through Memorandum of Understanding with key state agency partners (DOE & DSCYF) & fiscal management based on federal & state fiscal requirements.
- Administration ensures timely dispute resolution through the establishment of procedures in its Birth to Three Early Intervention Policies & Procedures Manual (Manual) for mediation, due process hearings, & state complaints. Administration has provided training regarding Part C to due process hearing officers & mediators. Administration along with TAs are in the process of finalizing an internal dispute resolution processes guidance document.
- In addressing integrated monitoring activities, Administration annually monitors the Regional Programs on compliance & performance measures, based on the collection, analysis & utilization of data from the statewide data system as well as the Family Outcomes Survey report. Administration developed an improved monitoring tool & process steps. Administration conducts its monitoring for the SPP/APR compliance indicators via record reviews. Based on the information collected through this monitoring, Administration issued monitoring reports to each of the Regional Programs & worked with each Regional Program to identify, document, & sustain individual & systemic correction of noncompliance. Administration continues the in-depth accountability system for the monitoring & accountability component of the General Supervision system. The program Corrective Action Plan (pCAP) continues to be used as a tool with the Regional Programs & external EIS providers for determining reasons for noncompliance, using root cause analysis & benchmarks for improvements. Administration has established & implemented procedures for determining whether a Regional Program has achieved both systemic & individual correction. The state verifies that the Regional Program: (1) is correctly implementing the specific regulatory requirements based on a review of updated data showing two consecutive months of 100% compliance; & (2) has corrected each individual case of noncompliance (although late), unless the child is no longer within the jurisdiction of the early intervention program or provider. In monitoring reports issued to the Regional Programs on January 4, 2021, Administration made findings of noncompliance, based on FFY 2019 data, on January 4, 2021, requiring correction by January 4, 2022. DHSS is reporting, in each of the compliance indicators in this SPP/APR, on the status of the correction of those FFY 2020 findings of noncompliance, including detailing the actions that DHSS has taken to verify systemic & individual correction & the actions that Administration has taken when the Regional Programs have not yet corrected the noncompliance originally identified. Administration has provided targeted technical assistance & training to support compliance by the Regional Programs. In order to ensure that individual instances of noncompliance are addressed, the Data Manager reviewed progress notes & data system entries. By utilizing these measures, the Data Manager was able to determine that, while in some cases timelines were not met, those services or actions were completed, although late.
- As stated above, Administration participates in outreach events occurring throughout the year. They attend & provide resource materials to at-risk populations, general public, & EI professionals. Some of the outreach activities are specifically designed to reach underserved populations, working toward increasing the capacity of diverse groups of parents. A new brochure about the program was created & distributed. This brochure is available in English, Spanish, & Haitian Creole. Foster families, homeless or displaced families, families of color & multi-cultural populations are the focus of several of the outreach activities. Statewide collaboration occurs with many child servicing organizations. Administration also participated in the planning & provision of vendor information tables at conferences. Some of these outreach activities include Mickey Fest, Help Me Grow Anniversary Event, Dover Airforce Base Firehouse Family Day, the Hispanic & Haitian Women's Health Fair, Community Baby Showers, SHADE Screening Symposium, & Books, Balls & Blocks (The Mother & Infant Consortium), just to name a few.
- The Program experienced a 29 percent increase in the number of children served between the ages birth to 1 year old & an overall 20 percent increase in the number of children ages birth to 3, due in part to these outreach activities. To address the increase in the number of referrals, the Program participated in an active EIS provider recruiting regime that was conducted outside of the normal RFP process. Its intent was to have EIS providers move quickly through the contract process while waiting to be approved through the RFP.
- Administration utilizes a central billing system to process claims. With prior written notice & written parental consent, private & public insurances are accessed to contribute funds for services. The state has had a family fee structure in place for several years, but the System of Payments policy was revised in 2022 with the removal of family fees. This change was approved by OSEP as part of the FFY 2023 grant application. In addition, Administration ensures that federal Part C funds are not used to supplant other state & federal funding, are used as the payor of last resort, & obligated & liquidated within the allowable timeframe & for appropriate activities.
- Through technical assistance provided by CIFR, Administration fiscal staff have revised & improved billing & fiscal data guidelines for programs, strengthened the communication with finance staff in DHSS to ensure accurate tracking of funding revenue & expenses, & increased oversight of the use of Part C funds by Regional Programs.

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.

During the past year Administration has engaged in extensive technical assistance to address some of the state-identified needs. These TA activities include participation in:

- National Service Coordinator Training Workgroup and the subgroup on the Service Coordinator Leadership both supported by DEC and ECPC
- Part C Data Manager Calls that are set up by ECTA
- Monthly National OSEP TA calls
- Participation in multiple webinars hosted by national TA Centers including DaSy, ECTA, and CIFR.
- Participation with CIFR in the Community of Practice calls,
- Engagement in Intensive TA with CIFR
- 2023 IDEA Fiscal Forum, where the Part C Coordinator was a panelist that participated in a forum presentation on efforts around using funds to support the workforce
- Contracting with WestED (Ardith Ferguson, Meg Nelson and Larry Ringer (consultant)) to support the Program and continue to build its capacity.
- Participation in monthly Infant & Toddler Coordinators Association (ITCA) meetings

- Periodic one on one calls with ECTA to discuss current needs
- Attended 2022 Improving Data, Improving Outcomes (IDIO) Conference
- Participation in monthly OSEP meetings with Delaware Lead, Jennifer Miley
- Engaged in list serve activities with Part C staff from other states by TA organizations

As a result of technical assistance, Administration provides training and technical assistance to each of the two Regional Programs. Program leadership provides regulatory guidance and technical assistance to ensure progress towards compliance and evidence-based service delivery practices. All new staff are required to participate in a 13-hour training and orientation on federal policies and regulatory guidance on early intervention and service coordination, as well as on the Delaware specific early intervention program. The training modules are also utilized as resources for veteran service coordinators to ensure consistency of information and best practices. For more specific training needs the Trainer Educator provides monthly Workshops on Wednesdays (WoW) trainings on various professional development topics. Examples of some of the topics include, DEC recommended best practice, coaching in early intervention, ethics, outcomes, and communication and interviewing.. Additionally, Administration has provided Birth to Three staff and providers with trainings on topics including social and emotional learning and home visiting safety. Where applicable, Administration also shares any opportunities for professional growth by providing links for external webinars or trainings.

Administration provides individualized, targeted technical assistance as needed, and ongoing TA occurs via phone, email and virtual platforms. Administration also provided training on the DHSSCares data system to allow for consistency in data management and program documentation. Pursuant to the launch of DECARS Administration began providing one-on-one training as well as webinars on navigating the new system. One-on-one technical assistance is also available to individual staff as requested or as identified through monitoring. Training and ongoing TA are offered on topics such as transition, early childhood outcomes, birth mandates, and other topics as necessary.

Administration actively participates on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive and coordinated early childhood system, birth to eight, to provide the highest quality services and environment for Delaware's children and their families. Administration collaborates with the Early Childhood Comprehensive Systems (ECCS) initiative whose primary aim is to increase the age-appropriate developmental skills among the State's three-year-olds by 25%. In addition, Administration collaborates with the Early Hearing Detection and Intervention Advisory Board (EHDI) and The Governor's Advisory Council for Exceptional Citizens (GACEC).

Administration continues to work with WestEd to develop training and materials to explain the dispute resolution options under Part C of the IDEA: mediation, written state complaints and the due process hearing procedures specific to families with infants or toddlers with disabilities. Materials from the Center for Appropriate Dispute Resolution in Special Education (CADRE) are also being shared as part of the training. Delaware adheres to Delaware Part C due process hearing procedures. Administration will also continue to work with contracted TA consultants to solidify a process for tracking any disputes and resolutions that may occur in Delaware.

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.

Administration has mechanisms in place to ensure that service providers receive ongoing training and technical assistance to effectively provide services that improve results for infants and toddlers with disabilities and their families.

Birth to Three Administration actively participates in the Early Childhood Early Intervention Professional Development Community of Practice (ECEIPDCoP). Birth to Three staff access both national and local resources, including conferences and webinars, to stay current on best practices and federal requirements. While the Program's early intervention personnel standards are still in the earliest stages of redevelopment, the current standards are reinforced through provider contracts and enhanced communication with Regional Program staff. Administration has been working closely with the University of Delaware Professional and Continuing Studies program to develop an asynchronous curricula set to launch in 2024 that will provide existing and on-boarding family service coordinators who complete the coursework with Delaware-recognized credentialing for Best Practices in Early Intervention for Delaware Families. This coursework will be composed of eight modules that are 1 to 2 hours in length. Each asynchronous module will include a combination of didactic presentations, targeted readings, family testimonials, and web-based videos and activities, all presented with a focus on Delaware-specific systems. Rooted in the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE), modules will cover topics including: (a) effective communication and collaboration with families, caregivers, and colleagues; (b) child development; (c) IFSP eligibility and development; (d) authentic assessment and intervention planning; and (e) transitions.

