

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**

Indiana



**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

The Division of Disability and Rehabilitative Services/Bureau of Child Development Services within the Family and Social Services Administration is the state agency in Indiana that is referred to as the Lead Agency for Part C of the Individuals with Disabilities Education Act (IDEA), otherwise known in the state as First Steps. The Lead Agency maintains a comprehensive, integrated general supervision system designed to ensure full implementation of IDEA Part C and to support improved outcomes for infants, toddlers, and their families. The state's approach is grounded in coordinated oversight, robust data systems, strong partnerships, and a commitment to continuous quality improvement. This Annual Performance Report (APR) reflects Indiana's ongoing efforts to strengthen system capacity, monitor performance, and ensure equitable access to high quality early intervention services statewide.

Indiana's general supervision system brings together multiple interconnected components that collectively support compliance, performance, and program improvement. System Points of Entry (SPOEs) and Local Planning and Coordinating Councils (LPCCs) serve as the foundation for public awareness, child find, referral, and intake activities. These entities ensure that families across all regions have timely access to evaluation, assessment, and service coordination, which are essential for meeting federal timelines and supporting family centered practice. SPOEs also play a critical role in monitoring local implementation, identifying barriers, and partnering with the state to address regional needs.

The state oversees a diverse network of Early Intervention Service (EIS) provider agencies and independent practitioners across disciplines including developmental therapy, speech language pathology, occupational and physical therapy, psychology, social work, nutrition, audiology, medical and nursing services, transportation, and interpretation. Provider enrollment, credentialing, and ongoing monitoring ensure that practitioners meet state and federal requirements and deliver services aligned with evidence-based practices. Through this oversight, Indiana maintains a stable, qualified workforce capable of meeting the developmental needs of infants and toddlers with delays or disabilities.

Indiana's EIHub data system serves as the backbone of the state's general supervision infrastructure. EIHub integrates service logging, case management, provider enrollment, fund recovery, and the Family Portal for family cost participation. These data systems support real time monitoring of compliance indicators, fiscal accountability, and service delivery patterns. The system's analytics capabilities allow the state to identify trends, track performance over time, and target technical assistance to areas requiring improvement. EIHub also supports accurate and timely federal reporting, ensuring that Indiana's data reflect the true performance of the system.

Professional development and technical assistance are delivered through a longstanding partnership with the Indiana University UCEDD/Early Childhood Center. This partnership provides a comprehensive system of training, coaching, and resource development aligned with state priorities, federal requirements, and the needs identified through monitoring and data analysis. Professional development is intentionally linked to the state's improvement strategies, including those outlined in the State Systemic Improvement Plan (SSIP), and supports both compliance and high-quality practice.

Program evaluation activities further strengthen the general supervision system. Indiana uses multiple data sources — including compliance monitoring, family feedback, provider performance, and statewide outcomes — to assess system functioning and identify opportunities for improvement. Stakeholder engagement is embedded throughout these processes. Families, providers, SPOEs, LPCCs, state agencies, and higher education partners contribute to decision making, priority setting, and the development of improvement strategies. This collaborative approach ensures that the system remains responsive to the needs of children and families while maintaining alignment with federal expectations.

Additional information related to data collection and reporting

During the reporting period, the Lead Agency focused on strengthening the accuracy, completeness, and reliability of its statewide data systems and reporting processes. Significant effort was dedicated to stabilizing and debugging EI Hub, resulting in improved data quality across multiple components of the system. These enhancements supported more consistent service logging, case management, and reporting functions, and laid the groundwork for additional data integrity improvements planned for FFY25.

The Lead Agency's monitoring vendor, Indiana University, developed and implemented a new process for collecting child and family outcome data. This advancement enabled the state to report a full year of data for Indicators 3 and 4, eliminating the need for a sampling plan. Notably, this improvement was completed two years earlier than previously projected to the Office of Special Education Programs. Through analysis of the FFY24 child outcome data, the Lead Agency identified refinements to the collection methodology that contributed to improved data quality. Additional enhancements planned for FFY25 include expanded data system validations, refined case management user roles, more reliable dashboards and reports, and strengthened data entry training for system users.

The Lead Agency also prioritized improvements to Indicator 8 (Transition) data. In collaboration with FSSA's data analytics team, the state's data analyst developed an automated Local Education Agency (LEA) and State Education Agency (SEA) report using a newly designed algorithm. This automated process significantly improved the accuracy and timeliness of transition notifications, resulting in 100% compliance with Indicator 8B (Timely Notification to the LEA/SEA) in FFY24.

In addition, the Lead Agency completed the development and release of a Request for Proposals (RFP) for its monitoring system. The contract was awarded in FFY24 and includes an expanded scope of work focused on strengthening agency monitoring, enhancing Early Intervention Service (EIS) program monitoring, developing and implementing a child outcome data repository, and supporting advanced data analysis. The scope also includes the

dissemination, collection, and analysis of family outcome surveys, further supporting the state's efforts to improve data quality and inform continuous improvement activities.

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.

The Lead Agency monitors all nine Early Intervention Service (EIS) Programs/Clusters each year using a consistent methodology and a standardized sample of data. For the FFY24 reporting cycle, the monitoring sample was drawn from July 2024, selected as a representative period for assessing compliance and program performance across all regions.

Annual EIS Program/Cluster Monitoring begins in September and concludes in December. Monitoring includes review of SPP/APR Indicators 1, 7, 8A, 8B, and 8C. In FFY2024, the monitoring process also incorporated additional state level compliance and quality indicators, including Annual IFSP Written Prior to Expiration (34 CFR 303.342(c)) and verification that insurance information is correctly documented in both local child records and EI Hub, the statewide data system. Annual Monitoring Reports, including findings for each EIS Program/Cluster, are publicly available on the First Steps website. <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/#:~:text=Annual%C2%A0%C2%A0monitoring%20reports>

In addition to the annual monitoring cycle, the Bureau of Child Development Services (BCDS) conducts a range of ongoing monitoring and oversight activities with EIS Programs/Clusters. These activities include data verification, guidance and support for policy and procedure implementation, risk based fiscal audits, targeted training and technical assistance, and quarterly EIS Program/Cluster workgroups. The Lead Agency also engages in vendor and contract management activities and conducts focused monitoring or dispute resolution processes when specific concerns or compliance issues are identified.

Together, these activities form a comprehensive monitoring system that ensures consistent oversight of all EIS Programs/Clusters, supports timely identification of noncompliance, and promotes continuous improvement in the quality of early intervention services statewide.

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

The Lead Agency uses a consistent, statewide methodology to select child records for annual monitoring of each EIS Program/Cluster. For FFY24, compliance data were drawn from July 2024 as a representative sample period. The Lead Agency worked with the data system vendor to identify all children who met the inclusion criteria for each compliance indicator. From this complete set of eligible records, a minimum sample size was calculated using the Raosoft sample size calculator to ensure a 95% confidence level with a $\pm 5\%$ confidence interval. The number of records reviewed exceeded the minimum required sample size for each EIS Program/Cluster. For smaller EIS Programs/Clusters (Clusters D, F, and H), the sample was increased to include at least 20 records. A random number generator was used to select the specific child records for review. All selected records were reviewed by the Quality Review Contractor.

Following completion of the record review, the Quality Review Contractor prepared a Preliminary Results Report for each EIS Program/Cluster. Programs were provided a one week clarification period to submit additional documentation for consideration. After reviewing any supplemental documentation, the Quality Review Contractor prepared a Local Monitoring Report Letter, which the Lead Agency issued as the final monitoring report for the year, including any findings of noncompliance.

After issuance of the Local Monitoring Report Letter, the Quality Review Contractor met with each EIS Program/Cluster to review findings, discuss root causes, and support the development of improvement strategies. For each individual instance of noncompliance identified during the annual review, the child's EI record was examined to determine whether the required action had been completed, even if late, or whether the child was no longer within the jurisdiction of the EIS Program/Cluster. Child specific correction was documented at the time of the annual review. If correction could not be verified at that time, the record remained open and was reviewed during subsequent data verification activities until correction was confirmed or the child exited the program.

For indicators with findings of noncompliance, the Quality Review Contractor conducted quarterly data pulls to assess progress toward correction. October data were used for Quarter 2, January data for Quarter 3, and April data for Quarter 4. During each quarterly verification cycle, the Quality Review Contractor reviewed a sample of up to 40 child records, depending on the size of the EIS Program/Cluster, following the data collection procedures outlined in the indicator specific protocol.

If all reviewed records (100%) were found to be compliant during a quarterly verification review, the Quality Review Contractor drafted a Verification of Correction of Noncompliance Letter. The Lead Agency reviewed and issued the letter to formally close the finding. If any records were found to be noncompliant, the EIS Program/Cluster received a data summary report and a one week clarification period to submit additional documentation. If the documentation did not demonstrate correction for all noncompliant records, the finding remained open for that quarter. The Quality Review Contractor drafted a quarterly notification letter reflecting the results, which the Lead Agency reviewed and issued.

Quarterly verification procedures continued until the EIS Program/Cluster demonstrated correction and the Lead Agency verified compliance. If an EIS Program/Cluster did not correct noncompliance within one year of the initial notification, the finding was sustained in the next annual Local Monitoring Report Letter. The Lead Agency may require additional corrective actions, and quarterly verification procedures continued until correction was achieved and verified.

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

The Lead Agency uses multiple data systems to collect, verify, and report data for annual monitoring and the State Performance Plan/Annual Performance Report (SPP/APR). These systems support the collection of demographic information, service delivery data, IFSP documentation, and child specific records necessary for compliance and performance reporting.

Early Intervention (EI) Hub Statewide Data System

Indiana First Steps maintains program data in EI Hub, the statewide early intervention data system managed by a competitively procured third party vendor. EI Hub houses demographic information (including race, gender, ethnicity, and language), IFSP data, service authorization and service logging data, and other program management information. The Lead Agency uses EI Hub to support federal and state reporting, monitor local program performance, manage billing and fund recovery processes, and conduct ongoing oversight activities.

