STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

Delaware

PART C DUE
February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Within DHSS, the Division of Public Health (DPH) is charged with the single line of responsibility. DPH has delegated responsibility for policy & monitoring to B23. B23 maintains all aspects of the single line of responsibility. There are MOUs with key partners to support implementation of Part C.

The DHSS Birth to Three Early Intervention Program - Administration (B23) has the general supervision components in place to ensure that Part C requirements are met. This was accomplished in FFY 2024 with implementation of sound policies & procedures, continuing to utilize the revised monitoring system to ensure correction of noncompliance, fiscal management, coordination with interagency partners, stakeholder engagement, provision of professional development & technical assistance, & enhancement of a system of dispute resolution. B23 leveraged these components to support the two Birth to Three Early Intervention Regional Programs (Regional Programs) & the external early intervention service (EIS) provider agencies, as well as other contractors that assist the program with dispute resolution/mediation & technical assistance.

The Birth to Three Program (Program) continued to focus on strengthening its relationship with parents, staff, & providers to enrich the State Systemic Improvement Plan (SSIP) (focused on social emotional learning) & collaborated with EIS Providers around retention & recruitment, building the foundation of Early Intervention (EI) philosophies in their work. Workgroups monitored implementation of a Family Directed Assessment (FDA) tool, created materials to educate families & EIS providers about its importance, & designed data-driven resources & professional development. B23 was pleased with the progress toward improving social emotional outcomes for the children & families they served. The Program incorporated Likert Scale and open-ended questions in the Family Survey to further explore parent's knowledge and understanding of their child's social emotional development.

The Program continued to focus on timely & complete data. The B23 policy & procedure manual is on the website.

In FFY 2024 B23 continued to access 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), the Center for IDEA Fiscal Reporting (CIFR), Delaware Assistive Technology Initiative (DATI), Infants & Toddlers Coordinators Association (ITCA) & the Division for Early Childhood of the Council for Exceptional Children (DEC of CEC). B23 also contracted with WestEd for technical assistance. B23 kept OSEP updated on progress to determine the scope of engagement necessary to improve compliance.

The Program continued to engage with a variety of agencies, including DHSS leadership, the two Regional Programs, EIS provider agencies, the Interagency Coordinating Council (ICC), Parent Information Center (PIC), the Delaware Department of Education (DOE), Early Head Start, Division of Children, Youth & their Families (DSCYF), & collaborated with the Lead Prevention Program, GACEC (the State's special education advisory council), Parents As Teachers, Hands & 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, 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), Health Advisory Committee for Head Start Programs, as well as other interested partners in pursuit of continuous improvement. In FFY 2024 the Program continued with its effort to expand outreach & engagement with family members, increase the capacity of diverse groups of parents, & make system changes to ensure high quality statewide early intervention services.

Through outreach events the Program reached underserved populations for child find activities & recruited more parent stakeholders. B23 included parent stories at each quarterly ICC meeting. Four parents shared their stories at ICC meetings. B23 outreach materials were provided to some birthing hospitals, as requested, to aid new parents' understanding of the importance of Early Intervention. Outreach materials are also provided to Pediatricians, childcare providers/early learning centers, libraries, State Service Centers and other state agencies, B23 utilized PIC, Para Plus, Back to Basics, and Language Liaisons to translate documents & provided interpretation services to maximize the extent to which early intervention services & materials were available for non-English speaking families within the program. Services & materials were made available in families' native languages whenever indicated.

B23 connected the Regional Programs with Delaware Libraries, ABC Parenting Institute from the University of Delaware o present at staff meetings to better meet their population's needs. B23 collaborated with the Delaware Libraries & used their list serve for information sharing purposes which benefited staff, Regional Programs, & families. The B23 training team provided information at staff meetings to explain how a child becomes eligible for the program and how to create function outcomes with families.

B23 frequently receives referrals which involve infants and toddlers and their families who have exposure to opioid use. When working with these families, family service coordinators and providers are in a position to connect families to resources and supports related to recovery and care following opioid use and addiction. As such, B23 implemented a pilot program around Opioid and Narcan awareness. Awareness was conducted through non-intrusive screening during the initial interaction with families. A question was incorporated into the Part 1 Questionnaire that FSCs use during the intake process; "Would you like to receive information or resources about opioid safety and overdose prevention?" This approach allowed families to opt-in without feeling pressured, respecting their privacy, and making the process feel natural. If a family responded with "yes," the staff provided the contact number for 988, a helpline for mental health and substance abuse crisis/resources and informed them that their assigned Family Service Coordinator (FSC) would follow up with additional information. Responses were recorded on the Part 1 Questionnaire to ensure appropriate follow-up by the assigned FSC. For families expressing interest during the intake process, FSCs distributed an "Important Resources" flyer from Help is Here DE, available in three languages. This flyer includes the Hope Line (providing 24/7 coaching and support) and information on Opioid/Narcan support. FSCs assisted families in obtaining a Narcan kit and provided both printed and digital resources detailing: Local opioid support services, Recognition of signs

of opioid overdose, Procedures to obtain free Narcan, Step-by-step instructions for using Narcan. Posters from Help is Here DE were prominently displayed in our offices to raise awareness and provide easy access to important information.

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select EIS providers and/or EIS programs for monitoring, the schedule, and number of EIS providers/programs monitored per year.

Through the lead agency (DHSS), B23 is responsible for the general administration & supervision of programs & activities administered by the two Regional Programs & external early intervention service (EIS) providers. B23 monitors both regional programs every year. The types of monitoring that B23 carries out are described below.

The State did not limit the scope of its general supervisory activities to the EIS Programs performance on the SPP/APR indicators. Delaware's supervision included:

*B23 has 13 contracted EIS provider agencies that are utilized to provide services to the infants and children of Delaware. Monthly Provider meetings occurred to uniformly distribute information. Along with the Regional Programs, EIS Providers were monitored, annually, to ensure that services were delivered in a timely manner. Providers participated in quarterly Program Corrective Action Plan (pCAP) meetings to address the continued noncompliance with Indicator 1 data.

* To address integrated monitoring activities, B23 monitored the Regional Programs on compliance & performance measures, based on the collection & analysis of data from the Statewide Data System (SDS) as well as the Family Outcomes Survey report provided by the (UD) CRESP program. B23 conducted its monitoring for the SPP/APR compliance indicators (1, 7, 8a and 8C) via recorded reviews. B23 issued monitoring reports to each of the Regional Programs & worked with them to identify, document, & sustain individual & systemic correction of noncompliance. B23 continued the in-depth accountability system for the monitoring & accountability component of the General Supervision system. The program used data gathered from formal & informal complaints to conduct targeted monitoring of Regional Programs or EIS Provider agencies as appropriate. The program Corrective Action Plan (pCAP) is a tool used by Administration to document strategies to correct noncompliance. Root cause analysis & benchmarks for improvements were also helpful in determining and addressing factors that lead to noncompliance. B23 continued to implement procedures for determining whether Regional Programs achieved both systemic & individual correction. The state verified that the Regional Programs: (1) correctly implemented the specific regulatory requirements based on a review of updated data showing two consecutive months of 100% compliance & (2) corrected each individual case of noncompliance (although late) unless the child was no longer within the jurisdiction of the program or provider. In the past year, B23 continued to provide targeted technical assistance & training to support compliance by the Regional Programs. In order to ensure that individual noncompliance was addressed, the Data Manager reviewed progress notes & data system entries. The Data Manager determined that, while in some cases timelines were not met, services or actions were completed, for all individual children where there was non-compliance (and the child was still in the jurisdiction of the program) although late.

* In an attempt to determine root causes for our Indicator 1 data declining over the last few years, B23 contracted with the University of Delaware CRESP program to conduct a stepwise regression of data from 2024. The study was initiated to quantify the extent of service delays across the B23 program; identify key factors contributing to those delays, including service type, provider agency, payer type, and coordination complexity; a general actionable insight to support equitable and timely service delivery. This report is attached as an uploaded document.

* The Regional Programs analyzed referral data on a monthly basis to determine referral origins to decide where to target Child Find activities. The SDS provided a report, extracted monthly, to determine if transition services were being explained to the parent, offered, & conducted in a timely manner. The state's compliance monitoring is integrated in terms of spacing & timing & recognizes the interconnectedness of compliance monitoring & other forms of monitoring. In addition to compliance monitoring, B23 completed monitoring on the Regional Program's provision of prior written notice (PWN) & consent as part of parent's procedural safeguards. Further integration was achieved in the reports generated for performance measures using a similar format to those issued for compliance monitoring. The same is true for how findings of noncompliance for performance monitoring were tracked.