The B23 Administration has designed a Provider Orientation packet designed for newly contracted providers, but also shared with all existing providers. It includes links to our state's manual, the federal regulations, resources on the coaching process, and a "contract spotlight" section to highlight any changes in provider contracts. We have provided professional development to providers including safety training for home visiting and talking to families about the transition process from Part C to Part B. As part of the implementation of our new Family Directed Assessment, Behavioral Assessment of Baby's Emotional & Social Style Toolkit (BABES), we have provided our FSCs extensive training on social emotional development, administration of the BABES assessment, and using the results from the assessment to create functional IFSP goals. We are in the planning stages of providing professional development around addressing social emotional concerns for our other providers. Finally, to ensure providers are effectively providing services, we have engaged in targeted monitoring of our providers as well as our Regional Programs.

In addition, Administration also collaborates with Regional Program and EIS provider leadership in the onboarding of all Early Childhood Special Educators (ECSE) providing services to infants and toddlers with disabilities who participate in early intervention services in Delaware. Administration has in place a Personnel Standards and Guidelines Matrix that ensures all ECSEs have appropriate collegiate certification and professional experience with a focus on infants and toddlers with special needs, and their families.

Administration has collaborated with the Delaware State Professional Development System to aide in the development of an early intervention personnel development tracking system. The purpose of this collaboration is to incorporate early intervention modules, trainings and policy reviews into the Delaware Learning Center (DLC), a state-run training program. Administration will be able to utilize the DLC to track participation, analyze the training's effectiveness and to provide certificates to participants as they complete necessary goals.

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.

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESPP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

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

YES

Number of Parent Members:

37

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.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff would send invitations to and through the ICC which occurs quarterly, through PIC, and through other family networks to engage families and providers in deep and meaningful ways to understand the current needs of families. As a result, 22 families participated in family focus interviews providing feedback on their awareness of social emotional development, 8 families presented their stories at an ICC quarterly meeting, and we now have 7 parents as ICC members. One of these 7 ICC parents co-chairs the equity committee, contributing her experience as a parent of a child with disabilities. To ensure diverse and equitable parent participation, Administration continues to work with Regional Program FSCs to enlist parent participation in the ICC by presenting their stories of their journey with Birth to Three Early Intervention. The Equity committee explores strategies to reach diverse parent populations and endeavors to address potential systemic barriers.

Increased opportunities for direct parent feedback to the Part C coordinator occurred as a result of enhanced communications strategies (email, word of mouth, announcements) which invited input from a diverse group of parents. We collaborate with PIC on their bi-monthly newsletter, providing information to our parent population. We disseminate information through the Delaware Library list serve. Administration's new website will incorporate a parent blog and newsletter to keep interested parents aware of activities and opportunities to participate in stakeholder activities.

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.

Stakeholder groups are comprised of individuals who represent Delaware's diverse population and were invited to engage in decision-making activities involving the possibility of setting future targets and discussing implementation strategies. The state has engaged in activities to increase the capacity of

diverse groups of parents, as mentioned previously and throughout this report, such as our plans to more effectively impact children in care, for example. The stakeholder groups intend to continue to meet at least on a quarterly basis in order to develop and monitor strategic improvement plans ensuring that the families continue to receive the best services and provisions available to them. It has been a challenge to seek diverse stakeholders, especially parents. We continue to work closely with PIC to encourage parents, from diverse populations, to attend the meetings and become active members in our groups. We have found that offering the families the option of virtual participation has increased family participation within the program. We intend to conduct more focus groups specifically geared towards those parents who are part of underserved populations. Events detailed throughout this report further describe the activities we have conducted to improve outcomes for children with disabilities.

Soliciting Public Input:

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

Ongoing stakeholder meetings occur, via our many ICC subcommittees and SSIP workgroup meetings, on weekly, biweekly and monthly basis. These meetings are posted on the Delaware Public Calendar to inform interested parties of their dates, times, minutes and agendas. These groups are comprised of early intervention service providers, parents, Department of Education representatives, independent contractors for provider agencies, Regional Program Staff and other interested parties. The program's collaboration with the Childhood Lead Poisoning Prevention Advisory Committee helps to provide support to families who are affected by elevated lead levels in their homes, childcares, and educational environments. Administration shares data with the Division of Lead Poisoning Prevention Program to determine if children with elevated lead levels of 5 ug/ml are being appropriately referred to the Regional Programs.

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.

Discussions surrounding target setting are conducted through ICC committee meetings and the results and recommendations that stakeholders make are presented quarterly at ICC meetings. Administration continuously captures data and updates the ICC regularly for advice and assistance toward target setting and revision. These meetings are posted on the Delaware Public Calendar to inform interested parties of their dates, times, minutes and agendas.

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.

Administration reports to the public on the performance of each Regional Program regarding the targets in the SPP/APR as soon as practicable, but not later than 120 days following the submission of its FFY APR as required by 34 CFR §303.702(b)(1)(i)(A).

The state has reported to the public, as required, for FFY 2021 at the following URL:
2023.01.10_RegionalMonitoringFFY21_PubReporte_.pdf (b23de.org)

A complete copy of the Program's SPP, including any revisions, and the APR are located on the Birth to Three website at Birth to Three Early Intervention Program - www.b23de.org

Birth to Three - Administration reports on the following:

- Current data;
- Current data performance in relation to state targets for each of the two Regional Programs using percentage measurements;
- Description of whether the Regional Program met the target, made progress or slipped.

Data are generated from the following sources:

- DHSSCares data system;
- Family Outcomes Survey;
- Virtual monitoring;
- Child Count and Settings report :
 - o Table 1 Report of Children Receiving Early Intervention Services in Accordance with Part C; and,
 - o Table 2 Report of Program Setting Where Early Intervention Services are Provided to Children with Disabilities and Their Families in Accordance with Part C

Per section 508 and Section 255 of the Rehabilitation Act of 1973, each report is completed within 508 compliance to be visually safe and accessible for individuals with disabilities

Intro - Prior FFY Required Actions

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, the State must provide the required information.

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.

OSEP notes that one or more of the APR attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2021 SPP/APR

In the FFY 2022 Introduction, the State has provided descriptions of outreach activities conducted to increase the capacity of diverse groups of parents. The State has also provided information regarding the technical assistance that was provided in multiple efforts to improve general supervision. The

document with questionable 508 compliance was provided to the State by a contracted entity. The State attempted to make it 508 compliant, however was unable to do so. The Administration worked closely with CRESP to ensure 508 compliance.

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

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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.

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	81.28%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	64.54%	55.33%	82.37%	85.19%	79.00%

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
127	200	79.00%	100%	70.00%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The state's performance in providing timely early intervention services is largely impacted by supply (capacity of provider agencies to provide timely services) and demand (number of infants and toddlers receiving services and the type and the extent of services that they need).

The number of Delaware infants and toddlers and their families receiving early intervention services has dramatically expanded in recent years. The data for Indicator 5 (early intervention infants and toddlers aged birth to 1 served), have increased from 53 in FFY 2020, to 102 for FFY 2021, and 144 for FFY 2022. Similarly, the Indicator 6 data (infants and toddlers aged birth to three served), have increased from 951 for FFY 2020, to 1,202 for FFY 2021, and 1,506 for FFY 2022.

A number of factors have contributed to this increase in children and families served. They include: (1) revisions, effective July 1, 2022, in the state's eligibility criteria, to make clear that a child with an expressive delay in language can be eligible for early intervention services, that a child can be eligible based on a delay in a single developmental area (without the need for a delay in at least two areas), revising the standard deviation change from 1.75 to 1.66, (2) no longer funding the "Watch" clinic which in some cases diverted families from evaluation to determine whether the child met Part C eligibility criteria; and (3) targeted outreach activities, including those targeted to reach underrepresented populations.

These substantial increases in the number of children and families receiving early intervention services have been important in helping to ensure that all eligible children are evaluated, and – if found eligible – served. As described below under the heading, "Actions taken if noncompliance not corrected," the state has implemented a broad range of targeted strategies to increase the number of early intervention provider agencies and the type, number and, amount of services each provider agency can provide in a timely manner. Notwithstanding those efforts, it has not yet been possible ensure that all early intervention services are begun within 30 calendar days from the date of parent consent (unless services are delayed beyond that timeline due to documented exceptional family circumstances).