System Point of Entry (SPOE) and EI Program/Cluster Data Repositories

In addition to EI Hub, each EIS Program/Cluster maintains its own electronic child record system. These local data/document repositories contain complete child files, including documentation not stored in EI Hub. During monitoring, these records are reviewed alongside EI Hub data to verify compliance, confirm timelines, and ensure the accuracy and completeness of information used for SPP/APR reporting.

Data Collection Periods for Monitoring and Verification

The Lead Agency contracts with a Quality Review Contractor to collect, review, and verify data from both EI Hub and local EIS Program/Cluster repositories. For the FFY24 monitoring cycle, the primary data set was drawn from July 2024 as a representative sample period for annual monitoring.

For the purpose of verifying correction of noncompliance, subsequent data reviews occur quarterly. These verification periods include October 2024, January 2025, and April 2025, as needed, depending on the indicator and the status of each EIS Program/Cluster's correction of noncompliance.

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

The Lead Agency issues findings at the EIS Program/Cluster level based on the results of the annual monitoring review.

During the monitoring process, each individual instance of noncompliance identified in the child record review is documented. These instances are compiled and included in the EIS Program/Cluster's Local Monitoring Report Letter, which serves as the official notification of findings for that monitoring year. The number of instances is reported, but the finding itself is issued at the program/cluster level, consistent with federal requirements.

This approach ensures that findings reflect both the presence of noncompliance and the systemic responsibility of the EIS Program/Cluster to correct all identified instances and demonstrate subsequent compliance through the verification process.

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).

Not applicable.

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.

The Lead Agency maintains a system of graduated and progressive sanctions designed to ensure the timely correction of identified noncompliance and to address areas in need of improvement. These actions are applied as necessary and are consistent with IDEA Part C enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and applicable state policies. The system includes the following components:

Root Cause Analysis and Corrective Action Plans (CAPs)

Programs may be required to conduct a Root Cause Analysis to identify underlying factors contributing to noncompliance. Based on this analysis, programs develop Corrective Action Plans (CAPs) that outline specific steps to resolve identified issues. CAPs must be submitted to the Lead Agency for review and approval, and programs are required to provide documentation demonstrating implementation and resolution of the noncompliance.

Tiered Technical Assistance

Depending on the nature, severity, and persistence of noncompliance, programs may be required to participate in tiered levels of technical assistance—universal, targeted, or intensive—through the Lead Agency's technical assistance and professional development contractor. This support is designed to build capacity, strengthen practice, and address systemic issues that contribute to noncompliance.

Financial Measures

In accordance with federal and state requirements, the Lead Agency may deny or recover payments for services when noncompliance is confirmed. These fiscal actions ensure accountability and reinforce the expectation that services must be delivered in accordance with IDEA Part C requirements.

Contract Actions

For persistent, systemic, or severe noncompliance, the Lead Agency may take formal contract actions, including amending or terminating agreements with noncompliant programs. These actions are used when other corrective strategies have not resulted in sustained compliance or when the severity of the issue warrants immediate intervention.

Through this graduated and progressive system, the Lead Agency ensures adherence to federal and state requirements, strengthens program accountability, and supports the delivery of high-quality early intervention services for infants and toddlers with disabilities and their families.

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.

The Lead Agency makes annual determinations for each of the nine EIS Programs/Clusters using information gathered through the annual monitoring process, as well as additional data obtained through the state's general supervision system. This includes results from focused monitoring, fiscal audits, dispute resolution activities, and other oversight mechanisms that reflect each program's performance and compliance with IDEA Part C requirements.

To calculate annual determinations, the Lead Agency uses a point based system that evaluates performance across four criteria categories, with a total of 20 possible points.

Criteria Used for Determinations

- Level of Compliance with Compliance Indicators 1, 7, 8A, 8B, and 8C
- Maximum points available: 10
- Target attainment for Results Indicators 2, 3A, 3B, 3C, 4A, 4B, 4C, 5, and 6
- Maximum points available: 6
- Timely correction of noncompliance
- Maximum points available: 2
- Valid, reliable, and timely data
- Maximum points available: 2

Based on the total points earned, each EIS Program/Cluster receives one of the following determination statuses:

- Meets Requirements (16 – 20 points)
- Needs Assistance (12 – 15 points)
- Needs Intervention (8 - 12 points)
- Needs Substantial Intervention (0 - 8 points)

EIS Programs/Clusters are notified of their annual determination status by letter each February. Determinations are not posted publicly.

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

Policies, procedures, and processes can be found on <https://www.in.gov/fssa/firststeps>. In particular, policies may be found on <https://www.in.gov/fssa/firststeps/program-policies-and-updates/policies/> and monitoring/performance reporting may be found on <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>

Technical Assistance System:

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

The Lead Agency maintains a comprehensive technical assistance (TA) system to ensure the timely delivery of high-quality, evidence-based support to Early Intervention Service (EIS) Programs/Clusters and provider agencies. The Early Childhood Center (ECC) at Indiana University serves as the state's TA and professional development contractor and implements a tiered TA model that supports all nine EIS Programs/Clusters and approximately 431 provider agencies. TA activities are grounded in research-based practices and aligned with Indiana's early intervention policies, procedures, and guidance, as well as federal expectations established by the Office of Special Education Programs (OSEP) and national technical assistance centers.

The TA system includes facilitation of ongoing program self-assessments, monitoring of program progress, and collection of information related to each program's ability to meet state standards for early intervention service delivery and to support positive outcomes for children and families. Supports are delivered through multiple modalities and are tailored to the needs and performance of each program.

Indiana First Steps uses a three tier TA approach that provides increasing levels of intensity based on program performance and identified needs. Movement between tiers is fluid, and programs may receive different levels of support over time as their performance changes.

Tier 1 – Universal Supports

All programs have access to universal TA and instruction grounded in research-based practices. Universal supports include program evaluation tools, self-assessment processes, program development resources, and group learning opportunities designed to strengthen foundational knowledge and practice across the system.

Tier 2 – Targeted Supports

Programs that do not meet IDEA requirements may receive targeted supports that are more intensive than universal TA. These supports may be delivered in small group settings or directly to individual programs. The level of intensity varies based on program needs and may include increased frequency of contact, focused training, and targeted coaching to address specific areas of concern.

Tier 3 – Intensive Supports

Programs with longstanding or significant noncompliance receive individualized, intensive TA. These supports are designed to address systemic issues and build sustainable capacity for meeting IDEA requirements. Intensive TA may be delivered on site or through virtual platforms and is closely monitored by the Lead Agency, particularly when required as part of a corrective action plan.

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.

Indiana First Steps maintains a comprehensive system of professional development as a core component of its Comprehensive System of Personnel Development (CSPD). This system ensures that service providers have the knowledge and skills necessary to deliver high quality early intervention services that improve outcomes for infants and toddlers with disabilities and their families. The Lead Agency uses multiple mechanisms to support provider competence, ongoing learning, and adherence to evidence-based practices.

Learning Management System (LMS)

The statewide EI Hub data system includes a Learning Management System module that serves as a continuously updated repository of professional development resources. Service providers have ongoing access to training courses, webinars, recorded conference sessions, and other learning materials that support foundational knowledge and emerging practice needs.

Professional Development System Contractor

The Lead Agency contracts with the Early Childhood Center (ECC) at Indiana University to design and deliver a wide range of professional development opportunities. These supports include:

- Foundational onboarding trainings developed, maintained, and regularly updated within the LMS to ensure consistent preparation for new service providers.
- Topical training modules created in response to emerging needs and trends in early intervention practice.
- National Webinar Speaker Series featuring national experts who share current research, best practices, and implementation strategies.
- Indiana Early Intervention Conference, a two-day annual event offering keynote presentations and multiple breakout sessions that provide professional development to approximately 800 early intervention providers each year.

Quarterly Newsletter

The Lead Agency disseminates a quarterly newsletter to keep service providers informed about policy updates, new training opportunities, and available resources. This communication mechanism supports ongoing learning and ensures providers remain connected to statewide initiatives and expectations.

Initial and Annual Provider Credentialing Requirements

Indiana First Steps requires all service providers to complete foundational onboarding trainings as part of initial credentialing. Providers must also complete annual professional development specific to early intervention, in addition to any continuing education required by their professional licensure. These requirements ensure that providers maintain current knowledge, strengthen their practice, and remain aligned with state and federal expectations.

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

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

YES

Number of Parent Members:

5

Parent Members Engagement:

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

The Lead Agency engages parent stakeholders at multiple levels of the First Steps system to ensure that family perspectives meaningfully inform target setting, data analysis, improvement strategies, and evaluation of progress. Parent members of the Interagency Coordinating Council (ICC), staff from Parent Centers, parents serving on statewide and local advisory groups, and individual families contribute throughout the year to shaping the direction and effectiveness of Indiana's early intervention system.

Parents are embedded across key structures within the system, including within the Bureau of Child Development staff, the ICC and its subcommittees (State Systems, Technology Utilization, and Workforce Development), the ICC Executive Committee, the Family Guided Routines Based Intervention (FGRBI) State Implementation Team, and statewide advisory bodies such as the 1102 Taskforce and the Division of Disability and Rehabilitative Services (DDRS) Advisory Board. Parent Center representatives from INSOURCE, Family2Family, and The Arc of Indiana also participate as ongoing partners. These parent stakeholders represent diverse backgrounds, including differences in race, gender, geography, lived experience, and family needs.

The Bureau recognizes that meaningful family voice is essential to a strong early intervention system and to improving outcomes for infants and toddlers with disabilities. To deepen this commitment, the Bureau added a Policy and Family Engagement Manager position in 2022 to ensure that family perspectives are intentionally embedded across policy development, data interpretation, stakeholder engagement, and system improvement activities. This role strengthens the state's capacity to engage diverse families, elevate lived experience in decision making, and build structures that support families as full partners in shaping the First Steps system. Through this dedicated position, the Bureau affirms that family insight is not an accessory to system design—it is a core driver of quality, relevance, and continuous improvement.

To broaden participation beyond standing committees, the Lead Agency maintains contact information for parents who have expressed interest in contributing to system improvement efforts and, with permission, invites them to participate in future stakeholder meetings. Local EIS Programs/Clusters also help identify families who may not be formally engaged in statewide structures but who have provided feedback or expressed interest in contributing to improvement activities. This approach expands the diversity of parent voices and ensures that families with a range of experiences are represented.