• B23 continued to utilize a central billing system to process claims. With prior written notice and written parental consent, private & public insurances were accessed to contribute funds for services. In addition, B23 monitored to ensure no federal Part C funds were used to supplant other state & federal funding, but were used as the payor of last resort, as well as obligated & liquidated within the allowable timeframe & for appropriate activities. Fiscal monitoring was conducted annually to ensure that consent was obtained for the use of insurances to pay for services & updates to the consents were obtained when a service was added to an existing IFSP & when a current service had a frequency or duration increase.

* Based on internal monitoring of the Regional Programs for both fiscal responsibility & systemic provision of the system of payments, it was found that they were at 100% compliance. The Contracts & Grants manager communicated monthly with the Programs to ensure understanding & compliance of the application of Part C Funds.

Describe how child records are chosen, including the number of child records that are selected, as part of the State's process for determining an EIS provider's and EIS program's compliance with IDEA requirements and verifying the EIS provider/program's correction of any identified noncompliance.

B23 continued annual monitoring of both Regional Programs for all compliance indicators. B23 utilized a Sample Size Calculator recommended by DaSy to select a representative sample of clients which was based on geographic area i.e. from both Regional Programs. B23 notified the Regional Programs of noncompliance, in writing, within 90 days of identifying a finding of noncompliance & verified correction of noncompliance in writing, as soon as possible but not later than one year following the identification of noncompliance. Where needed, training and TA were provided to the Regional Programs and EIS Providers.

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

B23 continued to utilize the statewide data system DECRS (Delaware Early Childhood Records System) that was initiated FFY 2023 reporting period. All monitoring data for the FFY 2024 reporting year, for the APR and 618 data reports, was extracted through either the DECRS system via predesigned report wizards or via a SQL query server attached to the DECRS system. Through continued training of Regional Programs & EIS Providers, B23 ensured that data entered into DECRS were valid & reliable.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

Annual monitoring for Indicators 1, 7, 8a & 8c occurred in February. B23 does individual findings for all findings of noncompliance. By the following April, findings memos were issued to the Regional Programs and/or EIS provider agencies stating the regulatory IDEA requirements for each indicator. Attachments were added to the memos which contained the quantitative data results of the monitoring as well as an explanation of the noncompliance found in each indicator. Findings of noncompliance were issued in writing & by individual instance of noncompliance. This is in accordance with the B23 policy manual, which states, in Section 8: PR-F, "When there is a finding of noncompliance, the following shall occur: 1. The Birth to Three Early Intervention Program issues a written notification of the requirement with which noncompliance is identified; 2. A summary of the data that details noncompliance; & 3. The requirement that the noncompliance be corrected as soon as possible, but no later than one year from the date of the written notification of the finding of noncompliance." To ensure that individual instances of noncompliance had been corrected, B23 reviewed all data available in DECRS. If the correction could not be determined by what was provided in the system, a request was sent to the Regional Programs to review the instance & ensure that the noncompliance was corrected. For systemic correction, B23 worked with the Regional Programs quarterly to either create or review & update a program corrective action plan (pCAP).

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

B23 does not allow for pre-finding correction.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need **of improvement, used as necessary and consistent with IDEA Part C's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State policies.**

* B23 collaborated with stakeholders to identify resources for EI services, including those from federal, state, local, & private sources. B23 continued to contract with PIC to support families of underserved populations. For the regional programs, any findings of noncompliance were issued in writing. Verification of correction of noncompliance was also documented in writing. For this reporting year, there were no findings other than the continued finding for Indicator 1.

* In accordance with 34 CFR §303.700 B23 annually monitored Regional Programs and EIS providers to determine compliance with Part C. There are stipulations in contracts that require the provider to adhere to their contract requirements around fiscal responsibility and provision of services among other factors. Once noncompliance occurred and was not addressed appropriately then the following enforcement actions were taken: 1) technical assistance, 2) imposed conditions on agency funding, 3) corrective action and improvement plans, and ultimately 4) withholding funding of the agency.

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

B23 made annual determinations for the Regional Programs by using the same criteria & matrix as OSEP when issuing the determinations to the lead agency. A report was distributed no later than 60 days from the time of B23's receipt of its determination. The B23 policy manual states, in Section 8: PR-D "When the Birth to Three Early Intervention Program makes the annual local program determinations, it takes into consideration each of the following: 1. Performance on compliance indicators; 2. Whether data submitted by the Birth to Three Early Intervention Regional Program is valid, reliable, & timely; 3. Uncorrected noncompliance from monitoring & other sources, & lack of timely correction of noncompliance based on the compliance indicators; 4. Any audit findings; & 5. At the discretion of the Birth to Three Early Intervention Program, may also consider: a. Performance on performance indicators, & b. Other information." B23 issued written memos that summarized the criteria and the determinations for the regional programs. This information was not shared with the public.

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

Birth to Three Early Intervention Program Policies and Procedures Manual - https://www.b23de.org/wp-content/uploads/2023/11/2023-Birth-to-Three-EI-Program-Policies-Procedures-Manual.pdf

Technical Assistance System:

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

During FFY 2024 B23 engaged in extensive technical assistance to address some of the state-identified needs. These TA activities included participation in:

- National Service Coordinator Training Workgroup & the subgroup on the Service Coordinator Leadership both supported by DEC & ECPC
- Part C Data Manager Calls that are set up by ECTA/DaSy
- Monthly National OSEP TA calls
- Participation in multiple webinars hosted by national TA Centers including DaSy, ECTA, & CIFR.
- Participation with CIFR in the Community of Practice calls,
- Engaged in Intensive TA with CIFR
- Contracted with WestEd TA consultants to support the Program & 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

* 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

Supported by TA, B23 provided training & technical assistance to each of the two Regional Programs. B23 leadership provided regulatory guidance & technical assistance to ensure progress towards compliance & evidence-based service delivery practices. All new staff were required to participate in a 13-hour training & orientation on federal policies & regulatory guidance on early intervention & service coordination, as well as on the Delaware-specific

early intervention program. The training modules were utilized as resources for veteran service coordinators to ensure consistency of information & best practice. The Trainer Educator provided monthly Workshops on Wednesdays (WoW) trainings on various & specific professional development topics. Examples of some of the topics included DEC recommended best practice, coaching in early intervention, ethics, outcomes, & communication & interviewing. Additionally, B23 provided Regional Program staff & providers with training on topics including social emotional learning & home visiting safety. B23 also shared opportunities for professional growth by providing links for external webinars or trainings.

B23 provided individualized, targeted technical assistance as needed, & ongoing TA occurred via phone, email, & virtual platforms. B23 also provided training on the DECRS data system to allow for consistency & accuracy in data management & program documentation. One-on-one technical assistance was also available to individual staff as requested or as identified through monitoring. Training & ongoing TA were offered on topics such as transition, early childhood outcomes, birth mandates, & other topics as necessary.

B23 actively participated on the Delaware Early Childhood Council (DECC), whose goal is to support the development of a comprehensive & coordinated early childhood system, birth to eight, to provide the highest quality services & environment for Delaware's children & their families. B23 collaborated 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, B23 collaborated with the Early Hearing Detection & Intervention Advisory Board (EHDI) & The Governor's Advisory Council for Exceptional Citizens (GACEC).

B23 continued work with WestEd to develop training & materials on dispute resolution options under Part C of the IDEA: mediation, written state complaints & 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) were shared as part of the training. Delaware continued to adhere to Delaware Part C due process hearing procedures. Materials, forms, & information about dispute resolution were added to the B23 website for easy access by families, providers, staff, & interested parties.

Professional Development System:

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

B23 had mechanisms in place to ensure that service providers received ongoing training & technical assistance to effectively provide services that improved results for infants & toddlers with disabilities & their families.

B23 used national and local resources, including conferences and webinars, to stay updated on best practices and federal requirements. The current EI personnel standards were reinforced through provider contracts & enhanced communication with Regional Program staff, the new personnel matrix was revised, approved, and became effective July 2025. The UD Professional and Continuing Studies program completed their work on the Program's new credentialing course for family service coordinators, Best Practices in Early Intervention for Delaware Families, and B23 reviewed and approved the course for a formal cohort to launch in September 2025. This eight-module, self-paced course includes 1–2 hour asynchronous sessions featuring presentations, readings, family testimonials, videos, and interactive activities focused on Delaware-specific systems. Grounded in the EI/ECSE Practice-Based Preparation Standards, topics include effective communication and collaboration, child development, IFSP eligibility and development, authentic assessment and intervention planning, and transitions.

As part of the implementation of the new Family Directed Assessment tool, the Behavioral Assessment of Baby's Emotional & Social Style Toolkit (BABES), B23 provided their FSCs extensive training on social emotional development, administration of the BABES toolkit, & how to incorporate the results from the assessment to create functional IFSP goals. The SSIP Professional Development workgroup worked with B23 to identify training needs & gathered resources related to social emotional development for Family Service Coordinators.