EIS Provider agencies reported that the vaccine mandate caused the agencies to lose staff and made it more difficult to recruit new staff. While Administration was able to add new EIS Provider agencies, those agencies will need time to build their capacity to be able to provide services to more families.

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.

13

Provide reasons for delay, if applicable.

For the 73 records for which services did not begin within 30 calendar days from parent consent, 13 were due documented exceptional family circumstances and the remaining 60 were due to provider shortages.

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).

Each early intervention service must begin within 30 calendar days from the date of parent consent to that service, unless the service is delayed due to a documented exceptional family circumstance.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Administration monitors both of the two Regional Programs every year for all compliance indicators through extracting data from the Statewide Data System, DHSSCares, using a series of SQL queries. As previously noted, Administration also monitored all of the EIS Providers to determine the extent to which the EIS agencies can provide services in a timely manner (30 days from the date of written parental consent) and that the provision of all services is consistent with the IFSP.

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
FFY 2020	2	0	2

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

FFY 2020

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Neither of the two Regional Programs has been able to achieve and demonstrate correction of the January 4, 2021 findings of noncompliance for Indicator 1. As noted, above, in the explanation of slippage for this indicator, the greatest challenge in achieving compliance has been a shortage of early intervention service providers. DHSS has addressed this in a number of ways. DHSS published a Request for Proposals, seeking to recruit additional providers, and as a result was able to enter into early intervention service contracts with three additional agencies beginning July 1, 2023.

A referral system was developed by the Regional Programs as a result of the June 2022 pCAP meeting with Administration in an attempt to address the corrective action associated with compliance with the 30-day timeline. Using the System, first implemented July 1, 2022, the FSCs post each child and family needing early intervention services, and then, after first confirming that the provider agency has the needed personnel to begin each service within 30 days from parent consent, the provider agency uses the System to accept the case. Not only does the process help to increase the timeliness of the provision of services, it also allows Administration the opportunity to determine which services need more targeted recruitment because of the lack of availability. Administration is working with the Regional Programs by providing monthly Indicator 1 reports showing the number of services that were provided timely, which were provided late and had exceptional family circumstances as well as those services which provided late and did not have exceptional family circumstance. The Regional Programs are able to better monitor the new referral process and provide guidance to coordinators who may be part of a trend in not getting services started in a timely manner. This process provides up-to-date knowledge on what is occurring with services so that the Regional Programs and service providers can better address the continued noncompliance. In addition, the System allows providers the opportunity to gather data to determine which disciplines require increased recruitment efforts.

Beginning in 2023, each provider agency's contract with DHSS includes specific requirements addressing timely services, including the requirement to use the Referral System, regularly going into the System to indicate for each posted service whether the agency has the capacity to provide the posted services in a timely manner, and informing the FSC in a timely manner of the start data for each service, the reason for any delay, and – if after accepting a case – the agency later finds that it cannot meet the 30-day timeline.

Administration has provided training and guidance to the Regional Programs and provider agencies on the importance of compliance with the 30-day timeline, and of determining on an individualized basis the frequency, intensity and method of services needed for each child and family. In 2022 and 2023, Administration conducted focused monitoring with each provider agency to ensure that they understand the required procedures related to timely provision of services (including use of the Referral System and communication with FSCs), and that they are implementing those procedures.

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. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected. 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 findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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

In its January 4, 2021, monitoring report for each of the two regional programs, the state made a finding of noncompliance with this indicator. (These findings were based upon FFY 2019 data and issued in FFY 2020.) Both of those findings remain uncorrected. Rather than issue a new finding to either Regional Program, the state has kept the January 4, 2021, FFY 2020 finding open.

1 - OSEP Response

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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2020, were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (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 (EMAPS)).

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.12%

FFY	2017	2018	2019	2020	2021
Target>=	90.04%	90.05%	95.41%	95.58%	95.61%
Data	96.52%	95.41%	95.59%	95.58%	97.67%

Targets

FFY	2022	2023	2024	2025
Target >=	95.64%	95.67%	95.70%	95.73%

Targets: Description of Stakeholder Input

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SIMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise

a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

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	1,530
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	1,566

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
1,530	1,566	97.67%	95.64%	97.70%	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

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

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Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESPP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

Historical Data

Outcome	Baseline	FFY	2017	2018	2019	2020	2021
A1	2008	Target>=	48.40%	48.50%	48.60%	61.25%	61.50%
A1	46.63%	Data	63.79%	63.74%	68.01%	61.25%	58.37%
A2	2008	Target>=	40.40%	40.50%	49.24%	45.51%	45.52%
A2	48.73%	Data	41.46%	38.00%	39.29%	33.49%	35.63%
B1	2008	Target>=	50.40%	50.50%	50.60%	65.42%	65.67%

B1	48.39%	Data	67.68%	69.25%	69.51%	65.42%	60.42%
B2	2008	Target>=	45.40%	45.50%	45.60%	41.51%	41.52%
B2	41.53%	Data	36.15%	34.62%	33.58%	27.77%	30.34%
C1	2008	Target>=	50.40%	50.40%	51.06%	65.97%	66.22%
C1	50.54%	Data	65.28%	67.05%	71.01%	65.97%	60.41%
C2	2008	Target>=	45.40%	45.50%	47.98%	46.47%	46.48%
C2	47.46%	Data	42.61%	41.25%	39.83%	36.64%	37.96%

Targets

FFY	2022	2023	2024	2025
Target A1>=	61.75%	62.00%	62.25%	62.50%
Target A2>=	45.53%	45.54%	45.55%	48.75%
Target B1>=	65.92%	66.17%	66.42%	66.67%
Target B2>=	41.53%	41.54%	41.55%	41.56%
Target C1>=	66.47%	66.72%	66.97%	67.22%
Target C2>=	46.49%	46.50%	46.51%	47.47%

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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	338	35.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	285	30.06%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	229	24.16%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	96	10.13%

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	514	852	58.37%	61.75%	60.33%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	325	948	35.63%	45.53%	34.28%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

Based on data provided by the statewide data system, Administration found that the majority of children who exited the program were children who were born during the height of the COVID pandemic. Families were unable to safely engage in community events and provide an opportunity for their children to socialize with same age peers. Under normal circumstances, children would be able to attend Play Groups and religious or community activities. This very specifically affected the social emotional development of these children. While using a virtual platform to provide services to these children was convenient, the rapid and unexpected pivot away from face-to-face interaction proved to be a barrier. EIS Providers were less equipped to gauge reactions and body language of the child and family. Some families that were unaccustomed to the coaching process had difficulty adjusting to it in a virtual (telehealth) format. Other challenges that children and families faced, related to COVID, consisted of breaks in services that were once provided in the home or childcare which then had to be provided via telehealth. Some parents were working from home and may have had other children in the home who were expected to attend school via online learning, which would interfere with access to online services. For those families with no access to

virtual services, services had to stop until face-to-face visits could resume. Delaware, as with the national trend, was not immune to provider shortages and turnover of staff. This resulted in both contracted EIS Providers and Regional Program's remaining staff being left to juggle increased caseloads, recruitment and orientation of new staff, and the shift to a telehealth service delivery model, all of which may have contributed to the slippage for this indicator. During this time families began reengaging with their physicians and childcare providers which resulted in an increase in family awareness of development delays. Due to this trend, the Program started to see an increase of referrals.

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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	376	39.66%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	316	33.33%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	197	20.78%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	59	6.22%

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	513	889	60.42%	65.92%	57.71%	Did not meet target	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	256	948	30.34%	41.53%	27.00%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Based on data provided by the statewide data system, Administration found that the majority of children who exited the program were children who were born during the height of the COVID pandemic. Families were unable to safely engage in community events and provide an opportunity for their children to socialize with same age peers. Under normal circumstances, children would be able to attend Play Groups and religious or community activities. This very specifically affected the acquiring communication skills of these children. While using a virtual platform to provide services to these children was convenient, the rapid and unexpected pivot away from face-to-face interaction proved to be a barrier. EIS Providers were less equipped to gauge reactions and body language of the child and family. Other challenges that children and families faced, related to COVID, consisted of breaks in services that were once provided in the home or childcare which then had to be provided via telehealth. Some parents were working from home and may have had other children in the home who were expected to attend school via online learning, which would interfere with access to [online] services. For those families with no access to virtual services, services had to stop until face-to-face visits could resume. Delaware, as with the National Trend, was not immune to provider shortages and turnover of staff. This resulted in both contracted EIS Providers and Regional Program's remaining staff being left to juggle increasing caseloads, recruiting and orienting new staff, and shifting to a telehealth service delivery model, which may have contributed to the slippage for this indicator. During this time many families began reengaging with their physicians and childcare providers which resulted in an increase in family awareness of development delays. Due to this trend, the Program started to see an increase of referrals.