Throughout the federal fiscal year, parent stakeholders participated in activities that directly informed the State's implementation and reporting efforts. These activities included reviewing and analyzing statewide and local data, discussing progress toward SPP/APR targets, providing input on SSIP implementation, shaping family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Parent perspectives were incorporated into decisions about target setting and revisions, interpretation of data trends, development of improvement strategies, and evaluation of progress toward intended outcomes.

Through these structures and engagement strategies, the Lead Agency ensures that parents serve as full partners in shaping the early intervention system and that their lived experiences inform decisions designed to improve outcomes for infants and toddlers with disabilities and their families.

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.

During FFY24, the Lead Agency focused on strengthening the capacity of diverse groups of parents to participate meaningfully in system level discussions and improvement activities. These efforts were led by the Policy and Family Engagement Manager, who provided ongoing communication, orientation, and support to parents engaged in statewide committees and advisory groups.

The Lead Agency collaborated with Parent Centers—including INSOURCE, Family2Family, and The Arc of Indiana—to share information with families about early intervention processes, procedural safeguards, transition, and family rights. These organizations helped prepare parents to understand state priorities and data, enabling them to participate more confidently in stakeholder meetings and advisory roles.

Parents serving on the ICC, ICC subcommittees, the FGRBI State Implementation Team, and other statewide groups received regular updates, plain language materials, and opportunities to review and discuss data and policy proposals. The Lead Agency provided context and background information before meetings to help parents engage fully in conversations about target setting, data interpretation, and improvement strategies.

To broaden participation, the Lead Agency also worked with local EIS Programs/Clusters to identify families who had expressed interest in providing feedback or participating in improvement activities. These families contributed insights about service access, communication, and family engagement practices, helping the state understand diverse experiences across regions.

Through these activities, the Lead Agency supported parents in building the knowledge and confidence needed to contribute meaningfully to statewide planning, data review, and system improvement efforts.

Soliciting Public Input:

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

The Lead Agency uses multiple mechanisms throughout the year to solicit public input on target setting, data analysis, improvement strategies, and evaluation of progress. These strategies are designed to reach a broad and diverse audience, including families, providers, state partners, advocacy organizations, and community stakeholders.

Public input is solicited through GovDelivery email and text alerts, statewide listservs, the First Steps website, newsletters, and media notices when appropriate. The Lead Agency also gathers input through public comment opportunities at Interagency Coordinating Council (ICC) meetings, quarterly stakeholder meetings, and formal public comment periods associated with the SPP/APR and policy updates.

These mechanisms ensure that families, providers, community partners, and other stakeholders have accessible and meaningful opportunities to contribute to statewide planning and continuous improvement efforts.

Making Results Available to the Public:

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

The Lead Agency ensures that the results of target setting, data analysis, development of improvement strategies, and evaluation activities are made publicly available through multiple accessible platforms. The State Performance Plan/Annual Performance Report (SPP/APR) and related materials—including OSEP determinations, the results matrix, and the data rubric—are posted on the First Steps website. Reports for FFY2014–2023 are currently available on the Program Evaluation Reports page at www.FirstSteps.in.gov and at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>.

Following submission to OSEP, the Indiana APR for FFY24 will be posted on the First Steps website to ensure timely public access. The Lead Agency also shares updates and links to posted materials through GovDelivery notifications, statewide listservs, and the quarterly newsletter to ensure broad awareness and transparency.

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.

The Lead Agency has posted the SPP/APR for previous years FFY2014-2023. The Annual Performance Report (APR) for FFY 2014-2023 along with OSEP determinations, results matrix, and data rubric are publicly available on the First Steps website located at www.FirstSteps.in.gov on the Program Evaluation Reports at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. The Indiana APR for FFY24 will be posted following the APR submission on February 2, 2026.

All public reporting on Indiana's Local Performance Report is available for all Clusters and all Indicators for FFY19-FFY23 at <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/#:~:text=Local%20performance%20reports>

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachments comply with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2023 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachments available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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

The Annual Performance Report (APR) for FFY2014–2023, including OSEP determinations, the results matrix, and the data rubric, is publicly available on the First Steps Program Evaluation Reports webpage at www.FirstSteps.in.gov and <https://www.in.gov/fssa/firststeps/program-policies-and-updates/program-evaluation-reports/>. In accordance with OSEP's directive regarding Section 508 compliance, the State has made FFY 2023 SPP/APR attachments that were not posted on the U.S. Department of Education's IDEA website publicly available.

In response to the Department's directive related to Indiana's IDEA Part C determination of Needs Assistance for both 2024 and 2025, the Lead Agency engaged in targeted technical assistance activities to strengthen performance and improve data quality. The Indiana Quality Assurance team—comprised of the Part C Coordinator, Part C Data Manager, Director of Quality Assurance, and Program Services Manager participated in the 2025 DaSy IDEA Part C Data Institute for SPP/APR in Indianapolis, Indiana. This two day institute focused on data collection, analysis, and the development of high quality SPP/APR submissions.

Following the institute, the team engaged in multiple virtual technical assistance sessions with Indiana's assigned DaSy TA lead, Thomas McGhee, to examine specific SPP/APR indicators and discuss potential improvement strategies. As a direct result of this technical assistance, Indiana initiated a redesign of its child outcomes survey in collaboration with its new monitoring vendor, Health Management Associates, with an emphasis on improved distribution strategies and increased completeness of responses for Indicators 3 and 4.

These actions are expected to reduce data anomalies, increase response rates, and strengthen data quality for FFY 2025 reporting. Indiana's engagement with OSEP funded technical assistance centers demonstrates the State's commitment to improving both compliance and results indicators in support of better outcomes for infants and toddlers with disabilities and their families.

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted on its form that it prepared and elected to submit its own annual report (in lieu of the SPP/APR submitted by the State lead agency). OSEP accepts the SICC 2026 annual report.

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the attachments included in the State's FFY 2024 SPP/APR submission are not in compliance with Section 508.

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.

Intro - Required Actions

OSEP notes that the State submitted verification that the attachment complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Introduction's attachment(s) included in the State's FFY 2024 SPP/APR submission are not in compliance with

Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

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	91.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	88.99%	89.13%	83.02%	64.98%	80.40%

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
831	1,077	80.40%	100%	81.80%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

50

Provide reasons for delay, if applicable.

Family Reasons for Delays: 50

Services never started due to family reason: 11

Family illness: 3

Family scheduling conflict: 23

Family hard to contact: 9

Family chose to delay start: 4

System Reason for Delays: 196

No provider available at IFSP: 129

Miscalculation of 30 days: 8

Delayed Paperwork: 27

Provider availability: 32

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).

Indiana's definition of timely services: All services written on the IFSP are initiated within 30 calendar days from the IFSP start date with parent approval, or within 30 days from the parent signature date on the IFSP service page for newly added services. 30 calendar days represents a reasonable amount of time for services to begin. Indiana allows for the delayed delivery of IFSP services due to exceptional family circumstances, weather and travel restrictions, and for services delivered less frequently, such as hearing aid maintenance which is scheduled on a quarterly basis.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Quarter 1 data was gathered for the period of July 2024 as a representative sample.

Provide additional information about this indicator (optional)

State Total: 81.80% (881/1077)

Initial Data Pull:

Cluster A: 84.6% (104/123)

Cluster B: 69.4% (50/72)

Cluster C: 86.9% (93/107)

Cluster D: 94% (78/83)

Cluster F: 87.9% (51/58)

Cluster G: 84% (273/325)

Cluster H: 74% (54/73)

Cluster I: 83% (112/135)

Cluster J: 65.3% (66/101)

Q2 Subsequent Data Pull:

Cluster A: 100% (20/20)

Cluster B: 100% (20/20)

Cluster C: 100% (20/20)

Cluster D: 100% (10/10)

Cluster F: 100% (20/20)

Cluster H: 100% (10/10)

Cluster I: 100% (20/20)

Q4 Subsequent Data Pull:

Cluster G: 100% (20/20)

Cluster J: 100% (10/10)

As a result of FFY24 monitoring, all clusters demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 1. All nine clusters received a finding for Indicator 1, Timely Provision of Services. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP or annual IFSP) quarterly for each cluster with FFY24 findings not yet verified as corrected until 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2024), Clusters A, B, C, D, F, H, and I achieved 100% compliance, thereby closing their FFY24 findings. Upon reviewing data from quarter 4 of FFY23 (April 2025), Cluster G and J achieved 100% compliance, thereby closing their FFY24 findings. The Lead Agency determined the nine Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY24 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive Timely Provision of Services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. All nine EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
9	9	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23 the State issued 9 findings for Indicator 1. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP or annual IFSP) quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, F, G, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their findings from FFY23. The Lead Agency determined all nine Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that 167 individual instances of noncompliance reported by the State in FFY23 under this indicator have been corrected. For each of the nine findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were provided albeit late or the child had left the jurisdiction of the Cluster SPOE or program.

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.

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

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

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

Response to actions required in FFY 2023 SPP/APR

As a result of FFY23 monitoring, all clusters demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 1, Timely Provision of Services. All nine clusters received a finding for Indicator 1. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP, or annual IFSP) quarterly for each cluster with FFY23 findings not yet verified as corrected until 100% compliance with Timely Provision of Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H achieved 100% compliance, thereby closing their FFY23 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, F, G, I, and J achieved 100% compliance, thereby closing their findings from FFY23. The Lead Agency determined all nine Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, albeit late, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the nine findings verified as corrected, every child who did not receive timely services had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. In all nine instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

1 - OSEP Response

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. 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 noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 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.

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	97.60%

FFY	2019	2020	2021	2022	2023
Target>=	95.00%	95.50%	96.00%	96.00%	96.50%
Data	99.19%	99.42%	98.20%	99.84%	99.87%

Targets

FFY	2024	2025
Target >=	96.50%	97.00%

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

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	14,262

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	Total number of infants and toddlers with IFSPs	14,276

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
14,262	14,276	99.87%	96.50%	99.90%	Met target	No Slippage

Provide additional information about this indicator (optional).