B23 continued to enhance the Provider Orientation packet with program related resources for quality improvement. The Program continued to provide resources, training, and support for the on-going use of the BABES. Training and resources for the BABES was provided to EI providers to enhance knowledge and promote IFSP team discussion around social emotional outcomes. The SSIP Professional Development workgroup continued to monitor the BABES use to identify needs for support. B23 also organized and hosted an EI Panelist Discussion for FSCs that included early intervention professionals such as SLP, OT, PT, and ECE that provided feedback on FAQs FSCs received from B23 families.

B23 plans to provide professional development around addressing social emotional concerns for other providers of EIS.

B23 provided a three-day onboarding training course for new staff. Trainings are frequently offered to staff in various forms. B23 provided a monthly training series on a wide variety of topics related to EI. Other training opportunities were presented at RP staff meetings. Additional external trainings were offered to staff on a continuous basis for professional development from community partners, EI, early childhood organizations, and organizations dedicated to Part C. The B23 website also served as a host for informational videos and resources to promote further professional development.

B23 examined demographic data in DECRS to determine which underserved populations to target & where resources should be allocated.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

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.

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups, & B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

In FFY 2024 the B23 committed to working with the ICC & ICC committees to address the need for outreach to underserved populations. B23 examined data to determine which underserved populations to target & where resources should be allocated. B23 examined data to determine which underserved populations to target & where resources should be allocated. Based on information gathered from referral sources & demographic location, B23 determined that children of military families, the Amish community & the homeless population require more targeted outreach. B23 provided brochures & materials to local homeless shelters, posting information in laundromats, & Domestic Violence shelters through People's Place. B23 collaborated with the Department of Services for Children Youth & their Families liaisons, housed within the Regional Programs, to support foster children with developmental delays. B23 attended the interagency council on homelessness educational session & resource fair. B23 collaborated with the Delaware library listserv system to leverage other outreach opportunities within the state.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 ensured presence and participation at over 30+ conferences and events, including health and wellness fairs, community baby showers, and family events. B23 increased the number of educational presentations provided to community partners and stakeholders such as Children & Families First, Delaware Libraries, childcare centers, Delaware Medicaid MCOs, and other interested parties. Information about the Program was presented in-person and virtually to staff and members of these organizations.

•B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 participated in the planning & provision of vendor information tables at conferences & events, including 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), to name a few.

To address inequity, B23 continued collaboration with the UD CRESP program to revisit outreach strategies intended to increase the participation of underserved populations. It is the hope that more parents from these communities will feel encouraged to participate in stakeholder activities. B23 presented to the Office of the Child Advocate's (OCA) "Lunch & Learn" to educate court appointed special advocates (CASAs) about the program. The presentation targeted how CASA's can collaborate with the program to assist the children with whom they work.

B23 encouraged & supported, through trainings & professional development, FSCs & Early Intervention Staff in having meaningful discussions with parents about their parental rights & to encourage participation in improving Part C services & outcomes for their children.

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

YES

Number of Parent Members:

10

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 & advocates, B23 staff sent invitations to & through the ICC members, PIC, & other family networks to engage families & providers in deep & meaningful ways to understand the current needs of families. B23 worked closely with PIC to encourage parents from diverse populations to attend the meetings & become active members in stakeholder groups. Offering families virtual participation options increased family participation in the meetings & stakeholder groups. Additionally, families of infants & toddlers receiving EIS were invited to present their stories at each of the ICC quarterly meetings. B23 had 7 ICC parent members in FFY 2024. One of these 7 ICC parents co-chaired the equity committee, contributing her experience as a parent of a child with disabilities. B23 collaborated with the equity committee to explore strategies to reach diverse parent populations & explored potential systemic barriers. Targets and APR data was reviewed (presented and discussed) at ICC meetings with families and other interested parties. All participants provided input regarding the data, targets, and improvement strategies, particularly around Indicator 1.

Increased opportunities for direct parent feedback to the Part C Coordinator occurred as a result of enhanced communication strategies (email, word of mouth, announcements, website) which invited input from a diverse group of parents. Overall, the B23 website saw a total number of 14,742 views, Specifically, the general resource page on the website was tagged 1,329 times. The blog page was viewed 315 times & the community resource page, which contains contact information about the B23 program & partnering agencies, was viewed 434 times. Approximately, 1000 referrals were submitted through the website's referral portal.

B23 collaborated with PIC on their bi-monthly newsletter, providing information to their parent population. B23 disseminated information through the Delaware Library listserv. B23's website incorporated a parent blog & newsletter to make parents aware of activities & opportunities to participate in stakeholder activities.

The Birth to Three website continued to be an invaluable resource to families and community partners. The program continued to grow its resource material section and make enhancements for optimal use. During FFY 2024, the B23 website saw 598 referrals and 193 submissions using the "Contact Us" form. The website was visited nearly 17k times and saw nearly 1,400 downloads of website resource content.

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 were comprised of individuals who represented Delaware's diverse population in Early Intervention & were invited to engage in decision-making activities involving the setting of future targets & discussing implementation strategies. B23 engaged in activities to increase the capacity of diverse groups of parents to meet the individual needs of their children, as mentioned previously & throughout this report, such as outreach to childcares to impact children more effectively in care, for example.

PIC provided a training for staff on toilet training.

Training and resources for the BABES was provided to EI providers to enhance knowledge and promote IFSP team discussion around social emotional outcomes. The SSIP Professional Development workgroup continues to follow the BABES use to identify needs for support. B23 also organized and hosted an EI Panelist Discussion for FSCs that included early intervention professionals such as SLP, OT, PT, and ECE that provided feedback on FAQs FSCs receive from B23 families.

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 occurred, via our many ICC subcommittees & SSIP workgroup meetings, on a weekly, biweekly, & monthly basis. These meetings were posted on the Delaware Public Calendar to inform interested parties of their dates, times, minutes, & agendas. These groups were comprised of early intervention service providers, parents, Delaware DOE representatives, independent contractors for provider agencies, Regional Program staff, & other interested parties. The program's collaboration with the Childhood Lead Poisoning Prevention Advisory Committee provided support to families affected by elevated lead levels in their homes, childcares, & educational environments. B23 shared data with the Division of Lead Poisoning Prevention Program to determine if children with elevated lead levels of 5 ug/ml were being appropriately referred to the Regional Programs for further assessment. The B23 Part C Coordinator is a designated member on the EHDI board. The ICC quarterly meeting, as well as their numerous committee meetings, were an effective way to solicit public input for target setting, development of improvement strategies, and evaluating progress. Increased parent involvement made these conversations more robust.

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 were conducted in ICC committee meetings & the results & recommendations that stakeholders made were presented quarterly. B23 captured data & updated the ICC regularly, seeking advice & assistance toward target setting & revision. The Best Practices & Equity Committees were actively engaged in data analysis & strategized about improvement strategies. These meetings were posted on the Delaware Public Calendar to inform interested parties of their dates, times, minutes, & agendas.

Reporting to the Public:

How and where the State reported to the public on the FFY 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

How and where the State reported to the public on the FFY 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.

The state reported to the public, as required, for FFY 2023 at the following URL:
https://www.b23de.org/wp-content/uploads/2025/03/2023-Statewide-and-Regional-Data.pdf

A complete copy of the Program's SPP, including any revisions, & the APR are located on the Birth to Three website at Birth to Three Early Intervention Program Resources Archive - Birth to Three Delaware www.b23de.org/resource/#partc-reports. This is located under the SPP APR & Determinations tab.

B23 reported 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 had slippage .

Data for FFY2024 were generated from the following sources:

Delaware Early Childhood Records System (DECRS)
Family Outcomes Survey;
Virtual monitoring;
Child Count & Settings report :
- Table 1 Report of Children Receiving Early Intervention Services in Accordance with Part C; and,
- Table 2 Report of Program Setting Where Early Intervention Services are Provided to Children with Disabilities & Their Families in Accordance with Part C

Exiting report.

Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2024 and 2025 is Needs Assistance. In the State's 2025 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 2024 SPP/APR submission, due February 1, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2023 SPP/APR

During FFY 2024 B23 engaged in extensive technical assistance to address some of the state-identified needs. These TA activities included participation in:

• National Service Coordinator Training Workgroup & the subgroup on the Service Coordinator Leadership both supported by DEC & ECPC
• Part C Data Manager Calls that are set up by ECTA/DaSy
• Monthly National OSEP TA calls
• Participation in multiple webinars hosted by national TA Centers including DaSy, ECTA, & CIFR.
• Participation with CIFR in the Community of Practice calls,
• Engaged in Intensive TA with CIFR
• Contracted with WestEd TA consultants to support the Program & 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
* 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

Supported by TA, B23 provided training & technical assistance to each of the two Regional Programs. B23 leadership provided regulatory guidance & technical assistance to ensure progress towards compliance & evidence-based service delivery practices. All new staff were required to participate in a 13-hour training & orientation on federal policies & regulatory guidance on early intervention & service coordination, as well as on the Delaware-specific early intervention program. The training modules were utilized as resources for veteran service coordinators to ensure consistency of information & best practice. The Trainer Educator provided monthly Workshops on Wednesdays (WoW) trainings on various & specific professional development topics.