Provide reasons for B2 slippage, if applicable

Based on data provided by the statewide data system, Administration found that the majority of children who exited the program were children who were born during the height of the COVID pandemic. Families were unable to safely engage in community events and provide an opportunity for their children to socialize with same age peers. Under normal circumstances, children would be able to attend Play Groups and religious or community activities. This very specifically affected the acquiring communication skills of these children. While using a virtual platform to provide services to these children was convenient, the rapid and unexpected pivot away from face-to-face interaction proved to be a barrier. EIS Providers were less equipped to gauge reactions and body language of the child and family. Other challenges that children and families faced, related to COVID, consisted of breaks in services that were once provided in the home or childcare which then had to be provided via telehealth. Some parents were working from home and may have had other children in the home who were expected to attend school via online learning, which would interfere with access to [online] services. For those families with no access to virtual services, services had to stop until face-to-face visits could resume. Delaware, as with the national trend, was not immune to provider shortages and turnover of staff. This resulted in both contracted EIS Providers and Regional Program's remaining staff being left to juggle increasing caseloads, recruiting and orienting new staff, and shifting to a telehealth service delivery model, which may have contributed to the slippage for this indicator. During this time many families began reengaging with their physicians and childcare providers which resulted in an increase in family awareness of development delays. Due to this trend, the Program started to see an increase of referrals.

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	0	0.00%

Outcome C Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	339	35.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	263	27.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	302	31.86%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	44	4.64%

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	565	904	60.41%	66.47%	62.50%	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	346	948	37.96%	46.49%	36.50%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Based on data provided by the statewide data system, Administration found that the majority of children who exited the program were children who were born during the height of the COVID pandemic. Families were unable to safely engage in community events and provide an opportunity for their children to socialize with same age peers. Under normal circumstances, children would be able to attend Play Groups and religious or community activities. Lack of opportunities for children and families to socialize impacted children's ability acquire appropriate behaviors to meet their needs. While using a virtual platform to provide services to these children was convenient, the rapid and unexpected pivot away from face-to-face interaction proved to be a barrier. EIS Providers were less equipped to gauge reactions and body language of the child and family. Other challenges that children and families faced, related to COVID, consisted of breaks in services that were once provided in the home or childcare which then had to be provided via telehealth. Some parents were working from home and may have had other children in the home who were expected to attend school via online learning, which would interfere with access to [online] services. For immigrant families and those families with no access to virtual services, services had to stop until face-to-face visits could resume. Delaware, as with the national trend, was not immune to provider shortages and turnover of staff. This resulted in both contracted EIS Providers and Regional Program's remaining staff being left to juggle increasing caseloads, recruiting and orienting new staff, and shifting to a telehealth service delivery model, which may have contributed to the slippage for this indicator. During this time more families began reengaging with their physicians and childcare providers which resulted in an increase in family awareness of development delays. Due to this trend, the Program started to see an increase of referrals.

FFY 2022 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,339
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.	212
Number of infants and toddlers with IFSPs assessed	948

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.

An initial COS is completed at the time as the initial evaluation of the child. If the child is eligible, goals are developed through the Multidisciplinary Assessment process and services are conducted to work toward those goals. When a child is preparing to exit the program, the Early Intervention Service Provider will conduct an exit COS with the IFSP team to determine the progress of the child. All of this data is entered into the Statewide data system which will populate a report on the number and extent of progress a child has made in their journey through the program.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

Measurement

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

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

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

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

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

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	2006	Target>=	91.60%	92.00%	92.40%	92.23%	92.33%
A	46.30%	Data	93.75%	92.23%	92.23%	98.26%	96.53%
B	2006	Target>=	94.60%	95.00%	95.40%	95.35%	95.45%
B	49.00%	Data	97.37%	96.11%	96.11%	95.36%	96.24%
C	2006	Target>=	94.60%	95.00%	95.40%	96.19%	96.29%
C	55.90%	Data	97.04%	96.82%	96.82%	96.23%	98.84%

Targets

FFY	2022	2023	2024	2025
Target A>=	92.43%	92.53%	92.63%	92.73%
Target B>=	95.55%	95.65%	95.75%	95.85%
Target C>=	96.39%	96.49%	96.59%	96.69%

Targets: Description of Stakeholder Input

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESPP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

FFY 2022 SPP/APR Data

The number of families to whom surveys were distributed	1,595
Number of respondent families participating in Part C	606

Survey Response Rate	37.99%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	566
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	606
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	563
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	606
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	564
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	606

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)	96.53%	92.43%	93.40%	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)	96.24%	95.55%	92.90%	Did not meet target	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)	98.84%	96.39%	93.07%	Did not meet target	Slippage

Provide reasons for part B slippage, if applicable

Administration requested that the University of Delaware CRESPP program conduct a more in-depth qualitative approach to the survey this year. We wanted to better understand the parents' reasoning when responding "strongly agree" and "strongly disagree.". While the aggregate qualitative data show a 97-99% "strongly agree" rate, the individual responses from some families indicated that there was a disconnect in communication with their Family Service Coordinator or Early Intervention Service provider. It was found that moving to virtual platforms of communication, while efficient, did not offer the level of trust and connection that normal face to face meetings might provide. The Regional Programs and some EIS providers also had a high turnover of staff, which was not always relayed to the parents in a timely manner. Confusion about who to talk with became a barrier in the comfort level for some parents. Because of this disconnect, families were not as confident about trying to effectively communicate their child's needs. Families also indicated frustration and confusion regarding the Transition process. The change in the model and philosophy from an individualized family centered approach to services to a more student-centered model, is difficult. As a result, they felt that they were unable to adequately discuss their child's needs in order to get the best possible outcome from the services upon transition. For families, transitioning from Part C to Part B is frequently accompanied by anxiety, confusion, frustration, and uncertainty. All of these factors were likely exacerbated by stressors caused by or related to the pandemic.

Provide reasons for part C slippage, if applicable

As with Measurement B, communication became a big barrier for families to feel comfortable in knowing if services have helped the family help their children develop and learn. Utilizing a virtual platform requires active participation from both parent and EIS providers which can be achieved through a coaching model.. This level of engagement, for some families, was an uncomfortable new process.. Though telehealth services existed pre-covid, they were not widely used. There was a steep learning curve for families and providers in terms of "doing" telehealth well. Covid-19 forced families and EI providers to adjust to virtual services rather abruptly, and this proved to be a barrier to some families' feeling strongly that services provided enough support.

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.	

Response Rate

FFY	2021	2022
Survey Response Rate	31.17%	37.99%

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).

Birth to Three Administration provided the University of Delaware CRESPP Program a copy of the most recent Child Count and Settings report to use as a comparison for representativeness of the demographics of infants and toddlers enrolled in Part C. Utilizing the Meaningful Differences Calculator provided by DaSy, the following data were calculated. The confidence intervals for data from FFY 2021 and FFY 2022 are as follows: Parents know their rights, FFY 21 \pm 2.38%, and FFY 22 \pm .9% which is a significant difference. Qualitative questions were asked which helped us to determine that continued training of the Family Service Coordinators helped them to discuss and assist parents with understanding and knowing their rights. For parents being able to effectively communicate their child's needs – FFY 21 \pm 1.74% and FFY 22 \pm 1.42% which is not a significant difference. Lastly, for parents who feel they can help their child develop and learn, FFY 21 - \pm 1.59% and FFY 22 \pm 1.29% which is not a significant difference. For infants and toddlers birth to one there is no significant difference between FFY 21 and FFY 22 with a \pm 20.84% for both years. The same can be said for the 1-2 year population at \pm 7.71%, the 2-3 year population at 5.86% and the over three population at 7.8%.

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.

The family outcomes federal reporting requirement for Part C programs requires that states report on the percent of families participating in Part C (i.e., B23) who report that early intervention services have helped their family know their rights, effectively communicate their children's needs, and have helped families help their children develop and learn. Table 6 provides summary and descriptive statistics on these items. The proportion of positive perceptions (i.e., families who agreed or strongly agreed) on these items was very high, ranging from 87.6% to 93.4%. One area to watch in upcoming years, where families were less clear, was if they received information about who to speak with if they felt the family's rights were not being addressed within the program (12.5% disagree). Additional emphasis on the contact information may be of value, especially for families in New Castle county. Similarly, differences by county (New Castle county being lower) in how the program is able to help parents speak up for or advocate for family needs was revealed. As such, additional approaches to help parents advocate may be needed, particularly in New Castle county.