In Indiana, natural environment information is captured by the Central Reimbursement Office (CRO) through provider claims submitted through the service logging module of the state's data system. All service logs require a location code for all services provided. The IFSP team is responsible for determining where the eligible child will receive services. If the natural environment is determined to not be the best location, the IFSP team must write a justification as part of the IFSP to address why services will not occur in the natural environment and what options were considered. A planned timeline must be also present on how the team plans to transition the child to the natural environment. All of this documentation is part of the child's IFSP.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2010	Target>=	55.00%	52.00%	52.00%	52.00%	52.50%
A1	49.00%	Data	53.30%	52.37%	42.80%	54.23%	53.96%
A2	2010	Target>=	57.00%	52.00%	53.00%	53.00%	54.00%
A2	47.00%	Data	55.67%	55.12%	47.14%	56.54%	59.60%
B1	2010	Target>=	57.00%	52.00%	52.00%	52.00%	53.00%
B1	59.00%	Data	53.95%	52.81%	47.79%	41.91%	43.95%
B2	2010	Target>=	72.00%	67.00%	67.00%	68.50%	69.00%
B2	68.00%	Data	70.55%	69.33%	66.38%	72.65%	74.17%
C1	2010	Target>=	55.00%	50.00%	52.00%	52.00%	53.00%
C1	52.00%	Data	51.84%	50.32%	43.77%	50.41%	49.77%
C2	2010	Target>=	67.00%	58.00%	58.00%	58.50%	59.00%
C2	58.00%	Data	62.93%	61.88%	59.45%	64.93%	64.86%

Targets

FFY	2024	2025
Target A1>=	52.75%	55.00%
Target A2>=	55.00%	56.00%
Target B1>=	54.50%	59.25%
Target B2>=	69.50%	70.00%
Target C1>=	54.00%	54.50%
Target C2>=	59.50%	60.00%

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	702	8.58%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,183	26.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	453	5.54%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	3,054	37.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,792	21.90%

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	3,507	6,392	53.96%	52.75%	54.87%	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	4,846	8,184	59.60%	55.00%	59.21%	Met 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	437	5.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,458	17.82%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	224	2.74%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,496	18.28%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	4,568	55.82%

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	1,720	3,615	43.95%	54.50%	47.58%	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	6,064	8,183	74.17%	69.50%	74.10%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	633	8.31%

Outcome C Progress Category	Number of Children	Percentage of Total
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,592	20.90%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	456	5.99%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,243	29.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,693	35.36%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,699	4,924	49.77%	54.00%	54.81%	Met 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	4,936	7,617	64.86%	59.50%	64.80%	Met target	No Slippage

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	13,446
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	3,366
Number of infants and toddlers with IFSPs assessed.	10,080

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)

NO

Provide the criteria for defining "comparable to same-aged peers."

Indiana's Part C program utilizes the Assessment, Evaluation, and Program System for Infants and Children 2 (AEPS 2) to determine children's eligibility and developmental status in relation to "same-aged peers." At exit, the child's ongoing service providers compile progress data utilizing the AEPS skills checklist. This data is then provided to the child's service coordinator for final scoring, which is compared to the child's entrance outcomes. The service coordinator uses the checklist to determine scoring of the AEPS. Only trained service coordinators may compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

List the instruments and procedures used to gather data for this indicator.

The AEPS 2 is administered by a multidisciplinary Eligibility Determination (ED) Team with input through parent/caregiver report, child observation, and medical record review at the time of evaluation and assessment into Part C to determine eligibility and initial developmental status; at exit, the child's ongoing service provider(s) compile progress data on AEPS 2 skills and provide this data to the child's service coordinator for final scoring on the AEPS 2. The state developed a standard data collection tool for recording children's progress upon exit. All ongoing service providers are asked to complete the Exit Skills Checklist within the child's final month of service. The service coordinator uses this checklist to determine scoring of the AEPS 2. They then compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers." This instrument and procedures are still in place for FFY23. Data was collected for all of FFY2023. There are three domains of the AEPS that are associated with each of the three federal outcomes:

Outcome A - Social/Emotional domain

Outcome B - Cognitive domain

Outcome C - Adaptive domain

Provide additional information about this indicator (optional).

There are discrepancies between the FFY24 total number children assessed and the FFY24 denominator in its calculation for each outcome area due to service providers not completing or only partially completing the required AEPS exit skills checklist, thus the denominators reported are the total number of completed exit skills checklists for each outcome area.

The State is working to implement agency monitoring procedures. Child outcomes will be a focus of this monitoring. The State executed a new monitoring contract with a new vendor. A deliverable within this contract is to strategize with the State around improving the completion of exit skills checklists for all children who exit receiving early intervention for 6 months or longer. The State is also working to implement new training for new and ongoing service providers surrounding categorization of 'progress made'. Child outcomes is a topic of training for providers. The State also recently executed a new training contract of which tiered technical assistance is a deliverable. Agencies will be required to participate in technical assistance based upon their monitoring results. These strategies should lead to improved completion rates of the exit skills checklist thus stabilizing the State's denominator across all outcome areas and the total number assessed in FFY25.

The State is working to stabilize its data system as well as train EIS Programs/Cluster SPOE personnel on data quality, data completeness, and timely data entry so data queries and reporting are more accurate. The State will work to provide EIS programs/Clusters access to data reports regarding their data completeness on regular intervals so data quality and completeness improves over time. Data requirement issues with the Qualtrics survey that is used to collect child outcome data have been identified and will be addressed in the coming year with the new monitoring vendor.

Cluster Data: Outcome A: Positive social emotional skills SS1

Cluster A: 47.67%
Cluster B: 48.14%
Cluster C: 57.75%
Cluster D: 63.43%
Cluster F: 58.72%
Cluster G: 56.01%
Cluster H: 50.69%
Cluster I: 58.56%
Cluster J: 52.80%

Cluster Data: Outcome A: Positive social emotional skills SS2

Cluster A: 57.03%
Cluster B: 52.75%
Cluster C: 62.34%
Cluster D: 64.33%
Cluster F: 60.18%
Cluster G: 59.89%
Cluster H: 59.18%
Cluster I: 60.44%
Cluster J: 56.62%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS1

Cluster A: 45.85%
Cluster B: 41.91%
Cluster C: 39.38%
Cluster D: 54.41%
Cluster F: 51.85%
Cluster G: 48.83%
Cluster H: 47.90%
Cluster I: 48.16%
Cluster J: 49.79%

Cluster Data: Outcome B: Acquisition/use of knowledge and skills SS2

Cluster A: 67.17%
Cluster B: 67.47%
Cluster C: 76.31%
Cluster D: 75.87%
Cluster F: 73.30%
Cluster G: 77.09%
Cluster H: 72.54%
Cluster I: 77.35%
Cluster J: 74.23%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS1

Cluster A: 40.68%

Cluster B: 51.54%

Cluster C: 52.54%

Cluster D: 58.88%

Cluster F: 53.59%

Cluster G: 58.17%

Cluster H: 50.15%

Cluster I: 60.50%

Cluster J: 47.99%

Cluster Data: Outcome C: Use of appropriate behaviors to meet needs SS2

Cluster A: 56.97%

Cluster B: 60.61%

Cluster C: 65.64%

Cluster D: 66.62%

Cluster F: 61.09%

Cluster G: 67.65%

Cluster H: 61.71%

Cluster I: 65.75%

Cluster J: 63.64%

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	2009	Target>=	100.00%	94.00%	94.00%	94.00%	94.00%
A	96.30%	Data	96.94%	99.06%	98.37%	96.23%	98.70%
B	2016	Target>=	100.00%	94.50%	94.50%	94.50%	95.00%
B	96.73%	Data	97.42%	97.53%	97.55%	95.94%	98.48%
C	2018	Target>=	96.00%	93.00%	93.00%	93.00%	94.00%
C	95.29%	Data	95.59%	96.67%	96.74%	94.78%	97.49%

Targets

FFY	2024	2025
Target A>=	95.00%	96.50%
Target B>=	96.00%	97.00%
Target C>=	95.00%	96.00%

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	13,446
Number of respondent families participating in Part C	5,443
Survey Response Rate	40.48%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	5,255
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	5,443
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	5,261
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	5,425
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	5,158
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	5,443

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)	98.70%	95.00%	96.55%	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)	98.48%	96.00%	96.98%	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)	97.49%	95.00%	94.76%	Did not meet target	Slippage

Provide reasons for part C slippage, if applicable

We experienced slippage on Part C due to a shift in how our child outcome data is analyzed. This year, we began working with a new monitoring vendor who collaborated closely with us to refine and strengthen our analytic approach. Through this partnership, we identified more accurate methods for interpreting our data than those used in previous years.

As a result, the updated analysis provides a more precise picture of family outcomes, which in turn affected our performance results for this reporting period. While this contributed to the observed slippage, we are confident that the improved methodology will support more realistic and achievable target setting moving forward. This enhanced accuracy positions us to make better-informed decisions and drive stronger outcomes in future cycles.

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?	NO

Response Rate

FFY	2023	2024
Survey Response Rate	55.39%	40.48%

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

The metric Indiana used to determine representativeness is +/-3% discrepancy in the proportion of respondents compared to the target group. Representativeness of race/ethnicity and geographic location were analyzed by comparing the percentage of families enrolled in Part C based on FFY24 child count data with the percentage of surveys received.

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.

Response Rate by Race/Ethnicity

Asian

Response rate representation: 2.02%

State child count data: 2.94%

Black/African American

Response rate representation: 13.25%

State child count data: 14.26%

Hispanic/Latino

Response rate representation: 14.75%

State child count data: 10.24%

Two or More Races

Response rate representation: 5.31%

State child count data: 10.39%

White

Response rate representation: 64.54%

State child count data: 61.92%

Other races are too small of percentage to report.

Based upon the race/ethnicity data above, Indiana is receiving a representative sample of completed surveys from families whose children exited the First Steps program in FFY24 for all race/ethnicities except Two or More Races. All responses disaggregated by race/ethnicity are not +/-3% as Two or More Races is -5.08%.