Intro - OSEP Response

The State's determinations for both 2024 and 2025 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 17, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 2026, 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.

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

Intro - Required Actions

The State's IDEA Part C determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 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 2025 SPP/APR submission, due February 1, 2027, 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	81.28%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	82.37%	85.19%	79.00%	70.00%	56.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
151	382	56.00%	100%	51.31%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The state's success 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).

B23 saw an increase of 6% in referrals to the program during FFY 2024. This resulted in an increase in the number of services that were necessary for our infants and toddlers. Capacity of B23 providers continues to be a disadvantage for the state.

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.

45

Provide reasons for delay, if applicable.

Of the 45 instances attributable to exceptional family circumstances, a total of 26 families received services outside of the 30-day timeline due to exceptional family circumstances. Within these 26 families, 4 families initially consented to services, and eventually declined due to family reasons. 6 families requested a delay in starting services past the 30 days; 4 families rescheduled an initially timely scheduled service for after the 30 days. 4 families were difficult to locate in order to schedule the initial visit;5 families had instances where the child/family member was ill and were not able to have the initial visit completed until after the 30 days;1 parent cancelled the initial visit which was within the 30-day timeframe, but when the visit was rescheduled, exceeded the 30 days;1 family did not show for their initial visit and when rescheduled was past the 30-day timeframe; and 1 family had a child which was hospitalized. There were 19 instances out of the 45 wherein a service which was recommended and initially consented to were never initiated. 1 was due to family request, 12 were due to family declining the service after initially agreeing to the service, 5 were due to the inability to locate the family prior to the initial visit, and 1 child passed away prior to the initial visit.

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).

The state defines timely receipt of early intervention services as services actually start no later then 30 days from the written parental consent for each service.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

B23 monitored the two Regional Programs for all compliance indicators. For Indicator 1, B23 utilized a 10% randomized representative sample of clients who have IFSPs with services that have consent dates between July 1, 2024 and February 1, 2025. The sampling was based on geographic area i.e. from both Regional Programs.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

B23 does not allow for pre-finding correction.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2020	2	0	2

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 Indicator 1 noncompliance. 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.

*In an attempt to determine root causes for our Indicator 1 data declining over the last few years, B23 contracted with the University of Delaware CRESP program to conduct a stepwise regression of data from 2024. The study was initiated to quantify the extent of service delays across the B23 program; identify key factors contributing to those delays, including service type, provider agency, payer type, and coordination complexity; and general actionable insights to support equitable and timely service delivery. The final report can be found in the uploaded documents.

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. B23 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 are able to better address the continued noncompliance. In addition, the System allows providers the opportunity to gather data to determine which disciplines are in need to be recruited.

B23 has discovered, after 2 years of the referral process, that there are some limitations to using a referral system/portal for EIS providers to select children who need services. Access to providers is limited to 2 individuals from each agency. This causes a delay in review and response for selecting a child. Also, while Delaware is a relatively small state geographically, attempting to schedule children based on specialty and their location, for in person visits, is a challenge that most agencies experience.

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.

B23 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 on the amount of services needed for each child and family.

To address long-standing noncompliance identified in Part C Indicator 1, the State has implemented a structured and multi-tiered approach focused on both individual and systemic correction.

The State ensures that all instances of individual noncompliance are corrected as expeditiously as possible and no later than one year from identification, consistent with federal requirements. In addition, the State, in collaboration with its Regional Programs, conducts monthly data reviews to determine whether systemic compliance has reached and is sustained at 100% for a minimum of two consecutive months.

To further address persistent areas of noncompliance, the State has engaged Regional Programs and Early Intervention (EI) service providers in the development and implementation of targeted a Program Corrective Action Plan (pCAP). This plan includes a comprehensive re-examination of root causes contributing to noncompliance, with an emphasis on identifying barriers related to capacity, service delivery, and procedural implementation. The State meets quarterly with Regional Programs and EI providers to review data, evaluate the effectiveness of implemented strategies, and identify additional solutions to support sustained compliance.

Recognizing that provider capacity has been a contributing factor, the State has taken proactive steps to expand the provider network. In FFY 2024, the State contracted with three new EI agencies to increase service availability. Additionally, in the upcoming fiscal year, the State plans to contract with two specialized agencies with the capacity to serve a significant number of children, further strengthening the system's ability to meet required timelines.

Through ongoing monitoring, targeted corrective actions, stakeholder collaboration, and strategic expansion of provider capacity, the State is actively working to ensure both timely correction of noncompliance and sustained systemic compliance.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 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 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing

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

Response to actions required in FFY 2023 SPP/APR

In the findings report from FFY 2020, B23 included a list of children and areas of noncompliance to each of the Regional Programs for correction. Once the Regional Programs notified B23 that corrections were made or that the child was no longer part of their jurisdiction, B23 selected a randomized representative sample of those children to verify that corrections were made.

In FFY 2020, a Program Corrective Action Plan (pCAP) was issued to the Regional Programs and EIS Providers. The purpose of the pCAP was to determine root cause of the noncompliance and to consider ways to mitigate the noncompliance. B23 continues to meet with the Regional Programs and EIS Providers on a quarterly basis to review and update the plan.

1 - OSEP Response

The State did not provide verification that the indicator 1 Wait Time Analysis attachment it included in its FFY 2024 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 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 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

OSEP notes that the Indicator 1 attachment included in the State's FFY 2024 SPP/APR submission is 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 available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.12%

FFY	2019	2020	2021	2022	2023
Target>=	95.41%	95.58%	95.61%	95.64%	95.67%
Data	95.59%	95.58%	97.67%	97.70%	97.66%

Targets

FFY	2024	2025
Target >=	95.70%	95.73%

Targets: Description of Stakeholder Input

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups,

& B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

In FFY 2024 the B23 committed to working with the ICC & ICC committees to address the need for outreach to underserved populations. B23 examined data to determine which underserved populations to target & where resources should be allocated. B23 examined data to determine which underserved populations to target & where resources should be allocated. Based on information gathered from referral sources & demographic location, B23 determined that children of military families, the Amish community & the homeless population require more targeted outreach. B23 provided brochures & materials to local homeless shelters, posting information in laundromats, & Domestic Violence shelters through People's Place. B23 collaborated with the Department of Services for Children Youth & their Families liaisons, housed within the Regional Programs, to support foster children with developmental delays. B23 attended the interagency council on homelessness educational session & resource fair. B23 collaborated with the Delaware library listserv system to leverage other outreach opportunities within the state.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 ensured presence and participation at over 30+ conferences and events, including health and wellness fairs, community baby showers, and family events. B23 increased the number of educational presentations provided to community partners and stakeholders such as Children & Families First, Delaware Libraries, childcare centers, Delaware Medicaid MCOs, and other interested parties. Information about the Program was presented in-person and virtually to staff and members of these organizations.

•B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 participated in the planning & provision of vendor information tables at conferences & events, including 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), to name a few.