Families in New Castle and Sussex counties scored differently on items related to receiving information about rights and ability to advocate. A Kruskal Wallis test was used to compare whether families living in New Castle, Sussex, and Kent Counties answered items significantly differently. The tests indicated that families living in New Castle and Sussex counties scored significantly differently on two items (means = 3.29 vs. 3.52) (see Table 7) in the Family Survey attached to this report.

Comparisons for the item "Provided information about who to speak with if we feel our family's rights are not being addressed within the program" revealed that there were significant differences between New Castle County and Sussex County $H(2) = -48.50$, $p = .009$. A comparison of group means indicates that families from New Castle County ($M = 3.29$, $SD = 0.75$) rated this item lower than families from Sussex County ($M = 3.52$, $SD = 0.68$). No other comparisons were significant.

Pairwise comparisons for the item "Helped me to more effectively speak up for, or advocate for, what my child needs" revealed that there were significant differences between New Castle County and Sussex County $H(2) = -47.83$, $p = .010$. A comparison of group means indicates that families from New Castle County ($M = 3.34$, $SD = 0.74$) rated this item lower than families from Sussex County ($M = 3.57$, $SD = 0.62$). No other comparisons were significant.

The comparison of race and ethnicity for this survey and the child count for FFY 2022 is as follows: The Child Count report data was extracted for the children with active IFSPs on December 1, 2022. The Family Survey data that was submitted as a contact list contained data for children who were eligible for the Program for at least six months and were either active at the time of the report or had not been closed more than 6 months. These criteria captured children with IFSPs between August 2021 and February 2022. The following race category comparisons show our racial representation for that period: For American Indian or Alaskan Natives, our Child Count showed 3 individuals in the population identifying as such. The contact list for surveys for the same group contained 5 individuals. Individuals identifying as Asian were represented by 58 individuals in our Child Count and were represented by 59 individuals in the survey contact list. For individuals identifying as Black, data showed 430 representatives in our Child Count and 530 individuals in the survey contact list. Individuals identifying as Native Hawaiian/Pacific Islander showed a 1 to 1 comparison between the Child Count and survey contact list. For those that identified as white, the data showed representation of 675 individuals in the Child Count report while there were 799 in the survey contact list. Child Count showed that the distinction of 2 or more races was represented by 99 individuals and the survey contact list represented 20. Lastly, there were 300 individuals who identified as being of Hispanic ethnicity in the Child Count. The family survey contact list showed that there were 181 individuals who were identified as being of Hispanic ethnicity.

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)

YES

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

Each year the Birth to Three Administration and the University of Delaware CRESPP Program strive to encourage parents to participate in the annual survey. This year, Administration prepared coordinators, approximately 2 months prior to dispersing the survey, to talk with their families about participation. Administration also created an infographic that was sent via email to parents, encouraging them to participate. For parents who did not provide the Regional Programs with an email address, a flyer was sent via regular mail. Because of the higher-than-normal response rate that Administration received this year, we plan to continue to use these methods to encourage participation. We also intend to use our new website to advertise and provide encouragement as well.

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.

Statistical analyses of survey data were conducted in SPSS. Score ranges for nearly all items include 1=Strongly Disagree, 2=Disagree, 3=Agree and 4=Strongly Agree. To treat missing quantitative data, we excluded cases analysis by analysis. We used descriptive (mean, standard deviation) and summary statistics (percentage of responses for 'strongly agree,' 'agree,' 'disagree,' 'strongly disagree') to describe the basic features of the survey data. In addition, to compare how families scored across items, survey data were analyzed using the independent-samples Mann-Whitney U tests (for comparing 2 groups) or Kruskal-Wallis tests (for comparing three or more groups) of significance, with p-values set at .05. Families were compared across demographic characteristics (child's age, biological sex, county, race, and ethnicity). The category 'child's race' was collapsed from the original groups to 'White' (1) and 'children of color' (2) due to uneven distribution of families across the original categories. Likewise, the category 'child's age' was collapsed from the original groups to 'Birth to 2' (1) and 'Over 2' (2) due to the uneven distribution of families across the original categories. Tests of significance were run for every group of survey items. In addition, post-hoc tests were conducted following Kruskal-Wallis tests to analyze all pairs of groups. Significance values for post-hoc tests are Bonferroni corrected to control for Type I error.

In addition to the Likert-style questions, the survey asked several open-ended questions, which asked families: (1) Please share with us if the changes in your Family Service Coordinator have affected your family's experience in the B23 Program, (2) Do you have challenges with your child's social-emotional development? How do these challenges impact your family? (3) Please share with us any additional information about your experience with the B23 program, and (4) Do you have any suggestions for us to improve in the future?

Qualitative data were analyzed using open coding to identify themes. Responses in Spanish were translated to English by bilingual research staff during the coding process. Where Spanish quotes are provided throughout the report, an English translation is provided in square brackets immediately following the original text. A complete list of all open-ended responses is provided in Appendix C. All identifying information (e.g., names) has been removed from the comments to ensure confidentiality. In qualitative tables, please note that the survey respondent ID information is provided in order to clarify where, or if any, duplication in comments by the same respondent is present.

On the request of the Birth to Three Program, CRESPP researchers also undertook a comparison of how families scored items during the 2020, 2021, and 2022 (this year) iterations of the survey. To compare how families scored across items, survey data were analyzed using the independent-samples Kruskal-Wallis test. Post-hoc tests were conducted following the Kruskal-Wallis tests to analyze all pairs of groups. Significance values for post-hoc tests are Bonferroni corrected to control for Type I error.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must describe strategies which are expected to increase the response rate for those groups that are underrepresented.

Response to actions required in FFY 2021 SPP/APR

Each year the Birth to Three Administration and the University of Delaware CRESPP Program strive to encourage parents to participate in the annual survey. This year, Administration prepared coordinators, approximately 2 months prior to dispersing the survey, to talk with their families about participation. Administration also created an infographic that was sent via email to parents, encouraging them to participate. For parents who did not provide the Regional Programs with an email address, a flyer was sent via regular mail. Because of the higher-than-normal response rate that Administration received this year, we plan to continue to use these methods to encourage participation. We also intend to use our new website to advertise and provide encouragement as well. 2022-2023 Birth to Three Early Intervention Family Outcomes Survey (b23de.org) and 2022-2023 B23/CDW Family Outcomes Survey Findings (b23de.org)

4 - OSEP Response

4 - Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 4 attachment(s) included in the State's FFY 2021 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.98%

FFY	2017	2018	2019	2020	2021
Target >=	1.04%	1.05%	1.06%	0.50%	0.60%
Data	1.03%	0.83%	0.89%	0.50%	0.99%

Targets

FFY	2022	2023	2024	2025
Target >=	0.70%	0.80%	0.90%	1.00%

Targets: Description of Stakeholder Input

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

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	144
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	10,785

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
144	10,785	0.99%	0.70%	1.34%	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 (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

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

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

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.94%

FFY	2017	2018	2019	2020	2021
Target >=	2.74%	2.75%	2.76%	2.97%	3.00%
Data	3.31%	3.27%	3.50%	2.97%	3.83%

Targets

FFY	2022	2023	2024	2025
Target >=	3.03%	3.06%	3.09%	3.12%

Targets: Description of Stakeholder Input

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the

best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

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	1,566
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	31,931

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
1,566	31,931	3.83%	3.03%	4.90%	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	89.90%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	82.11%	92.67%	86.78%	97.71%	81.00%

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
165	200	81.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

35

Provide reasons for delay, if applicable.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Administration monitors both of the two Regional Program every year for all compliance indicators.

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

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

As reported in the FFY 2021 SPP/APR, Administration made a finding of Indicator 7 noncompliance in the January 4, 2021, monitoring report for each of the two Regional Programs. One of the two Regional Programs demonstrated correction of its finding within one year from the January 4, 2021, date of the finding, with 100% compliance shown in the database for the months of July and August 2022, and documentation in the database of individual correction. Further, that Regional Program's FFY 2021 Indicator 7 data were 100%. The other Regional Program demonstrated correction of its finding, but beyond the one-year timeline, with individual correction documented in the database, and two consecutive months of 100% compliance based on data collected in February 2023. Administration did not make a new finding based on the FFY 2021 data for that Regional Program because the January 4, 2021, finding remained open.

7 - OSEP Response**7 - Required Actions**

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

- A. Percent = [(# of toddlers with disabilities exiting Part C 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	85.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	94.85%	100.00%	100.00%	99.15%	100.00%

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
50	50	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Administration monitors both of the two Regional Program every year for all compliance indicators.