Response Rate by Geographic Location

Cluster A

Response Rate representation: 9.57%

State child count data: 10.50%

Cluster B

Response Rate representation: 8.75%

State child count data: 7.58%

Cluster C

Response Rate representation: 11.30%

State child count data: 9.27%

Cluster D

Response Rate representation: 9.41%

State child count data: 7.30%

Cluster F

Response Rate representation: 3.78%

State child count data: 3.90%

Cluster G:

Response Rate representation: 32.96%

State child count data: 35.10%

Cluster H

Response Rate representation: 5.71%

State child count data: 6.32%

Cluster I

Response Rate representation: 11.94%

State child count data 11.16%

Cluster J

Response Rate representation: 6.58%

State child count data: 8.87%

Based upon the geographic location data above, Indiana is receiving a representative sample of completed surveys from families whose children exited the First Steps program in FFY24. All responses disaggregated by geographic location are +/-3%.

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

NO

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

The State will strengthen the representativeness of future family survey data by expanding outreach efforts, deepening community partnerships, and improving survey accessibility for families who identify as Two or More Races. This includes working with Local Planning Coordinating Councils and Interagency Coordinating Councils, using multiple communication channels, and offering the survey in varied formats to reduce participation barriers. The State will invest in ongoing engagement with families and community partners to build trust, increase awareness of the survey's purpose, and ensure that all racial and ethnic groups see their perspectives reflected in State decision-making.

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 has invested in training to support service coordinators in their understanding of the importance of gathering this data. Indiana will continue to use strategies offering the survey to each family upon exit from the program through a variety of platforms to promote accessibility. Indiana anticipates that survey response rate will be affected in upcoming fiscal years, beginning in FFY25 the survey has been published in Spanish, Haitian Creole, and Burmese in addition to the existing English survey. We also implemented a QR code method of completing the survey to allow for families to complete the survey at their convenience.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The State's Family Outcomes Survey achieved a response rate that was broadly representative of the families we serve. Analysis showed that respondents closely mirrored the overall population in terms of geographic distribution and nearly all racial and ethnic groups. The only notable

exception was among individuals identifying as Two or More Races, who were underrepresented in the response pool. While this indicates minimal nonresponse bias overall, future cycles may benefit from targeted outreach to ensure stronger representation from this group.

The State has engaged a new monitoring vendor to strengthen the dissemination, design, and analysis of the family survey, with a specific focus on improving the representativeness of respondent demographics. Beginning in FFY25, the survey will be available in English, Spanish, Burmese, and Haitian Creole to ensure that families can participate in the language they are most comfortable using. By expanding language access and improving survey administration practices, the State aims to reduce barriers to participation and minimize future response bias, particularly among communities that have been historically underrepresented in prior survey cycles.

The survey is offered to all families as they exit the program either when the child is turning three or the child has met all their goals and services are no longer needed. Service coordinators offer this survey in a variety of ways for families to complete. These methods are:

- Using a tablet or computer during an in-person visit
- Leaving a paper copy and self-addressed envelope with the family
- by email
- by text
- over the phone
- QR code

If the survey was not completed at an in-person meeting or through other methods, the service coordinator will make reasonable efforts to contact the family to offer the survey again, up to four times. For each contact attempt, they record the method and the result of their contact attempts on the survey. This is used to ensure all families are offered the surveyed. These combined strategies, expanded language access, multiple modes of administration, and structured follow-up, are designed to reduce nonresponse bias and promote participation from a broad cross-section of families receiving Part C services.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

The State did not analyze the response rate to (1) identify potential nonresponse bias and (2) the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

4 - Required Actions

In the FFY 2025 SPP/APR, the State must report whether its FFY 2025 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

In the FFY 2025 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

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	1.40%

FFY	2019	2020	2021	2022	2023
Target >=	1.57%	1.37%	1.40%	1.42%	1.43%
Data	1.65%	1.56%	1.47%	1.55%	2.06%

Targets

FFY	2024	2025
Target >=	1.44%	1.45%

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	1,606

Source	Date	Description	Data
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	78,935

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,606	78,935	2.06%	1.44%	2.03%	Met target	No Slippage

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

Provide additional information about this indicator (optional)

Indiana continues to allocate a significant amount of resources to marketing efforts focused on the Birth - 1 population. Indiana continued a contract with a marketing vendor around child find efforts, with a focus on finding all children under 12 months who might be eligible for early intervention. Materials have been made available in six languages and are publicly posted for use by any entity. All outreach materials can be found on Indiana's website at <https://www.in.gov/fssa/ddars/bcds/first-steps-outreach-materials/>

Indiana seeks to educate families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

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	3.83%

FFY	2019	2020	2021	2022	2023
Target >=	3.84%	3.90%	4.20%	4.30%	4.60%
Data	4.85%	4.51%	4.73%	5.93%	6.24%

Targets

FFY	2024	2025
Target >=	4.86%	4.88%

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

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	14,276

Source	Date	Description	Data
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	241,241

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
14,276	241,241	6.24%	4.86%	5.92%	Met target	No Slippage

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

Provide additional information about this indicator (optional).

Indiana continues to allocate resources to marketing efforts of the Birth - 3 population. Indiana continued a contract with a marketing vendor around its child find efforts. Indiana is committed to finding all children who might be eligible for early intervention. The materials were developed in alignment with the CDC's "Learn the Signs. Act Early." campaign. Indiana also utilized social media, paid media, paid advertisements, and its Local Planning and Coordinating Councils in each of its nine EIS program/Clusters to broaden its reach and audience. These materials have been made available in six languages and are publicly posted for use by any entity. All outreach materials can be found on Indiana's website at <https://www.in.gov/fssa/ddars/bcds/first-steps-outreach-materials/>

Indiana seeks to educate families on the importance of developmental surveillance and developmental screening and knowing where to go for help when they are concerned about their child's development. In addition to the printed materials, videos were created. Featured in these four videos are two parents of children who are First Steps graduates, a developmental pediatrician, and First Steps providers. Indiana's marketing vendor has been tracking data around social media views, website traffic, and google searches.

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	99.62%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	84.32%	98.82%	79.71%	66.71%	97.86%

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
607	648	97.86%	100%	98.77%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

33

Provide reasons for delay, if applicable.

Family Reasons for Delays: 33

Family cancellation: 15

Family illness: 4

Family scheduling conflict: 14

System Reason for Delays: 8

SC scheduling error: 6

Eligibility determination team schedule: 2

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using a sample set of data and methodology consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2024 as a representative sample.

Provide additional information about this indicator (optional).

State Total: 98.77% (640/648)

Initial Data Pull:

Cluster A: 100% (78/78)

Cluster B: 100% (38/38)

Cluster C: 98.4% (63/64)

Cluster D: 100% (57/57)

Cluster F: 89.5% (34/38)

Cluster G: 99% (190/192)

Cluster H: 100% (44/44)

Cluster I: 100% (79/79)

Cluster J: 98.3% (57/58)

Q2 Subsequent Data Pull:

Cluster C: 100% (10/10)

Cluster F: 100% (10/10)

Cluster G: 100% (20/20)

Cluster J: 100% (10/10)

As a result of FFY24 monitoring, 4 clusters (Cluster C, F, G, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 7, 45-Day Timeline. Clusters C, F, G, and J received a finding for Indicator 7. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new referrals quarterly for each cluster with FFY24 findings not yet verified as corrected until 100% compliance with 45-Day Timeline was demonstrated. Upon reviewing data from quarter 2 of FFY24 (October 2024), Clusters C, F, G, and J achieved 100% compliance, thereby closing their FFY24 findings. The Lead Agency determined the four Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY24 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive 45 Day Timeline had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
5	5	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23 the State issued 5 findings of noncompliance for Indicator 7. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new referrals quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with 45 Day Timeline was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, F, G, H, and I's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined all five Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that 10 individual instances of noncompliance reported by the State in FFY23 under this indicator have been corrected. For each of the five findings verified as corrected, every child who did not receive timely 45 day timeline had their record thoroughly reviewed to ensure services were provided albeit late or the child had left the jurisdiction of the Cluster SPOE or program.

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.

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

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

As a result of FFY23 monitoring, 5 clusters (Cluster A, F, G, H, and I) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 7, 45-Day Timeline. Clusters A, F, G, H, and I received a finding for Indicator 7. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new referrals quarterly for each cluster with FFY23 findings not yet verified as corrected until 100% compliance with 45-Day Timeline was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, F, G, H, and I achieved 100% compliance, thereby closing their FFY23 findings. The Lead Agency determined all five Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive 45 Day Timeline had their record thoroughly reviewed to ensure services were eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

7 - OSEP Response

7 - 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. 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 noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 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.

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

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

Instructions

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

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

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

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

Indicator 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	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.43%	100.00%	98.18%	98.90%	97.37%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

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
651	651	97.37%	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.

All transition steps and services were completed timely, no delay reason to report.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS programs/clusters are monitored each year using a sample set of data and methodology consistent across each Cluster. Original data for this indicator was gathered looking at July 2024 data as a representative sample.

Provide additional information about this indicator (optional).

State Total: 100% (651/651)

Cluster A: 100% (58/58)

Cluster B: 100% (56/56)

Cluster C: 100% (75/75)

Cluster D: 100% (50/50)

Cluster F: 100% (36/36)

Cluster G: 100% (180/180)

Cluster H: 100% (49/49)

Cluster I: 100% (75/75)

Cluster J: 100% (72/72)

All clusters were found to be in compliance for Indicator 8A: Transition Steps and Services. No findings issued for FFY2024.

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
5	5	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23 the State issued 5 findings for Indicator 8A. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Transition Steps and Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, F, G, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their findings from FFY23. The Lead Agency determined all five Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that 15 individual instances of noncompliance reported by the State in FFY23 under this indicator has been corrected. For each of the five findings verified as corrected, every child who did not receive timely transition steps and services had their record thoroughly reviewed to ensure transition steps and services were provided albeit late or the child had left the jurisdiction of the Cluster SPOE or program.

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.

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

8A - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

As a result of FFY23 monitoring, 5 clusters (Cluster A, F, G, I, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 8A: Transition Steps and Services. Clusters A, F, G, I, and J received a finding for Indicator 8A. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. Quarterly, the state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting for each cluster with FFY23 findings not yet verified as corrected until 100% compliance with Transition Steps and Services was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, F, G, I, and J achieved 100% compliance, thereby closing their FFY23 findings. The Lead Agency determined all five Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive timely Transition Steps and Services had their record thoroughly reviewed to ensure transition steps and services were eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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%	95.16%	97.43%	91.77%

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
777	777	91.77%	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.