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B23 encouraged & supported, through trainings & professional development, FSCs & Early Intervention Staff in having meaningful discussions with parents about their parental rights & to encourage participation in improving Part C services & outcomes for their children.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,492
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	1,539

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,492	1,539	97.66%	95.70%	96.95%	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

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups, & B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

In FFY 2024 the B23 committed to working with the ICC & ICC committees to address the need for outreach to underserved populations. B23 examined data to determine which underserved populations to target & where resources should be allocated. B23 examined data to determine which underserved populations to target & where resources should be allocated. Based on information gathered from referral sources & demographic location, B23 determined that children of military families, the Amish community & the homeless population require more targeted outreach. B23 provided brochures & materials to local homeless shelters, posting information in laundromats, & Domestic Violence shelters through People's Place. B23 collaborated with the Department of Services for Children Youth & their Families liaisons, housed within the Regional Programs, to support foster children with developmental delays. B23 attended the interagency council on homelessness educational session & resource fair. B23 collaborated with the Delaware library listserv system to leverage other outreach opportunities within the state.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

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Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2008	Target>=	48.60%	61.25%	61.50%	61.75%	62.00%
A1	46.63%	Data	68.01%	61.25%	58.37%	60.33%	61.30%
A2	2008	Target>=	49.24%	45.51%	45.52%	45.53%	45.54%
A2	48.73%	Data	39.29%	33.49%	35.63%	34.28%	32.25%
B1	2008	Target>=	50.60%	65.42%	65.67%	65.92%	66.17%
B1	48.39%	Data	69.51%	65.42%	60.42%	57.71%	62.07%
B2	2008	Target>=	45.60%	41.51%	41.52%	41.53%	41.54%
B2	41.53%	Data	33.58%	27.77%	30.34%	27.00%	29.51%
C1	2008	Target>=	51.06%	65.97%	66.22%	66.47%	66.72%
C1	50.54%	Data	71.01%	65.97%	60.41%	62.50%	61.28%
C2	2008	Target>=	47.98%	46.47%	46.48%	46.49%	46.50%
C2	47.46%	Data	39.83%	36.64%	37.96%	36.50%	35.93%

Targets

FFY	2024	2025
Target A1>=	62.25%	62.50%
Target A2>=	45.55%	48.75%
Target B1>=	66.42%	66.67%
Target B2>=	41.55%	41.56%
Target C1>=	66.97%	67.22%
Target C2>=	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	374	31.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	433	36.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	248	21.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	119	10.14%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	681	1,055	61.30%	62.25%	64.55%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	367	1,174	32.25%	45.55%	31.26%	Did not meet target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	404	34.41%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	454	38.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	235	20.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	81	6.90%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	689	1,093	62.07%	66.42%	63.04%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	316	1,174	29.51%	41.55%	26.92%	Did not meet target	Slippage

Provide reasons for B2 slippage, if applicable

B23 determined that due to the lack of provider availability, children did not receive the full advantage of services that they need in order to make progress toward same age peers. Since the pandemic, families began to engage in activities, such as Stay and Plays, that were previously suspended during the pandemic. EIS providers echoed this concern and struggled to meet children and families' acquisition and use of knowledge and skills needs in particular. SSIP workgroups will continue to strategize solutions to this challenge. B23 acknowledges that this may be an ongoing concern and will explore more possibilities to address these challenges.

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%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	436	37.14%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	359	30.58%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	324	27.60%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	4.68%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	683	1,119	61.28%	66.97%	61.04%	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	379	1,174	35.93%	46.51%	32.28%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

In conjunction with Indicator 3 Outcome A2, B23 determined that a deficit in providers affected the program's ability to provide the range of services needed to address Use of appropriate behavior to meet their needs. Children did not receive the full benefit of services that they needed in order to make as much progress toward same age peers because they were not able to receive those services as long as they might have required. B23 realizes that this may be a continuing problem and will seek out solutions to these challenges. B23 will collaborate with the SSIP workgroups to explore remedies to this problem.

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	1,685
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.	70
Number of infants and toddlers with IFSPs assessed.	1,174

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.

B23 and the Delaware Department of Education collaborated in creating an Early Childhood Outcomes manual. The manual helps to define the criteria for methods that ensure practices to determine a child's progress comparable to same-aged peers. The manual can be found here: https://www.b23de.org/wp-content/uploads/2024/03/Delaware-Early-Childhood-Outcomes-Manual-2023.pdf

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

When reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2006	Target>=	92.40%	92.23%	92.33%	92.43%	92.53%
A	46.30%	Data	92.23%	98.26%	96.53%	93.40%	100.00%
B	2006	Target>=	95.40%	95.35%	95.45%	95.55%	95.65%
B	49.00%	Data	96.11%	95.36%	96.24%	92.90%	100.00%
C	2006	Target>=	95.40%	96.19%	96.29%	96.39%	96.49%
C	55.90%	Data	96.82%	96.23%	98.84%	93.07%	100.00%

Targets

FFY	2024	2025
Target A>=	92.63%	92.73%
Target B>=	95.75%	95.85%
Target C>=	96.59%	96.69%

Targets: Description of Stakeholder Input

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

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B23 encouraged & supported, through trainings & professional development, FSCs & Early Intervention Staff in having meaningful discussions with parents about their parental rights & to encourage participation in improving Part C services & outcomes for their children.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	2,033
Number of respondent families participating in Part C	699
Survey Response Rate	34.38%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	682
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	699
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	684
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	699
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	682
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	699

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	100.00%	92.63%	97.57%	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)	100.00%	95.75%	97.85%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	100.00%	96.59%	97.57%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	YES
If your collection tool has changed, upload it here.	2025_B23 Family Survey Report (508)

Response Rate

FFY	2023	2024
Survey Response Rate	36.05%	34.38%

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

B23 provided the UD CRESP 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. The Meaningful Differences Calculator provided by DaSy was used to calculate the data.

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.

After completing two phases of outreach, a total of n = 782 families began the survey. Of these:

n = 46 surveys were excluded because the respondent declined to participate in the consent screener.

n = 37 surveys were abandoned partway through and excluded from analysis because they contained only demographic responses and no answers to program-related questions.

After removing these incomplete or ineligible responses, the final analytic sample included n=699 completed surveys sampled from the initial list of 2,033 eligible families, resulting in a 34.4% response rate.

Demographic categories surveyed were for biological sex, Age (Birth to 1, 1 to 2 and 2 to 3), as well a race/ethnicity. The data show that response rates for biological sex were similar for boys and girls, with both exceeding the 30% representation threshold. The birth-to-1 and 2 + age groups exceeded the 30% target, while the 1-to-2 group fell below, indicating underrepresentation for that age range. The birth-to-1 completion rate exceeded 100%, which may reflect differences between how the Part C child count is captured (a single-day snapshot) and the broader B23 contact list used for survey distribution, or potential respondent misclassification of age (e.g., selecting "3" to indicate three years instead of the correct value of "36" months).

Of note, when compared to prior years, participation among Birth to 1 families increased substantially, with 125 respondents in 2025 compared to only 9 in 2024. Further, the overall sample size grew 16% this year from 601 respondents in 2024, to the current sample of 699. The larger sample size reflects a stronger response rate this year, likely attributable to advance communication from B23 staff to families about the upcoming UD-administered survey.

The comparison of race/ethnicity showed that most racial/ethnic groups exceeded the 30% target, though Hispanic/Latino respondents fell slightly below, suggesting an opportunity to increase outreach to this group. For categories where the child count value was zero, the percentage is reported as "undefined" because division by zero is not possible. The difference between the American Indian or Alaska Native survey responses and the child count may reflect the timing of the child count snapshot (capturing only children in the program on a single day) versus the broader B23 contact list used for survey distribution, as well as potential differences in how race/ethnicity is reported or classified.

This year the Family Survey Report captured information about language preferences, education level, income, and county of residence. The data show that 94.1% of families use English as a spoken language and 5.9% use Spanish. No other languages were reported as a primary spoken language in the home.

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 B23 and the UD CRESP Program strive to encourage parents to participate in the annual survey. In FFY2024, B23 continued to prepare coordinators, approximately 2 months prior to dispersing the survey and encouraged them to talk with their families about participation. B23 also sent an infographic via email, and for those who did not have email, regular postal mail, to parents, encouraging them to participate. B23 plans to continue to use these methods to encourage participation in the future. B23 will also continue to use the website to advertise and provide encouragement.

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.

To assess whether survey respondents differed from non-respondents on key demographics, we conducted a nonresponse bias analysis and compared completion rates by child's sex, age group, and race/ethnicity (Table 4). Demographic information for all eligible children was obtained from the sampling frame provided by B23, allowing direct comparison between those who completed the survey and those who did not. Chi-square tests of independence were conducted for each demographic variable, with the significance threshold set at $p < 0.01$ to reduce the likelihood of detecting spurious differences.

No statistically significant differences in survey completion rates were found for any demographic category. These results suggest that the demographic composition of respondents closely reflects that of the overall eligible population, and that nonresponse bias related to sex, age, or race/ethnicity is unlikely to meaningfully affect the representativeness of the survey data.

For the closed-ended questions in the survey, Likert-style items (scored from 1 = Strongly disagree to 4 = Strongly agree), we calculated the number of respondents (n), mean (M), standard deviation (SD), percentage distribution, and the proportion of positive responses (ratings of 3 or 4).

In addition to reporting descriptive statistics for each outcome, group comparisons were conducted to consider differences in responses by race/ethnicity, child age, and geography using Mann–Whitney U tests (two groups) and Kruskal–Wallis tests (more than two groups), with the significance threshold set at $p < 0.01$. Some demographic categories with very small numbers of respondents were combined to ensure adequate group sizes, stable estimates, and confidentiality, for example, race/ethnicity was aggregated into "respondents identifying as White" and "respondents

identifying as a racial or ethnic group other than White," and age (in months) into Birth to 1, 1 to 2, and 2+ years. Only statistically significant differences are reported.