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

8A - Prior FFY Required Actions

None

8A - OSEP Response**8A - Required Actions**

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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	100.00%

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
1,366	1,366	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

Administrations collects the data from the statewide data system and analyzes it prior to distributing to the SEA liaisons.

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).

The data were collected between July 1, 2022 and June 20, 2023.

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

The report extract is based on the following criteria. Those children who populate on the report must be 27 months or older, be eligible for Part C and have an active IFSP with services.

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

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

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	75.00%

FFY	2017	2018	2019	2020	2021
Target	100%	100%	100%	100%	100%
Data	81.23%	93.33%	97.06%	91.21%	100.00%

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
50	50	100.00%	100%	100.00%	Met target	No Slippage

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

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

0

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.

0

Provide reasons for delay, if applicable.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

Administration monitors both of the Regional Programs every year for each of the compliance indicators.

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

8C - Prior FFY Required Actions

None

8C - OSEP Response

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

States are not required to establish 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.

This is not applicable because Delaware has adopted Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 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 (EMAPS)).

Measurement

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

Instructions

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

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

States are not required to establish 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

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www.b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2017	2018	2019	2020	2021
Target>=		0.00%	.00%		
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)?

Delaware will increase the number and percentage of infants and toddlers who enter early intervention programming below age expectations in the area of Social-Emotional (SE) development and increase their rate of growth by the time they turn three or exit the program.

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://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:90f48026-d0c4-3fa4-ba7f-94a3a982ab3c>

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
2008	46.63%

Targets

FFY	Current Relationship	2022	2023	2024	2025
Target	Data must be greater than or equal to the target	61.75%	62.00%	62.25%	62.50%

FFY 2022 SPP/APR Data

		FFY 2021 Data	FFY 2022 Target	FFY 2022 Data	Status	Slippage
514	852	58.37%	61.75%	60.33%	Did not meet target	No Slippage

Provide the data source for the FFY 2022 data.

The data source for FFY 2022 was the Statewide Data System, DHSSCares

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

The Part C Data Manager extracted a SQL report from the Statewide Data System, DHSSCares, and collaborated with the Regional Program COS Liaisons to ensure the data was valid and reliable.

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

NO

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)

NO

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

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

Based on data provided by the statewide data system, Administration found that the majority of children who exited the program were children who were born during the height of the COVID pandemic. Families were unable to safely engage in community events and provide an opportunity for their children to socialize with same age peers. Under normal circumstances, children would be able to attend Play Groups and religious or community activities. This very specifically affected the social emotional development of these children. While using a virtual platform to provide services to these children was convenient, the rapid and unexpected pivot away from face-to-face interaction proved to be a barrier. EIS Providers and assessors had a learning curve to shift to evaluate and provide services in a virtual format, as well as to gauge reactions and body language of the child and family. Other challenges that children and families faced, related to COVID, consisted of breaks in services that were once provided in the home or childcare setting, which then had to be provided via telehealth. Some parents were working from home and may have had other children in the home who were expected to attend school via online learning, which would interfere with access to [online] services. For families with no access to virtual services, services had to stop until face-to-face visits could resume. Delaware, as with the national trend, was not immune to provider shortages and turnover of staff. This resulted in both contracted EIS Providers and Regional Program's remaining staff being left to juggle increasing caseloads, recruitment and orientation of new staff, and a shift to a telehealth service delivery model, all of which may have contributed to the slippage for this indicator. During this time, families began re-engaging with their physicians and childcare providers, which resulted in an increase in family awareness of development delays. Due to this trend, the Program started to see an increase of referrals. To mitigate some of the challenges and to ensure valid and reliable data, Administration provided support to the EIS Providers and Regional Programs by encouraging continual recruitment of qualified individuals and to provide trainings as needed to bolster the confidence of staff in order to deal with challenging situations.

Section B: Implementation, Analysis and Evaluation

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

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:90f48026-d0c4-3fa4-ba7f-94a3a982ab3c>

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 initial submission of the evaluation plan was in the previous APR submitted on Feb. 1, 2022. Updates were made to the plan's timelines and status, and comments were added to reflect progress and barriers.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

The plan was updated to reflect tasks and projects that had been completed, and as well as to update deadlines for projects that had required more time than initially thought. There were tasks in the evaluation plan with particular timelines that were adjusted, for example (Please refer to the Evaluation plan for details).

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

Our two robust SSIP workgroups (the Assessment Practices (AP) workgroup, which meets twice/month, and the Professional Development (PD) workgroup, which meets once a month) comprised of Birth to Three staff, EI providers, Family Service Coordinators (FSCs), ICC members, and interested parties, continued their endeavors. Implementation of the Behavioral Assessment of Baby's Emotional and Social Style (BABES) toolkit began in April 2023 after a series of trainings, which were developed in collaboration with the Birth to Three Regional Programs, Administration, and our technical assistance providers. Following the initial training on the BABES in August 2022, subsequent training opportunities have resulted from staff feedback in areas they felt they needed more support regarding social emotional learning, concerns, and related functional goals and outcomes. The BABES assessment is given (with parental consent) to all newly eligible infants and toddlers, and again at each six-month and annual IFSP review, to identify social emotional concerns and monitor progress in addressing them. Providers are able to access this information, as well, to better serve the children and families with whom they work.

Together with our SSIP workgroups, we have put evaluation strategies in place to measure progress as we implement this new tool. FSCs are asked to complete a "periodic check-in survey" on a quarterly basis. The SSIP AP workgroup designed this survey and analyzes the results, as well. Then, the AP workgroup creates summary statements based on the feedback captured in the surveys and shares this information with FSCs' supervisors. These supervisors, in turn, provide the PD workgroup with insight and/or greater detail about the feedback from staff. The PD workgroup uses this information to inform training, seek out or create professional development, and search for other social emotional-related resources and supports. We have endeavored to increase FSCs' and providers' knowledge of and access to community resources, particularly ones that support social-emotional learning and development. We continue to add to our list of resources on our web site and have created a Resources "channel" on TEAMS where FSCs can access lists of community resources, as well as tips and strategies, and resources to share with families.

We are partnering with the Parent Information Center (PIC), Delaware's PTI, not only to reach diverse families, but to conduct family interviews centered around social emotional development and concerns. We are also exploring, with PIC, the creation of parents as peer support networks, as this is a resource we have found many families want. Additionally, we are working with the University of Delaware (UD), who conducts our annual Family Outcomes surveys, to collect more information related to social emotional learning as part of the Family Outcomes Survey process. UD has incorporated social emotional-specific questions into the Family Outcomes Survey in order to obtain baseline information about families' familiarity with social emotional development. Results indicate that families report reasonably good understanding of what social emotional development is, and also report having had conversations with their FSC or other provider about social emotional learning. Families also indicated that they would like to have additional resources to support any social emotional challenges.

UD is currently conducting follow up interviews with families that expressed they would be willing to discuss social emotional goals and concerns in greater detail, similar to the ones PIC is conducting, based on questions created by our AP workgroup. We expect to receive UD's report on this by spring of 2024, and the workgroups plan to analyze those results by summer's end. The Program has collected numerous community resources in response to families' request for that support. We have created a TEAMS resource channel to store these resources and facilitate FSCs access to them (in order to share with families).

We are also revising the IFSP section in our new data system to facilitate the collection and interpretation of data related to social emotional concerns. This new data system will offer the opportunity for a more efficient flow from the Multi-Disciplinary Assessment (MDA) and Family-Directed Assessment (FDA) process into the development of functional IFSP outcomes that are specifically directed toward social emotional development. In collaboration with our SSIP workgroups, we have created an infographic for parents that explains what social-emotional learning is and why it is important. This infographic has been and continues to be distributed to families as they enter the program. The program developed a new web site which is more family friendly and easier to navigate than the previous one. It will include resources for families related to social emotional learning and development, such as the infographic mentioned above. This website was launched in November 2023.

The Program participates as a collaborator to carry out legislation that requires all licensed childcare agencies to conduct an ASQ and ASQ-SE annually. By participating in this initiative, the Program has strengthened its Child Find abilities which led to an increase in the number of screenings and quality referrals for infants/toddlers with potential social emotional delays.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SIMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

The Program's SSIP short-term and intermediate outcomes are described in the attached Implementation Plan and below are a few highlights:

As of April 15, 2023, the BABES assessment has been implemented for all newly eligible infants and toddlers as part of the FDA.

Orientation modules for new FSCs have been further developed to include training on the BABES Assessment Tool.

The SSIP workgroups have designed numerous progress measures including pre- and post-training surveys, periodic check-in surveys, and parent focus group questions that are now incorporated into the new Evaluation Plan. The results of these periodic check-in surveys are reviewed by the workgroups for quality improvement strategies.