All SEA and LEA Notifications were completed timely, no delay reason to report.

Describe the method used to collect these data.

Each month, the Lead Agency generates the LEA 30-month notification report on the first day of the month and distributes it to all SPOEs. The report includes every child with an active IFSP who will turn 30 months in the upcoming month, as well as any child who had an IFSP written in the previous month and is now over 30 months old. The report contains all required directory information needed by LEAs to contact families. Because Indiana is a no-opt-out state, all families are contacted in at least two ways.

Upon receipt of the monthly report, each SPOE audits its list to ensure all eligible children are represented. Once accuracy is confirmed, the SPOE certifies the list and distributes the child-specific information to the appropriate LEA staff, copying the State Part C office to provide a mechanism for the State to verify that each LEA was notified for every child included in the report.

The Lead Agency then compiles an aggregate statewide report based on the SPOE-verified lists and provides it to Part B staff at the Indiana Department of Education as a source document for their LEA-level auditing. The State also tracks monthly statistics on the number of children included in the LEA report and the status of notifications. Because the State now has access to complete data for all children included in the LEA report, sampling is no longer required.

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

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS Programs/Clusters are monitored each year using entire data set of all children eligible for LEA/SEA notification consistent across each EIS Program/Cluster. Original data was gathered for the period of July 2024.

Provide additional information about this indicator (optional).

State Total: 100% (777/777)

Cluster A: 100% (74/74)

Cluster B: 100% (64/64)

Cluster C: 100% (66/66)

Cluster D: 100% (55/55)

Cluster F: 100% (39/39)

Cluster G: 100% (283/283)

Cluster H: 100% (57/57)

Cluster I: 100% (73/73)

Cluster J: 100% (70/70)

All clusters were found to be in compliance for Indicator 8B: Notification to the SEA and LEA. No findings issued for FFY2024.

The Lead Agency's data analyst, in collaboration with FSSA's data analytics team, developed an algorithm to generate an automated Local Education Agency (LEA) and State Education Agency (SEA) report. This automated report improved compliance with Indicator 8B (Timely Notification to the LEA/SEA) in FFY24 to 100%.

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
7	7	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23 the State issued 7 findings for Indicator 8B. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with SEA/LEA Notification was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, B, F, G, H, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that 47 individual instances of noncompliance reported by the State in FFY23 under this indicator has been corrected. For each of the seven findings verified as corrected, every child who did not receive timely SEA/LEA Notification had their record thoroughly reviewed to ensure notification was eventually provided or the child had left the jurisdiction of the Cluster SPOE or program.

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.

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

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

As a result of FFY23 monitoring, 7 clusters (Cluster A, B, F, G, H, I, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 8B: Notification to the SEA and LEA. Clusters A, B, F, G, H, I, and J received a finding for Indicator 8B. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. Quarterly, the state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting for each cluster with FFY23 findings not yet verified as corrected until 100% compliance with Notification of SEA and LEA was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, B, F, G, H, I, and J achieved 100% compliance, thereby closing their FFY23 findings. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not have notification to the SEA and LEA had their record thoroughly reviewed to ensure notification to the SEA and LEA was eventually provided or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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

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

Instructions

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

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

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

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

Indicator 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	96.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.05%	96.63%	93.87%	90.64%	93.35%

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
635	651	93.35%	100%	97.54%	Did not meet target	No Slippage

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

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

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.

Indiana does not accept exceptional family circumstances as an acceptable reason for delay. All reasons for delay were categorized as systems reasons. These included: meeting conducted earlier than 9 months from the child's third birthday, meeting conducted fewer than 90 days from the child's third birthday, and missing documentation of the meeting and the child has subsequently exited from the program. All reasons for delay (16) were considered system reasons.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

All nine EIS programs/clusters are monitored each year using a sample set of data and methodology consistent across each Cluster. Original data for this indicator was gathered looking at July 2024 data as a representative sample.

Provide additional information about this indicator (optional).

State Total: 97.5% (635/651)

Initial Data Pull:

Cluster A: 100% (58/58)

Cluster B: 100% (56/56)

Cluster C: 100% (75/75)

Cluster D: 100% (50/50)

Cluster F: 100% (36/36)

Cluster G: 96.7% (174/180)

Cluster H: 93.9% (46/49)

Cluster I: 97.3% (73/75)

Cluster J: 93.1% (67/72)

Q2 Subsequent Data Pull:

Cluster G: 100% (20/20)

Cluster H: 100% (5/5)

Cluster I: 100% (10/10)

Cluster J: 100% (10/10)

As a result of FFY24 monitoring, 4 clusters (Cluster G, H, I, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 8C: Transition Conference. Clusters C, F, G, and J received a finding for Indicator 8C. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY24 findings not yet verified as corrected until 100% compliance with completion of Transition Conference or family declined consent. Upon reviewing data from quarter 2 of FFY24 (October 2024), Clusters G, H, I, and J achieved 100% compliance, thereby closing their FFY24 findings. The Lead Agency determined the four Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY24 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not complete a Transition Conference had their record thoroughly reviewed to ensure conference was completed, family declined consent, or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
7	7	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In FFY23 the State issued 7 findings for Indicator 8C. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with timely Transition Conference was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, C, F, G, H, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that 38 individual instances of noncompliance reported by the State in FFY23 under this indicator have been corrected. For each of the seven findings verified as corrected, every child who did not receive a timely Transition Conference had their record thoroughly reviewed to ensure the conference were eventually provided or the child had left the jurisdiction of the Cluster SPOE or program.

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.

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2023 SPP/APR

As a result of FFY23 monitoring, 7 clusters (Cluster A, C, F, G, H, I, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for Indicator 8C: Transition Conference Clusters A, C, F, G, H, I, and J received a finding for Indicator 8C. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. Quarterly, the state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting for each cluster with FFY23 findings not yet verified as corrected until 100% compliance with completion of Transition Conference was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, C, F, G, H, I, and J achieved 100% compliance, thereby closing their FFY23 findings. The Lead Agency determined all seven Clusters are meeting regulatory requirements.

The Lead Agency has verified that each EIS program/Clusters for each instance of noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of data subsequently collected through monitoring; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 10, 20, or 40 records, depending on the cluster size. For all findings verified as corrected, every child who did not receive timely Transition Conference had their record thoroughly reviewed to ensure notification to the Transition Conference was completed, family declined consent, or the child had left the program. All EIS programs demonstrated 100% compliance for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

8C - OSEP Response

8C - 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. 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 noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 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.

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.

This indicator is not applicable because Indiana uses the Part C procedures for due process hearings.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

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 = $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100$.

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

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

Provide additional information about this indicator (optional)

Indiana did not set targets for this indicator as it has not met the minimum threshold of 10 mediation requests.

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)?

Increase the percentage of infants and toddlers with IFSPs who enter the system below age expectations and demonstrate substantial growth in the area of positive social emotional skills by the time they exit the program.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

<https://www.in.gov/fssa/ddars/files/bcds/ToA.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
2010	49.00%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	52.75%	55.00%

FFY 2024 SPP/APR Data

Number of young children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	Number of young children who entered early intervention below age expectation	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,507	6,392	53.96%	52.75%	54.87%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

Indiana's Child Outcome Data reported in indicator 3A, SS1.

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

The state uses its child outcomes data, specifically Outcome A; Positive Social -Emotional Skills, 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 for this analysis. The state looks at the initial data collected from the AEPS (Assessment, Evaluation and Programming System for Infants and Toddlers-Second Edition) for children who enter the Part C program and receive services for 6 months or more. Those initial scores are then compared to exit data that is collected when the child exits the program using a state developed Exit Skills Checklist, which is derived from the AEPS.

At exit, the child's ongoing service providers compile progress data utilizing the checklist. This data is then provided to an Eligibility Determination Team (ED Team) member for final scoring, which is compared to the child's entrance scores. The ED Team uses the checklist to determine the scoring of the AEPS. There are three domains of the AEPS that are associated with each of the three federal outcomes:

Outcome A - Social/Emotional domain

Outcome B - Cognitive domain

Outcome C - Adaptive domain

Only ED Team members can compute final scores in the form of standard deviations below the mean (0, -1.0, -1.5, and -2.0). If a child shows no developmental delays on the AEPS (zero or no standard deviations), then the child's status is defined as "comparable to same-aged peers."

AEPS scoring of 0, -1, -1.5 and -2, entrance and exit skills were reviewed to determine which bucket the child data went into:

Progress Category A: Number of infants and toddlers who did not improve functioning.

Child enters and exits with the same raw score/lower raw score for the domain (lost skills) and listed as "progress not made".

Progress Category B: Number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

Child enters with a SD of -2 or -1.5 and exits with the same SD or lower but progress made

Child enters with a SD of 0 and exits with a SD of -2 but progress made

Child enters with a SD of -1 and exits with a SD of -2

Progress Category C: Number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it.

Child enters with a SD of -1 and exits with a SD of -1.5

Child enters with a SD of -2 and exits with a SD of -1.5

Child enters with a SD of 0 and exits with a SD of -1.5

Progress Category D: Number of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

Child enters with a SD of -2 or -1.5 and exits with a SD of 0

Child enters with a SD of -2 or -1.5 and exits with a SD of -1

Child enters with a SD of 0 and exits with a SD of -1

Child enters with a SD of -1 and exits with a SD of -1

Progress Category E: Number of infants and toddlers who maintain functioning at a level comparable to same-aged peers.

Child enters with a SD of 0 and exits with a SD of 0

Child enters with a SD of -1 and exits with a SD of 0

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.in.gov/fssa/ddars/files/bcds/Evaluation-Plan_jt.pdf

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

NO

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

Caregiver Coaching through Family Guided Routines Based Intervention (FGRBI): Family Guided Routines Based Intervention (FGRBI) is an approach to early intervention services that emphasizes the role of families in guiding their children's development and learning. It integrates family-centered

practice, adult learning, coaching, and feedback with evidence-based interventions. The goal is to help caregivers engage their young children in learning through everyday routines and activities that are meaningful to them. FGRBI promotes collaboration between caregivers and early intervention providers to create individualized, culturally responsive services and supports. The principles of implementation science are being used as a guide in the implementation of professional development supporting the use of this evidence-based practice of caregiver coaching.