Provide additional information about this indicator (optional).

Due to data entry errors identified in the FFY 2023 report, incorrect values were inadvertently carried forward into the FFY 2024 reporting cycle, resulting in apparent discrepancies in the performance measurements. Upon review and correction, the accurate FFY 2023 data are as follows: Statement A – 96.0%, Statement B – 95.51%, and Statement C – 96.0%. Based on the corrected FFY 2023 data, analysis of FFY 2024 performance confirms that all targets were met and no slippage occurred for any statement.

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.98%

FFY	2019	2020	2021	2022	2023
Target >=	1.06%	0.50%	0.60%	0.70%	0.80%
Data	0.89%	0.50%	0.99%	1.34%	1.05%

Targets

FFY	2024	2025
Target >=	0.90%	1.00%

Targets: Description of Stakeholder Input

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups, & B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

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Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	118
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	10,512

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
118	10,512	1.05%	0.90%	1.12%	Met target	No Slippage

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

B23 increased efforts to reach Pediatricians. B23 delivered a resource box that included: the B23 brochure (in English, Spanish and Haitian Creole), promotional items to give to families (bibs, teethers, toddler utensils) and two handouts for their staff to "Get to know B23 and How to Connect families with B23". These handouts were to be used as references to understand the referral process and the participation role of the pediatrician in the Early Intervention process. B23's relationship with the EHDI Board of Directors helped efforts to broadcast the benefits of the Birth to Three Program more

widely in the community. In addition, being active with the Home Visiting Program and the Multisystem Healthy Action Committee (MSHAC) helped to increase the identification of children at an earlier age who were in need of services. B23's outreach to community health programs became more scalable, allowing the program to reach more families through organizational word of mouth and referral versus relying on one-to-one connections with individuals.

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

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.94%

FFY	2019	2020	2021	2022	2023
Target >=	2.76%	2.97%	3.00%	3.03%	3.06%
Data	3.50%	2.97%	3.83%	4.90%	5.14%

Targets

FFY	2024	2025
Target >=	3.09%	3.12%

Targets: Description of Stakeholder Input

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

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Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	1,539
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	33,103

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,539	33,103	5.14%	3.09%	4.65%	Met target	No Slippage

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

B23 increased efforts to reach Pediatricians. B23 delivered a resource box that included: the B23 brochure (in English, Spanish and Haitian Creole), promotional items to give to families (bibs, teethers, toddler utensils) and two handouts for their staff to "Get to know B23 and How to Connect families with B23". These handouts were to be used as references to understand the referral process and the participation role of the pediatrician in the Early Intervention process. B23's relationship with the EHDI Board of Directors helped efforts to broadcast the benefits of the Birth to Three Program more widely in the community. In addition, being active with the Home Visiting Program and the Multisystem Healthy Action Committee (MSHAC) helped to increase the identification of children at an earlier age who were in need of services. B23's outreach to community health programs became more scalable, allowing the program to reach more families through organizational word of mouth and referral versus relying on one-to-one connections with individuals.

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	89.90%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	86.78%	97.71%	81.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
337	410	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 eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

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Provide reasons for delay, if applicable.

3 children were ill and could not make the evaluation within 45-days, 24 were at the request of the family to have the IFSP outside of the 45-days, 3 didn't show for the IFSP appointment, 12 requested that the meeting be rescheduled outside of the 45-days, the coordinators lost contact with 22 of the families and were unable to conduct the IFSP meeting within 45-days, 8 families cancelled and later rescheduled outside of the 45-days and 1 child was hospitalized.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

B23 monitors both Regional Programs annual for Indicator 7. A 10% randomized sampling of children's charts, from both Regional Programs, were selected from the SDS-DECRS, meeting the following criteria: All children with active IFSPs who were referred between July 1, 2024 and February 1, 2025.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	99.15%	100.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

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 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
249	249	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.

B23 monitored both Regional Programs for Indicator 8 in FFY 2024 for all children whose 3rd birthday fell between July 1, 2024, and February 2025 and exited the program.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8A - Prior FFY Required Actions

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 = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,429	1,429	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.

Once a month data is collected directly from the statewide data system, DECRS, for all children who are 27 months or older, are Part C Eligible and have an active IFSP. These criteria define children as potentially eligible for Part B. The SEA liaisons compile this data, separate it into the individual school districts (LEAs) and send the reports to the LEAs and B23 Administration. At the end of the year, B23 analyzes the data to determine the number of children for whom the LEAs were notified and verifies it with the data system to ensure that it is valid and reliable.

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 time period that B23 used for this data collection is for July 1, 2024 to June 30, 2025.

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

The data system captures and reports on all children who are 27 months old, are Part C eligible and have an active IFSP any time during the fiscal year. This information is shared with the LEA by the SEA on a monthly basis.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	75.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.06%	91.21%	100.00%	100.00%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
344	344	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.

B23 monitored both Regional Programs for Indicator 8 in FFY 2024 for all children whose 3rd birthday fell between July 1, 2024, and February 2025, and exited the program.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

8C - Prior FFY Required Actions

None

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The State utilizes Part C Due Process procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

No response required.

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups,

& B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

In FFY 2024 the B23 committed to working with the ICC & ICC committees to address the need for outreach to underserved populations. B23 examined data to determine which underserved populations to target & where resources should be allocated. B23 examined data to determine which underserved populations to target & where resources should be allocated. Based on information gathered from referral sources & demographic location, B23 determined that children of military families, the Amish community & the homeless population require more targeted outreach. B23 provided brochures & materials to local homeless shelters, posting information in laundromats, & Domestic Violence shelters through People's Place. B23 collaborated with the Department of Services for Children Youth & their Families liaisons, housed within the Regional Programs, to support foster children with developmental delays. B23 attended the interagency council on homelessness educational session & resource fair. B23 collaborated with the Delaware library listserv system to leverage other outreach opportunities within the state.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 ensured presence and participation at over 30+ conferences and events, including health and wellness fairs, community baby showers, and family events. B23 increased the number of educational presentations provided to community partners and stakeholders such as Children & Families First, Delaware Libraries, childcare centers, Delaware Medicaid MCOs, and other interested parties. Information about the Program was presented in-person and virtually to staff and members of these organizations.

•B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 participated in the planning & provision of vendor information tables at conferences & events, including 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), to name a few.

To address inequity, B23 continued collaboration with the UD CRESP program to revisit outreach strategies intended to increase the participation of underserved populations. It is the hope that more parents from these communities will feel encouraged to participate in stakeholder activities. B23 presented to the Office of the Child Advocate's (OCA) "Lunch & Learn" to educate court appointed special advocates (CASAs) about the program. The presentation targeted how CASA's can collaborate with the program to assist the children with whom they work.

B23 encouraged & supported, through trainings & professional development, FSCs & Early Intervention Staff in having meaningful discussions with parents about their parental rights & to encourage participation in improving Part C services & outcomes for their children.

Historical Data

Baseline Year	Baseline Data
2020	0.00%

FFY	2019	2020	2021	2022	2023
Target>=	.00%				
Data					0.00%

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0	0.00%			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 2024. 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

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 3, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

An increased number of Infants and toddlers will be able to demonstrate progress in the area of social and emotional development.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

https://www.b23de.org/wp-content/uploads/2025/12/FFY-2024-SSIP-Evaluation-and-Implementation-Plan.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2008	46.63%

Targets

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

FFY 2024 SPP/APR Data

(c+d)	(a+b+c+d)	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
681	1,055	61.29%	62.25%	64.55%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

The data source for FFY 2024 was the statewide data system DECRS.

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

The Part C Data Manager extracted an auto-generated report from DECRS to obtain the data for this Indicator. The Data Manager then collaborated with the Regional Program COS liaisons to ensure that 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, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.b23de.org/wp-content/uploads/2025/12/FFY-2024-SSIP-Evaluation-and-Implementation-Plan.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The initial submission of the evaluation plan was in the APR submitted on Feb. 1, 2022, and has been updated annually. In FFY 2024, B23 continued to build on the original plan and those updates are reflected in the document. Timelines, status, accomplishments, and comments are continually incorporated as they unfold.

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

B23 considers the evaluation plan to be a living document. The plan was and continues to be updated to reflect completed tasks and projects, and to update deadlines for projects that required more time than initially thought. Some timelines were adjusted.

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

In FFY 2024 the program collaborated with DaSy's TAs for the implementation and use of the COS-KC. This test target was to assess staff knowledge about the COS process targeted for FSCs, evaluators and EIS Providers This is an ongoing activity, to ensure all staff have complete the ECTA/DaSy Modules and then take the test.