The new data system improvement project is being finalized and will facilitate the Program's adherence to their plan and measuring impact.

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

The Birth to Three Program has made many new infrastructure improvements this past year. A few of the key improvements are:

- Administration developed training and an orientation package for Regional Program staff and early intervention service providers to ensure consistent and efficient implementation of the policies and procedures.
- Additional trainings have been implemented to further strengthen Delaware's early intervention system and to respond to program staff's specific needs and requests.
- Administration has increased performance monitoring and continuous review of important requirements and regulations which has allowed the program to prepare for fuller implementation of best practices while maintaining compliance according to federal regulations, state law, and policies and procedures. (The aforementioned periodic check-in surveys and subsequent analysis and supports are one example of this.)
- The Program added to its number of external early intervention service providers to ensure increased compliance with federal regulation, state law, and program policies and procedures. The contracts included stronger communication with the single line of authority. The SSIP workgroups continued to explore and discuss strategies for meeting Indicator 1 timelines as well as to address the dearth of early childhood mental health providers in the state.
- The Program has adopted a new data system that will provide more robust data, improve timely data entry, and capture more detailed data that will improve the overall delivery of early intervention services and collection of data.
- The Program has made a strong financial commitment to obligate and track the state and federal funds being used to support these systemic changes.
- The Program hosts monthly Provider meetings with a robust turnout. These meetings are used for professional development, discussion, and announcements. They have increased collaboration between different provider agencies, between Administration and providers, and between the Regional Programs and providers.

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

The Program's SSIP short-term and intermediate outcomes are described in the attached Implementation Plan and below are a few highlights:

Through a contract with PIC, there is a concerted effort underway to increase engagement with diverse families to ensure that the early intervention program is responsive to all Delaware families. The SSIP workgroups collaborated with PIC to create a training video about discussing social emotional concerns with a caregiver, geared toward program staff.

The Program launched the new data system in the Fall of 2023 which is expected to improve data entry, collection, monitoring, and accountability. It also creates a flow for development of functional outcomes that will influence the services provided to families which will be monitored through development of the EIS provider progress notes. Then, quality and family enrichments can be monitored.

The SSIP Workgroups have engaged with state staff to update COS training, thereby making it more efficient and timelier for new EIS providers and FSCs

Administration is working to generate new learning content, as well as revise existing content, and turn those trainings into asynchronous training modules that will be housed in a learning management system. To maximize training, we will transition to the state's learning management system,

Delaware Learning Center (DLC), in Spring 2024. This will allow Administration to create a uniform training hub where staff can complete asynchronous training modules, register for training opportunities, and add trainings such as webinars or conferences to their training transcripts. This has assisted Administration in running transcript reports, having a platform for staff to read and acknowledge new policies and procedures, and provide real time training data to requestors. Administration has been working closely with the University of Delaware Professional and Continuing Studies program to develop an asynchronous curricula set to launch in 2024 that will provide existing and on-boarding family service coordinators who complete the coursework with Delaware-recognized credentialing for Best Practices in Early Intervention for Delaware Families. This coursework will be composed of eight modules that are 1 to 2 hours in length. Each asynchronous module will include a combination of didactic presentations, targeted readings, family testimonials, and web-based videos and activities, all presented with a focus on Delaware-specific systems. Rooted in the Initial Practice-Based Professional Preparation Standards for Early Interventionists/Early Childhood Special Educators (EI/ECSE), modules will cover topics including: (a) effective communication and collaboration with families, caregivers, and colleagues; (b) child development; (c) IFSP eligibility and development; (d) authentic assessment and intervention planning; and (e) transitions.

The Program will continue to partner in the statewide screening initiative with childcare centers to improve early identification of young children with developmental concerns, including social emotional issues.

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

The aforementioned BABES tool was adopted and implemented as a method to measure progress with regards to social-emotional learning and development of children and families within the program.

Following the collection of provider feedback via ECTA's "Vision and Direction in Leadership Checklist" and the "Child Social-Emotional Competence Checklist" based on the DEC Recommended Practices, baseline data have been collected and are currently being analyzed to determine next steps. The SSIP workgroups ultimately decided, with permission from ECTA, to adjust the checklists to be more appropriate to Delaware. The workgroups also created surveys to assess implementation of the BABES training on a routine basis.

The Delaware-ized ECTA checklists were completed by providers, Family Service Coordinators, and other stakeholders, as appropriate. The SSIP workgroups analyzed these results and saw improvement in all areas within the scope of the surveys.

Provide a summary of each evidence-based practice.

The BABES is used to assist the assessment teams and FSCs to identify, with families, areas of concern, especially related to social emotional development within the context of natural environments and everyday routines, activities, and places. It is conducted, with parental consent, at the initial IFSP meeting and all subsequent 6-month and annual IFSP reviews.

The Division of Early Childhood Recommended Practices functions as tools that practitioners use to promote development of young children, ages 0 to 5. These practices also guide families to improve practices in partnership with practitioners. As mentioned above, the SSIP workgroups edited these questions to make them more useful to Delaware. These surveys are collected annually, and the results are analyzed by the SSIP Assessment Practices workgroup to measure (and ensure) progress. Results from both checklists indicated improvement in all areas.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The use of the BABES assessment tool begins the conversation between parents and FSCs about social emotional learning and development. It facilitates the identification of any concerns the family may have, or any delays the child may be experiencing, related to social emotional development. The toolkit provides intervention strategies for developmental guidance and support. It also helps FSCs determine if the parents' concerns or expectations are age appropriate. Any concerns that emerge from the BABES assessment can be translated into functional goals on the child's IFSP. Providers with access to a child's IFSP also have access to the BABES assessment results, so they, too, can play a role in supporting the social emotional growth of the child.

ECTA's "Child Social Emotional Competence Checklist" (given to FSCs and providers in the field on an annual basis) ensures FSCs and other providers that interact regularly with the infants and toddlers in our program are observing the child's social and emotional interactions, responding to the child's behavior, engaging with the child in social interactions, and generally providing opportunities to learn and display social emotional competence. Delaware's version of this checklist also allows respondents to elaborate on any challenges, successes, or observations so that the SSIP Professional Development workgroup can provide support as necessary.

ECTA's "Vision and Direction in Leadership Checklist" allows Administration to monitor the extent to which leaders within the program (ICC leadership, Supervisors of providers and FSCs, agency leaders, clinic managers, etc.) convey a mission derived from invested stakeholders' engagement, prioritize that mission, cultivate transparency and collaboration, stay abreast of current research, use data to make decisions, and understand where their program fits under the larger EI system in Delaware. This survey, too, is distributed yearly and the results are analyzed by the SSIP Assessment Practices workgroup.

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

The SSIP workgroups created surveys to assess implementation of the BABES training on a routine basis. During the workgroup's monthly meetings, the group members review the responses to the surveys, which informs fidelity of the implementation of the tool and provides a gauge of change in practice for the FSCs. From the results of these surveys, SSIP workgroups create "summary statements" which are shared with Regional Program Supervisors so they can support their staff in any specific areas necessary. The SSIP Professional Development workgroup also creates follow-up questions for said supervisors in order to provide them with any support or professional development for which they see a need.

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.

Our periodic check-in surveys have shown progress and positive results in terms of the implementation of the BABES tool. It has been useful in identifying areas that need support and celebrating outcomes that are helping our infants, toddlers and their families. FSCs report feeling supported by their supervisors in their efforts to address social emotional concerns with families, and supervisors feel prepared to provide that support. The program plans to continue using the periodic check in survey on a quarterly basis for a total of 18 months after initial implementation of the tool (4/1/23). After that point, the workgroups will decide if the check-in can be distributed biannually. The Delaware-ized ECTA checklists also show positive results toward reaching the state's SiMR: Providers report being more mindful of social emotional development in their interactions with families and children than they were a year ago.

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

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:d4d7b125-abcb-34ae-a0ac-6fa39924d8d3>

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

NO

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

Delaware B23 plans to continue to engage in continuous improvement. The ECTA Best Practices (EBPs) initially were implemented in the spring of this reporting period and while we were able to gather preliminary information regarding their effectiveness, we will continue to do so and when necessary, make appropriate changes to activities, strategies, or timelines included in the current SSIP.

Evaluation data described in the Evaluation Plan are analyzed by the SSIP staff and workgroups routinely throughout the year to assess if modifications are necessary.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Administration continues to solicit ongoing stakeholder discussion and input around setting of priorities, development and tracking of data measures, as well as methods for ensuring family awareness, and continues to engage in valuable partnerships. These partners include the members of the ICC, PIC, and other various stakeholder and topical work groups. We have also expanded our Family Survey to include more questions tailored to quality improvement to help determine how targets should be set and to act as a foundation for data collection.