Data Driven Decision Making: Indiana collects data to guide and inform decisions about the services and supports provided to infants, toddlers, and their families. This approach ensures access to interventions that are tailored to each child's unique needs and progress is continuously monitored. Key components of this strategy include:

1. **Data Collection:** Gathering information from various sources, such as observations, standardized tests, and input from families.
2. **Data Completeness:** Ensuring required data is entered in the data system are accurate and complete
3. **Analysis:** Reviewing and analyzing the collected data to identify patterns, strengths, and areas requiring additional support.
4. **Decision Making:** Using the analyzed data to make informed decisions about intervention strategies, resource allocation, and service planning. This systematic approach helps ensure that early intervention services are effective and responsive to each child's developmental needs and EIS programs are compliant with all regulatory requirements.

Program Access: Indiana is dedicated to providing early intervention services to all eligible Hoosier infants and toddlers with disabilities or developmental delays and their families. Identification of all potentially eligible children and expanding access to early intervention services is crucial. Services support children's development and prepare them for future educational success. The program focuses on offering a comprehensive array of individualized services tailored to meet the unique needs of each child and their family. Key components include:

1. **Recruitment and Retention:** Recruiting well-qualified and diverse workforce ensures that children receive high-quality early intervention services that meet the needs of children from various backgrounds, including those from underserved communities
2. **Family-Centered Services:** Collaborating closely with families to empower them as active participants in their child's development. This includes providing family education, counseling, and support services.
3. **Multidisciplinary Team Approach:** Engaging a team of professionals from various fields, such as healthcare, education, and social services, to create and implement personalized intervention plans.
4. **Inclusive Practices:** Promoting inclusive environments and practices that support the child's participation in natural settings, such as their home, childcare, or other community-based settings.
5. **Transition Planning:** Preparing children and families for a smooth transition to preschool services or other appropriate programs as they approach age 3.

By enhancing access to these vital services, Indiana aims to improve developmental outcomes, foster inclusion from an early age and ensure that all children have the opportunity to grow and learn.

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.

Caregiver Coaching through Family Guided Routines Based Intervention (FGRBI):

FGRBI training continued during the reporting period with the completion of the sixth cohort and the start of one additional cohort of providers now across thirty-six agencies. The team at Indiana University has assumed full leadership for the professional development sequence including the addition of two Indiana University staff as Professional Learning Community facilitators and one outside facilitator. Master coach status has been achieved by one Indiana University staff member and master coach training continues with one additional Indiana University staff under the direction of Molly Romano at Florida State University's Center for Early Childhood-Research and Practice (CEC-RAP) Center. By the end of the seventh cohort, 132 providers successfully reached the end of the 10-month professional development sequence. Technical assistance was provided through the provider agency implementation meetings and achievement of professional development milestones was communicated with agency leadership in these meetings. Continued training and informational opportunities were created and disseminated to educate providers, provider agencies, service coordinators and Eligibility Determination members about the FGRBI initiative. Provider feedback on the professional development experience was collected at the end of the sequence to measure provider satisfaction and how confident providers felt about the implementation of FGRBI. All providers surveyed indicated that they are using coaching during some of their home visits with 60% of providers responding indicating that they use coaching in 75% or more of their home visits. Family feedback was gathered through the distribution of family surveys through provider participants with a plan to shift to family interview with the intention of gathering more robust data and information about family experience with caregiver coaching. Both State and Provider Agency Implementation Teams continued to meet to ensure system supports are in place. Informational meetings on FGRBI continued with agencies and EIS program/Cluster System Point of Entry during the reporting period. These meetings continue to expand awareness and understanding of FGRBI principles.

Data Driven Decision Making:

The activities around improving the statewide data system, EI Hub, are critical to the improvement of the State's comprehensive monitoring system and improving quality standards for infants, toddlers, and their families. Indiana continued to focus on resolving bugs and issues in the EI Hub in FFY2023 and that will continued to remain a focus for FFY2024. While the EI Hub went live in March 2021, system deficiencies are creating data entry issues which have affected data completeness and quality. Local programs do not have the ability to generate meaningful reports necessary to manage timelines, compliance, and quality. Most of the reporting period was spent testing system fixes and implementing major case management releases resulting in the identification of additional bugs and issues. At the beginning of the reporting period, Indiana worked to advocate in meetings with the vendor for increased developer resources and time, which would lead to system improvements through the correction of identified issues, implementation of user roles, and the development of reports that will drive local program improvements. When this approach was unsuccessful, the Lead Agency sent the vendor a letter outlining the contractual requirements that were missed during implementation of the EI Hub. The Lead Agency and vendor engaged in meetings outlining the deficiencies in the system based on the original design documents, federal requirements, three years of stakeholder feedback, and business processes. An agreement and plan were developed to remediate the EI Hub over FFY24. This includes user story sprint cycles, a testing plan, and release schedule. Data in the new enrollment module have been analyzed to monitor recruitment strategies and better understand provider demographics such as gender, race, ethnicity, full education background, provider type, service provision location, etc.

Data has driven decision making for social media recruitment content directed at specific professions, presentations to institutions of higher education with specific degree programs, as well as where increased access to services efforts should be targeted. The data analyst continued her work with the data system vendor and the Family and Social Service Administration (FSSA) data analytics team. She developed heat maps and data dashboards to better understand provider availability and system capacity. Data has been monitored quarterly to determine the effectiveness of recruitment and service access strategies. Data indicates increased enrollment of service coordinators and service providers. It also indicates more children are receiving IFSP services and the number of billed IFSP service hours are higher than the last several years.

The Data Analyst continues to participate in ICC, agency, and SPOE meeting listening sessions to best understand stakeholder needs around data reports/dashboards which could be utilized to drive future system improvements. The data analyst, in collaboration with the FSSA data analytics team and local EIS program/Cluster SPOEs, developed an algorithm to generate Local Education Agency and State Education Agency reports directly from the statewide database. These reports were implemented in July 2024 and are a critical strategy in the improvement of APR Indicator 8B – Timely Notification to the LEA/SEA. EIS program/Cluster SPOE knowledge and understanding of APR Indicator 8B compliance improved during the development phase of these reports and should also contribute to improved compliance.

Program Access:

The Lead Agency began to implement strategies to improve program access in January of 2023. It began with increased contract allocations for its System Points of Entry (SPOE) vendors and new service rates. SPOEs increased the starting salary for all service coordinators and increased the number of service coordinators to drive caseload sizes down as many service coordinators had caseloads of 100 children or more. Provider agencies were seeing their providers decrease the number of hours they would provide to First Steps. Many were requesting more hours in private therapy clinics or finding other employment as the rate for providers was not competitive with what hospitals, clinics, and schools were paying for the same services. During this reporting period, the Lead Agency monitored the effectiveness of the new service rates. As mentioned in the data driven decision making strategy above, the Lead Agency worked to improve its service coordinator and ongoing provider recruitment and retention. The Lead Agency enrolled 4 new provider agencies during the reporting period. It worked with those agencies to ensure they had the required number of personnel available to provide IFSP services to children and their families. The Lead Agency also stressed the importance of expanding the enrollment of new providers, not hiring or contracting with those who have already enrolled but work for other entities. The Lead Agency's Outreach and Training Director worked with the marketing vendor to strategize how to attract and retain professionals with the necessary credentials to provide IFSP services. This resulted in a plan for increased social media content focused on recruitment, information for local programs to use at college and university job fairs within their service areas, website content to feature careers in First Steps, promotional videos around why early intervention is important and how it is a viable career path, and paid media. Lead Agency website content can be found at: <https://www.in.gov/fssa/firststeps/providersagencies/provider-enrollment/>

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

NO

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

Evidence-Based Practice Family Guided Routines Based Intervention (FGRBI): The Lead Agency will continue developing infrastructure to support the sustainability of the use of coaching practices guided by the Family Guided Routines Based Intervention framework by:

1. Continue to gather participant feedback following each cohort to consider changes as an ongoing improvement process.
2. Incorporating coaching principles, family-centered strategies and FGRBI language into professional development modules as they continue to be developed. This will ensure that professional development content from onboarding modules to more advanced modules is aligned with a caregiver coaching service delivery model, and that the language is represented so that providers see it as part of the system.
3. Continue to grow a group of additional Professional Learning Community facilitators to increase expertise throughout the state and increase capacity for the provision of professional development.
4. Pilot a new Agency Cohort structure to improve recruitment and retention of participants and increase agency involvement in the professional development experience.
5. Continuing to consider the alignment of caregiver coaching with all new initiatives and professional development offerings to ensure a unified approach to working with families. Ensuring consistency in messaging will allow providers to feel confident that the philosophy of caregiver coaching is embedded in the early intervention system.
6. Continuing to consider opportunities to build requirements for caregiver coaching professional development into initial and on-going credentialing processes over the next 1-2 years.
6. Incorporating FGRBI language into the face-to-face sheets completed at the end of sessions with families through training and technical assistance efforts. This will support integration of FGRBI as well as remind providers and families of the structure and language of FGRBI.
8. Maintaining regular communication between state decision makers and those implementing professional development to ensure seamless implementation and also to have data-based sustainability discussions to support that the model is being adapted to the needs of Indiana in a timely way.
9. Shifting from family surveys to family interviews to improve data collection around family experience with a coaching model of service delivery.
10. Increasing our focus on outcomes to ensure that we are seeing mid- and long-range provider, family and child outcomes shifts in response to implementation of coaching practices.

Data Driven Decision Making:

1. The Lead Agency will implement the remediation plan developed with the data system vendor over the course of the next reporting period which will drive improved data completeness and accuracy in the coming reporting periods. The agency will monitor user story sprint cycles, implement a robust user acceptance testing plan with additional resources, and remain disciplined to ensure adherence to the release schedule. User roles will be implemented so the use of data dashboards and reports will become meaningful to local program staff. The team will hold training sessions with its EIS program/Cluster leaders to improve the understanding of data being collected, improve business processes around data input and system use, and develop and implement data quality reports for local programs.
2. The Lead Agency will execute a contract with a new monitoring vendor who will develop and implement a child and family outcome collection and repository. The agency will collaborate with this vendor to strategize ways to improve the completion of the required exit skills checklist, which is needed to analyze and report child outcomes data. The vendor will also work with the Lead Agency to implement new family outcome survey dissemination and collection practices.