Each year B23 contracts with the University of Delaware's Center for Research and Education in Social Policy (CRESP) program to create and distribute the Family Survey (Indicator 4). In this survey B23 and CRESP worked together to create additional questions for parents to consider, expanding on the primary purpose of the survey. As in the previous years, the survey included questions on social emotional development and the parent's understanding. B23 utilizes this information along with data from the statewide data system to determine if social emotional development is being educated on and implemented in the IFSP and the COS.

FFY 2024 Family Outcomes Survey results indicated that most families within all three counties agreed or strongly agreed with social and emotional development survey items. The percentage of positive perceptions (i.e., families who agreed or strongly agreed) was very high, ranging from 93.8% to 97.4%. While this does not show an increase since last year, it does show that B23 is maintaining understanding around social emotional development with families. Families reported the largest improvements were seen in items related to discussing children's social-emotional development and awareness of how to support it. For example, the proportion of families who strongly agreed that they had discussed their child's social emotional development as part of the B23 program rose from 58.1% in 2023 to 64.9% in 2024, and those who felt more aware of how to support social-emotional development increased from 58.2% to 66.2%.

Understanding of social-emotional development also strengthened, with a higher share strongly agreeing in FFY 2024 (73.4% vs. 68.9% in FFY 2023). By contrast, items related to providers explaining or sharing information about social-emotional development showed smaller gains, with mean scores rising only slightly (from 3.55–3.61 in FFY 2024 to 3.58–3.61 in FFY 2023) and overall positive response rates staying fairly consistent. (We recognize however that the wording of some of these questions added the provider type in FFY 2024 and the comparisons are not one-for-one).

The UD Professional and Continuing Studies program completed their work on the Program's new credentialing course for family service coordinators, Best Practices in Early Intervention for Delaware Families, and B23 reviewed and approved the course for a formal cohort prepared to launch in September 2025. This eight-module, self-paced course includes 1–2 hour asynchronous sessions featuring presentations, readings, family testimonials, videos, and interactive activities focused on Delaware-specific systems. Grounded in the EI/ECSE Practice-Based Preparation Standards, topics include effective communication and collaboration, child development, IFSP eligibility and development, authentic assessment and intervention planning, and transitions.

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 (https://www.b23de.org/wp-content/uploads/2025/12/FFY-2024-SSIP-Evaluation-and-Implementation-Plan.pdf). Utilizing aspects of accountability and monitoring, B23 reviewed child and family outcomes of children who were found to have a developmental delay in the social emotional domain to determine if appropriate outcomes were being developed. Research found that 90% of the outcomes that were created with families had a social emotional aspect to them.

Refresher trainings continued in FFY 2024 for BABES implementation as well as training opportunities for learning during Webinars on Wednesdays (WOW) for veteran staff. Staff could express concerns, ask questions, and gain a better understanding of the BABES tool.

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

YES

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

The Program continued to provide resources, training, and support for the on-going use of the BABES. The SSIP Professional Development workgroup continues to follow the BABES use to identify needs for support. B23 also organized and hosted an EI Panelist Discussion for FSCs that included early intervention professionals such as SLP, OT, PT, and ECE that provided feedback on FAQs FSCs receive from B23 families.

The B23 Data Manager extracted data based on the following criteria to determine if the use of the BABES impacted child outcomes: all children with an evaluation between July 1, 2023 and June 30, 2024 who had a delay in the social emotional domain; were determined eligible; where the parents moved forward with an IFSP; where the use of the BABES was determined; were eligible for 180 or more days and had both an initial and exit COS. In reviewing the results, the Data Manager concentrated on looking at the percentage of children who improved functioning to a level nearer to same aged peers but did not reach it (Category C of the COS). Data showed that 46% of the children for whom a BABES had been conducted were within the progress category C whereas only 16% of the children who did not have a BABES conducted were within the progress category C. Incidentally, a trend was found during research that showed 50% of the children that had a social emotional delay were found to have been diagnosed with Autism. The Professional Development SSIP group intends to do a deep dive into this data within the next year to determine any courses of action needed to better support families.

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

B23's SSIP short-term and intermediate outcomes are described in the attached Implementation Plan (https://www.b23de.org/wp-content/uploads/2025/12/FFY-2024-SSIP-Evaluation-and-Implementation-Plan.pdf).

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

- BABES assessment Tool
- ECTA's Delawarized checklists
- "Vision and Direction in Leadership Checklist"
- "Child Social-Emotional Competence Checklist"
- Division of Early Childhood Recommended Practices

Provide a summary of each evidence-based practice.

The BABES continues to be used by the assessment teams including the FSCs, as the Family Directed Assessment tool 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 results of the assessment inform IFSP outcomes.

The Division of Early Childhood Recommended Practices are 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.

The SSIP workgroups continued to distribute the edited ECTA's "Vision and Direction in Leadership Checklist", and the "Child Social-Emotional Competence Checklist" based on the DEC Recommended Practices to make them more useful to Delaware (with ECTA's permission).

The collection of EIS Provider, FSC, and other stakeholders' feedback via these surveys continued to be conducted annually and analyzed to determine progress and identify any barriers or next steps.

During FFY 2024, the BABES Periodic Check-in Survey was administered quarterly so the administration could collect feedback from the RP staff in reference to the implementation of the BABES. The survey was also helpful in identifying areas that need support and celebrating positive outcomes for infants, toddlers, and their families.

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 BABES assessment tool assists to identify needs in the realm of social emotional development and with starting 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 problems 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" 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 B23 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.

The DEC Recommended Practices guide practitioners and families on the most effective ways to improve learning outcomes and promote the development of young children, from birth through three years of age, who have developmental delays or disabilities. The DEC Recommended Practices are utilized to assist in developing functional and realistic IFSP goals and outcomes. B23 and PIC collaborated to assist with parent involvement and created a detailed plan for gathering parent input on the DEC Recommended Practice utilization.

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

The SSIP workgroups created surveys to assess the implementation of the BABES training on a routine basis. Workgroup members review and analyze the responses to the surveys, which informs fidelity of the implementation of the tool. 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 and to request training opportunities based on results. The SSIP Professional Development workgroup also created follow-up questions for said supervisors in order to provide them with any support or professional development for which they see a need. B23 assists in the collaboration of SSIP workgroup statements and RP support needs for their FSC's. B23 created training opportunities and/or research community resources in order for FSC's to gain practical knowledge and confidence in utilizing the BABES tool with families.

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.

The periodic check-in surveys continued to show 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. In the FFY 2024 FSCs still reported feeling supported by their supervisors in their efforts to address social emotional concerns with families. The results also indicated that FSCs feel confident in providing community resources to families in need of social/emotional support. In the fall of 2024, the SSIP work groups decided that the periodic check-in surveys could be administered biannually, rather than quarterly. Plans to amend the survey questions to begin monitoring for fidelity of tool administration are underway.

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

B23 plans to shift the focus of the Periodic Check-in Survey from supporting staff's implementation of the tool to monitoring the development of outcomes for children with social emotional delays as a way to assess staff's fidelity of using the BABES tool to develop ISFP outcomes. We also plan to update the survey itself to inquire about fidelity in FFY 2025 now that B23 has been given feedback that that FSCs are confident in implementation.

In 2025 we also plan to poll our early intervention survey providers for awareness about the purpose and usefulness of the BABES. Based on the results from that polling, B23 and the SSIP workgroups may develop training that is geared towards providers on how to access the BABES and how it can be used to inform their work with families.

B23 will continue to monitor knowledge base of FSCs EIS Providers and provide targeted support as needed through the ECTA checklists that were previously mentioned to ensure fidelity when using the tool. While B23 plans continue to use the ECTA checklists as well as monitoring child/ family outcomes to ensure fidelity. B23 will also revise the periodic check-in surveys to reflect the reconfigured focus on ensuring that the tool is being used with fidelity as opposed to simply supporting implementation.

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 utilizes the SSIP as a tool to engage in continuous improvement. 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

B23 continued to solicit stakeholder input 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. Valuable partnerships included the University of Delaware, the Parent Engagement Center (PIC), and the ICC leadership body among others.

B23's ICC continued to play an integral part in how B23 shares federal & state level reporting data with stakeholders. During the quarterly ICC meetings B23 shared the following data presentations: annual chart review data utilized in the SPP/APR Compliance Indicators 1, 7,8A, 8B, & 8C; the Family Outcomes Survey report which is used to calculate Indicator 4 information, along with Child Count & Setting results that the Family Outcomes Survey uses to appropriately capture race/ethnicity & gender comparison data; exit data which contributed to Indicator 8B, Child Outcomes data pertaining to Indicator 3 targets, & the compiled Part C Annual Performance Report prior to the February Submission. In addition to the ICC, program information was shared at statewide meetings with the DECC, DDOE/OEL, GACEC, & Regional Program staff during staff meetings. Additional information & copies of previous reports are available on the B23 website.