Delaware's ICC continues to play an integral part in how Administration shares federal and state level reporting data with stakeholders. During the quarterly ICC meetings Administration shared with members and stakeholders the following data presentations; annual chart review (monitoring) data utilized in the SPP/APR Compliance Indicators 1, 7, 8A, 8B, and 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count and Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity and gender comparison data; exit data which contributes to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, and the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information is shared at statewide meetings with the DECC, DDOE/OEL, GACEC, Regional Program staff during regional staff meetings. Additional information and copies of previous reports are available on the Birth to Three website: <https://www/b23de.org>.

Administration conducts biweekly Executive ICC committee calls to allow for continuous engagement with stakeholders. Each call is led with an abbreviated agenda that allows for discussions to occur organically. Stakeholder input is then recorded and utilized in the decision-making process. A summary of these discussions is shared during the ICC quarterly meetings. ICC quarterly discussions include member feedback on the Family Survey results, which leads to the development of initiatives to address any weaknesses identified in the survey. In efforts to engage and increase the capacity of all parents and families, including diverse groups of parents, Administration worked with University of Delaware Center for Research in Education & Social Policy CRESPP program to offer family focus groups and individual family focus interviews. We expect to have the results from the University of Delaware by the Summer of 2024.

The Assistant Part C Coordinator provides quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) and seeks ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers and their families. The SSIP focuses on improving SEO, so the SSIP team coordinated with local and statewide parent advocacy groups through the ICC, PIC and SSIP activity strand workgroups.

The SSIP Professional Development and Assessment Practices workgroups represent stakeholder networks that are critical to SSIP success in increasing social emotional outcomes. The team met virtually and continued the established a meeting schedule of at least three times per month. PIC representatives participate in these SSIP workgroups, and Administration staff also met monthly with PIC leaders to align parent involvement and devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) they observe in practice with their children.

Whenever there was an opportunity to involve individual parents and advocates, Administration staff sent invitations to and through the ICC, PIC, and other family networks to engage families and providers in meaningful ways to understand the current needs of families. ICC committees meet on a monthly basis in order to develop and monitor strategic improvement plans ensuring that the infants, toddlers and their families continue to receive the best services and provisions available to them. In response to the challenge of identifying diverse stakeholders, including parents, Administration has collaborated with the ICC to create an Equity committee. One focus will be to specifically engage those parents and interested parties who are part of underserved populations. In collaboration with the University of Delaware, the Equity committee will continue to explore feedback related to the level of satisfaction families of color feel with the program.

The State is committed to working with the ICC and ICC committees to address the need for outreach to underserved populations in hopes of gaining, not only more parent involvement, but also to ensure that any disparities within the state are addressed. We continue to look at our data to determine our most underserved populations to target where our resources need to be allocated. Based on information gathered from referral sources and demographic location, we have determined that children of military families, the Amish community and the homeless population require more targeted outreach. We have provided brochures and materials to local homeless shelters, posting information in laundromats as well as collaborating with a Department of Services for Children Youth and their Families liaison housed within the Regional Programs to support foster children with potential developmental delays. In order to address instances of inequity, specifically regarding Indicator 4, Administration continues to collaborate with the University of Delaware's (CRESPP) program to revisit the outreach strategies used, in order to capture more participation from underserved populations. It is the hope that more parents from these communities will feel encouraged and welcomed to participate in stakeholder available activities. We have plans to collaborate with the Office of the Child Advocate to educate their court appointment special advocates about our program, beginning in the spring of 2024.

Administration encourages and supports, through trainings and professional development, FSCs and Early Intervention Staff in having meaningful discussions with parents about their parental rights and to encourage participation in improving Part C services and outcomes for their children.

Stakeholders include members of our ICC, parents who have or have had a child in the program, providers, FSCs, Administrators, and representatives from agencies such as PIC, DOE, and Delaware Association for the Education of Young Children (DAEYC), among others. Their input is gathered through SSIP workgroup meetings, ICC quarterly and committee meetings, annual parent surveys, parent interviews, other meetings, and surveys.

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

SSIP workgroups, comprised of interested parties (FSCs, supervisors, and Regional Program EI assessors, representatives from EIS provider agencies, PIC representatives, and ICC members), meet at least three times/month for the purposes of SSIP planning, providing feedback on action steps and timelines, and progress monitoring. Detailed, action-oriented agendas for these workgroup meetings are distributed in advance along with any materials members need in order to prepare for the meeting. Facilitated by Administration, these meetings consist of collaborative planning and problem-solving. For example, the Assessment Practices workgroup was instrumental in editing and streamlining our Parent Infographic by providing thoughtful feedback on the language and layout. These groups have helped to identify any needs for more training and have assisted in the development of evaluation methods. Notes are taken at each meeting and shared with all members of both workgroups. The ICC has been regularly updated on SSIP related activities and developments at ICC quarterly meetings, as well as via email communication. ICC members advise and assist the Birth to Three program's ongoing SSIP work.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders wanted to ensure that FSCs were properly supported in the implementation of the BABES assessment, and that the results of said assessment led to the creation of functional goals and outcomes in IFSPs. The SSIP workgroups created the (previously mentioned) periodic check-in surveys for FCS to monitor implementation and provide any necessary professional development or other supports. The workgroups also provided summary statements based on the results of these check-in surveys for FSCs' supervisors to allow them to meaningfully support their staff. Birth to Three trainer-educators designed and provided numerous training workshops for FSCs on writing functional goals and outcomes and using the BABES to write functional goals and outcomes. Also, as a result of analyzing this feedback, the SSIP workgroups have plans to educate families about the BABES and its purpose, and to investigate why certain families decide not to participate in this assessment.

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.

Activities the state intends to implement in the next fiscal year related to the SiMR include:

- Continued implementation of the BABES tool
- Periodic check-in surveys to be administered to FSCs at least quarterly
- Analysis of survey results
- Parent/caregiver focus groups and parent/caregiver interviews
- Ongoing support training as necessary (determined by the results of the periodic check-in surveys, BABES scores, and parent feedback)

For further detail, please see the attached Implementation Plan.

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

The implementation of the BABES tool will be ongoing. Administration expects that this will lead to a greater number of functional goals related to social emotional learning appearing within IFSPs.

Periodic check-in surveys, as mentioned above, will be distributed on a quarterly basis for the first 18 months of implementation. As of October 2024, the SSIP Assessment Practices and Professional Development workgroups will determine whether scaling back to distributing the survey bi-annually may be more appropriate. That is, the workgroups decided to conduct the periodic check-in surveys for the first 18 months after the BABES was implemented. After that 18-month period, they plan to ask FSCs to complete the check-in survey biannually. Administration and the SSIP workgroups expect that this will reveal continued progress in terms of FSCs' level of comfort in administering the tool, level of confidence in supporting families facing social emotional challenges, and satisfaction with the number and variety of community resources available. Analysis of all SSIP related surveys will continue (ongoing). This analysis will be completed by the SSIP workgroups in collaboration with the B23 administration. This will allow for meaningful monitoring of the implementation of the tool and will facilitate targeted professional development wherever needed.

Parent/Caregiver focus groups and interviews about social emotional learning and concerns began in February 2022, facilitated by PIC. As of fall 2023, the University of Delaware has undertaken this task. They are currently conducting interviews with parents based on questions developed by the SSIP workgroups. Administration hopes to have the results of these interviews by early summer of 2024, for analysis by the SSIP workgroups during the fall of 2024. We expect these interviews to reveal the current level of knowledge families have about social emotional learning, as well as any trends in their concerns.

Training, professional development, and other support will continue as needed, and is determined by feedback from FSCs, providers, families, BABES scores, and COS results. Administration and the workgroups expect this will be a part of continuous improvement.

For further timeline details, please consult our Implementation Plan.

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

One barrier is a lack of diversity among our stakeholder families. We plan to seek the advice and direction of PIC as well as the ICC to determine the best steps to increase diversity among our stakeholder families. We have also asked our EIS providers to encourage families that represent diverse groups to attend any of our ICC committee or SSIP workgroup meetings.

Another barrier is a shortage of EI Providers that have expertise in the area of social-emotional development. In order to combat this barrier, we hope to increase the capacity of our current providers to handle social emotional issues, through professional development and peer coaching.

Provide additional information about this indicator (optional).

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:

Erin Rich

Title:

Part C Coordinator

Email:

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Phone:

302-739-2730

Submitted on:

04/17/24 8:37:29 AM