Monthly Executive ICC committee virtual meetings were held. Each meeting was led by an abbreviated agenda that allowed for discussions to occur organically. Stakeholder input was recorded & utilized in the decision-making process related to agenda items. A summary of these discussions was shared at ICC quarterly meetings. The Executive committee discussed recruitment of new members to the ICC, tracked & reviewed new legislation that might impact EI, & reviewed other subcommittee's progress. ICC quarterly discussions included member feedback on the Family Survey results, which led to the development of initiatives to address weaknesses identified in the survey. In efforts to increase the capacity of all parents & families to support the social emotional development of their toddlers, including diverse groups of parents, B23 worked with UD CRESP program to establish a baseline of data for social emotional development of infants & toddlers with the Family Outcomes Survey.

The University of Delaware (UD) presented the Family Outcomes Survey results at the ICC Quarterly October 2025 (reporting period FFY 2024) meeting. There was discussion from the ICC committee members and it was decided to continue collaboration with UD in developing & issuing the Family Outcomes Survey in FFY 2025 APR. B23 worked with UD to compare if parent's understanding of social emotional development increased in FFY 2024 compared to the baseline year (FFY 2023).

B23 provided quarterly updates to ICC members regarding the State Systemic Improvement Plan (SSIP) & sought ICC input in advancing the State-identified Measurable Result (SiMR) to increase social emotional outcomes (SEO) for Part C-eligible infants, toddlers, & their families. The team coordinated with local & statewide parent advocacy groups through the ICC, PIC & SSIP activity strand workgroups which resulted in the creation of materials targeted at a parent audience. The team met virtually at least two times per month. PIC representatives participated in these SSIP workgroups, & B23 staff also met monthly with PIC leaders to align parent involvement & devise a detailed plan for gathering parent input on the Division of Early Childhood (DEC) Recommended Practices (RP) being implemented as part of the SSIP.

Whenever there was an opportunity to involve individual parents & advocates, B23 staff sent invitations to & through the ICC, PIC, & other family networks to engage families & providers in meaningful ways to understand the current needs of families. PIC & B23 collaborated on creating webinars to address family concerns. A parent whose child participated in the program also speaks at the ICC Quarterly meetings about their experience with the program and to offer their insights on improvements.

In FFY 2024 the B23 committed to working with the ICC & ICC committees to address the need for outreach to underserved populations. B23 examined data to determine which underserved populations to target & where resources should be allocated. B23 examined data to determine which underserved populations to target & where resources should be allocated. Based on information gathered from referral sources & demographic location, B23 determined that children of military families, the Amish community & the homeless population require more targeted outreach. B23 provided brochures & materials to local homeless shelters, posting information in laundromats, & Domestic Violence shelters through People's Place. B23 collaborated with the Department of Services for Children Youth & their Families liaisons, housed within the Regional Programs, to support foster children with developmental delays. B23 attended the interagency council on homelessness educational session & resource fair. B23 collaborated with the Delaware library listserv system to leverage other outreach opportunities within the state.

B23 launched an outreach initiative to target pediatricians and PCP offices across the state by delivering packages with brochures, infographics specific to partnership with B23/PCP, and other items for staff and families. This outreach initiative remains ongoing, as we continue to identify providers to distribute materials to. B23 also ensured program materials were placed in all state service centers.

B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 ensured presence and participation at over 30+ conferences and events, including health and wellness fairs, community baby showers, and family events. B23 increased the number of educational presentations provided to community partners and stakeholders such as Children & Families First, Delaware Libraries, childcare centers, Delaware Medicaid MCOs, and other interested parties. Information about the Program was presented in-person and virtually to staff and members of these organizations.

•B23 participated in outreach events throughout the year, providing resource materials to at-risk populations, the general public, & EI professionals. Some outreach activities were designed to reach underserved populations in particular. A brochure about the program (in English, Spanish, & Haitian Creole) was created & distributed. B23 participated in the planning & provision of vendor information tables at conferences & events, including 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), to name a few.

To address inequity, B23 continued collaboration with the UD CRESP program to revisit outreach strategies intended to increase the participation of underserved populations. It is the hope that more parents from these communities will feel encouraged to participate in stakeholder activities. B23 presented to the Office of the Child Advocate's (OCA) "Lunch & Learn" to educate court appointed special advocates (CASAs) about the program. The presentation targeted how CASA's can collaborate with the program to assist the children with whom they work.

B23 encouraged & supported, through trainings & professional development, FSCs & Early Intervention Staff in having meaningful discussions with parents about their parental rights & to encourage participation in improving Part C services & outcomes for their children.

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), met at least two times per month for SSIP planning, providing feedback on action steps and timelines, and progress monitoring. Detailed, action-oriented agendas for these workgroup meetings were distributed in advance along with any materials members need in order to prepare for the meeting. Facilitated by B23, these meetings consisted of collaborative planning and problem-solving. For example, the Assessment Practices workgroup was instrumental in creating the Family Directed Assessment (FDA) video for families that enter the B23 program, which helped families understand what an FDA is and how it is utilized. The SSIP workgroups have helped to identify ongoing training needs 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 B23 program's ongoing SSIP work.

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

NO

Additional Implementation Activities

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

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

- Continued use of the BABES tool
- Monitor child and family social emotional outcomes to assess FSCs incorporation of them in the IFSP
- Update to periodic check-in survey language to determine whether the tool is being administered with fidelity
- Periodic check-in surveys to be administered to FSCs at least biannually
- Analysis of survey results
- Ongoing support training as necessary (determined by the results of the periodic check-in surveys, BABES scores, and parent feedback)

For further details, please see the attached Implementation Plan https://www.b23de.org/wp-content/uploads/2025/12/FFY-2024-SSIP-Evaluation-and-Implementation-Plan.pdf

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

The use of the BABES tool will be ongoing. B23 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, were distributed on a quarterly basis for the first 18 months of implementation. As of October 2024, the SSIP Assessment Practices and Professional Development workgroups have determined to distribute the survey bi-annually. As mentioned previously, FSCs still reported feeling supported by their supervisors in their efforts to address social-emotional concerns with families, and supervisors feel prepared to provide that support. The results also indicated that FSCs feel confident in providing community resources to families in need of social/emotional support. Analysis of all SSIP-related surveys will continue (ongoing). This analysis will be completed by the SSIP workgroups in collaboration with the B23. This will allow for meaningful monitoring of the implementation of the tool and will facilitate targeted professional development wherever needed. Training, professional development, and other support will continue as needed and is determined by feedback from FSCs, providers, families, BABES scores, and COS results. B23 and the workgroups expect this will be a part of continuous improvement. Expert Panel Discussions will continue as often as provider and FSC schedules allow. It is anticipated that these training opportunities will better prepare FSCs to address social-emotional concerns with families, increase collaboration between providers and FSCs, and increase provider participation in the state's SSIP work.

Continued research on the number of children with social emotional delays who chose to participate in the BABES and how this choice affects their outcomes.

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

B23 seeks to increase diversity among our stakeholder families. B23 plans to continue collaboration with the ICC (specifically the Equity Committee) to determine the best steps to increase diversity among our stakeholder families. B23 has asked EIS providers to encourage families that represent diverse groups to attend any of our ICC committee or SSIP workgroup meetings. B23 is continuing to see a shortage of EI Providers who have expertise in social-emotional development. To combat this barrier, B23 is continuing the effort 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

The State did not provide numerator and denominator descriptions in the FFY 2024 data table. The State must provide the required numerator and denominator descriptions for FFY 2025 in the FFY 2025 SPP/APR.

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)

b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

Instructions

Targets must be 100%.

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

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

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data

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

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

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

N/a

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

N/a

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

N/a

Indicator 7. Percent of eligible infants and toddlers with IFSPs for whom initial evaluation, initial assessment, and the initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

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

N/a

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

N/a

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

N/a

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

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

N/a

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

N/a

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

N/a

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

B. Notified (consistent with any opt-out policy) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

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

N/a

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

N/a

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

N/a

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

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

N/a

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

N/a

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

N/a

Optional for FFY 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

N/a

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

N/a

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

N/a

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	0		0	0

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0		100%		N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	

Provide additional information about this indicator (optional)

N/a

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	0
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	0
3. Number of findings not verified as corrected within one year	0

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	0
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8C	0

6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - All other findings	0
7. Number of findings not yet verified as corrected	0

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

N/a

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

The State reported that no written findings of noncompliance were issued in FFY 2023. The State is not required to establish a baseline until any fiscal year in which data are reported for this indicator.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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

Name:

Hope Sanson

Title:

Delaware's Part C Data Manager

Email:

Hope.Sanson@Delaware.Gov

Phone:

3022573625

Submitted on:

04/20/26 10:12:39 AM