These efforts should influence EIS program compliance and results data.

Program Access:

1. The Lead Agency's Director of Outreach and Training will attend the ECPC Leadership Academy in FFY24. She will work to create provider recruitment strategies which start with career exploration at the middle and high school levels. This strategy will ensure more students are aware of early intervention and its career opportunities with the goal of growing its potential for its future workforce.
2. The Lead Agency will develop robust internship procedures for EIS programs/Clusters and provider agencies. These procedures will include activities, assignments, and program requirements for students to complete during their internships. Through the exposure to careers in early intervention, developing knowledge of the EI system, and understanding best practices will better prepare individuals to enter the workforce upon graduation.

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

Indiana is currently engaged in ongoing implementation of caregiver coaching through Family Guided Routines Based Intervention (FGRBI) in Indiana.

Provide a summary of each evidence-based practice.

Based upon the extensive work of Dr. Juliann Woods and her team at Florida State University, Family Guided Routines Based Intervention (FGRBI) is an approach that incorporates the Part C of IDEA legal mandates and guidelines to promote child directed learning in functional everyday routines and activities with families and caregivers. Early Intervention providers can best influence developmental outcomes for young children by utilizing family-centered and evidence-based practices that increase parent/caregiver confidence and competence and are provided through a collaborative, cross disciplinary service delivery process.

Key principles and evidence-based practices of early intervention for professionals across disciplines are utilized in FGRBI and caregiver coaching. FGRBI provides systematic implementation within a flexible framework that also provides a plan for family participation and leadership. The flexible framework facilitates individualization based on the interests and needs of young children at risk for or with disabilities and the priorities of their family. As families identify their priorities for their child and work as partners with the provider, outcomes are developed and supported by curricula most appropriate to address the child's IFSP. The FGRBI framework supports the triadic relationship between the parent, child and provider to embed learning targets into the meaningful and functional activities the family identifies.

FGRBI is a cluster of evidenced based and recommended practices that providers will teach (or coach) the caregiver to use with their child.

FGRBI has four key components which are:

- 1) Family Guided, Individualized, Culturally Responsive Services and Supports.
- 2) Everyday Routines, Activities, and Places
- 3) Functional Participation-Based Outcomes
- 4) Embedded Instruction

Caregiver coaching supports each of these four components by informing and engaging families as decision-makers and teachers in their child's life. Families learn about FGRBI through coaching by the provider. Just as FGRBI is individualized for each child and family, caregiver coaching engages parents in participatory experiences and opportunities designed for them to build and strengthen their confidence and competence.

FGRBI is also aligned to DEC (Division early childhood) recommended practices for Early intervention services as outlined below:

- Family-centered practices: should be individualized, and responsive to each family's unique circumstances.
- Services should provide complete and unbiased information to make informed decisions.
- Family capacity-building practices: Promote participatory opportunities to build on existing parenting knowledge and skills.
- Promote the development of new parenting abilities that enhance parenting self-efficacy.
- Family and professional collaboration: Build relationships between families and professionals who work together, to promote family competencies and support the development of the child. Additional information about FGRBI can be found at this link: www.fgrbi.com

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.

FGRBI will influence the SIMR by changing provider early intervention practices so parent/caregiver confidence and competence increase over time. Our goal is to work more effectively with all families, particularly under-served families, and this approach ensures that providers are listening, connecting with families where they are, and within their everyday routines and cultural context. By building on child and family interests and priorities, the FGRBI model for service delivery will help our providers connect effectively with families to coach them to support their child effectively throughout the day.

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

The Lead Agency will continue to use training evaluation questions for the professional development experience including a final survey that is completed at the end of each cohort. Providers will record a full-length home visit prior to and at the completion of the professional learning community sequence. The videos will be utilized to assess practice change using a FGRBI fidelity measure established by FSU. Providers will also submit clips of home video recordings for review, feedback, and scoring throughout the professional development process. Individualized data dashboards are created for each participating provider and are shared with their agency. The Lead Agency believes it is necessary to measure ongoing implementation and determine additional ongoing support and training for providers who complete the FGRBI training sequence. This will be achieved by collecting post implementation data using a survey. Data will be collected at 3, 6, and 12 months post completion. Data will be analyzed to determine continued FGRBI implementation and efficacy.

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.

Data from each cohort including the final survey, pre-videos, and post-videos has been and will continue to be evaluated after the completion of each cohort to begin to identify trends and efficacy. 100% of providers in cohorts six and seven were satisfied or highly satisfied with the online module portion of the professional development sequence. 100% of participants from the sixth and seventh cohorts that submitted both pre and post video demonstrated an increase in fidelity of implementation scores (i.e., an increase in use of FGRBI family-centered practices) by an average of over 30%. Family evaluation will be shifted to a family interview format to gather information about family experience.

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

The Lead Agency will continue with implementation of Family Guided Routines Based Intervention by completing the 10-month professional development sequence with two additional cohorts of providers and the start of a pilot agency specific cohort in the spring of 2026. One master coach at Indiana University will support the continued development of student coders to support video coding and scoring as part of the professional development sequence. One existing Provider Coach will advance to Master Coach status. Coaches will continue to support the development of additional Professional Learning Community facilitators to build sustainability and Indiana expertise. Agencies will continue to participate in provider agency implementation teams to support sustainability. The State Implementation Team will meet on a bi-annual basis to provide support. The Master and Provider coaches will continue to support and communicate with the 132 providers that have completed the professional development sequence around maintaining the use of the FGRBI Key Indicators within their practice through targeted email and live community of practice meetings. Additional providers will be added to this group as additional cohorts complete the sequence.

Indiana will continue to evaluate data that results from post PD surveys. The plan continues to include fidelity measures related to model practices as well as implementation science practices and outcome measures. While we do not expect these changes to happen quickly, ECC and the lead agency have worked to identify mid-range outcomes that we will begin measuring over the next year. A plan for evaluating long-term child and family outcome measures will be developed over the next year. In addition to the work on FGRBI installation, materials will continue to be disseminated, and new materials will continue to be created to support service coordinators, eligibility determination team members, and providers who are and are not going through the training so they are better able to help families understand what their services will look like as Indiana transitions to this model. Caregiver coaching concepts have been incorporated into the larger professional development system to ensure alignment and broader system awareness.

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

YES

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

There hasn't been enough data collected on FGRBI implementation to demonstrate a need to modify Indiana's current SSIP. The Lead Agency will continue internal and stakeholder conversations around what data should be collected and analyzed to best determine the efficacy of FGRBI and how this evidence-based approach influences child outcomes. Therefore the Lead Agency will continue its improvement strategies without modifications.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Lead Agency engages a broad and diverse group of stakeholders throughout the federal fiscal year to inform decision making, support implementation activities, and build statewide capacity to improve outcomes for infants and toddlers with disabilities and their families. Stakeholders include members of the Interagency Coordinating Council (ICC), the FGRBI State Implementation Team, Parent Centers, family members, state agency partners, early intervention providers, EIS Program/Cluster leadership, and contracted vendors such as the Early Childhood Center (ECC). These individuals represent varied backgrounds, including differences in race, gender, geography, lived experience, and professional expertise.

Stakeholders contribute to multiple components of the State's general supervision and improvement activities. Engagement activities include reviewing progress toward SPP/APR targets, analyzing statewide and local data, participating in SSIP implementation, providing input on family engagement strategies, reviewing policies and procedures, preparing for federal monitoring, and identifying capacity building needs across the system. Their input directly informs target setting, revisions to targets when necessary, development of improvement strategies, and evaluation of progress.

The ICC serves as a primary mechanism for structured stakeholder engagement. The Council meets quarterly in a hybrid format to maximize participation, with its Executive Committee meeting monthly to provide ongoing guidance and feedback.

To build the capacity of parents to participate meaningfully in these processes, the Lead Agency collaborates with Parent Centers and family representatives to provide information, orientation, and ongoing support. These efforts help ensure that family perspectives are reflected in data analysis, improvement planning, and evaluation activities, and that parents are equipped to contribute as full partners in shaping the state's early intervention system.

The Lead Agency engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and EIS Program/Cluster leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation and participation, and capacity building strategies. The ICC held 4 hybrid (virtual and in-person) meetings every quarter with their executive committee meeting monthly. The Lead Agency engaged stakeholders in quarterly stakeholder meetings which were held virtually and in-person to ensure greater participation.

Indiana First Steps engaged a broad group of stakeholders (ICC members, FGRBI State Implementation Team, Parent Centers, family members, state agency leaders, early intervention providers, and vendors including ECC and SPOE leadership) throughout the federal fiscal year. These stakeholders came from varied backgrounds in terms of gender, race, geography, and experience. They provided input around a variety of topics and issues which

included: the State's progress in meeting targets for the SPP/APR, SSIP, family engagement strategies, review of policies and procedures, federal monitoring preparation, and capacity building strategies.

In FFY23, the Policy and Family Engagement Manager attended the ECPC Leadership Academy and as part of her capstone project, developed a plan to improve family engagement at the state level. As a result, Family Town Halls were implemented as an improvement strategy. A survey was sent to all families enrolled in Indiana First Steps to gather information around their interest in directly engaging with state program leadership, early intervention topics they would like to know more about, and family participation availability. Data from the surveys indicated families were interested in learning more information about family resources, transition, family rights and procedural safeguards, and dispute resolution. Family Town Halls were executed in the Spring of 2024. They were held virtually over Microsoft Teams at both 12 pm ET and 6:30 pm ET and interpreters were provided. Each town hall featured a different topic. During this reporting period families were introduced to state leadership, provided presentations from statewide family organizations that support families of children with disabilities, and informed about procedural safeguards and dispute resolution in Part C. Due to low participation, the Lead Agency placed these town halls on hold after the first quarter of FFY24 while it regrouped and considered additional ways to engage meaningfully with families.

Stakeholders continued to be engaged in providing feedback around all improvement strategies and activities. It remained important for data to be presented in ways all could digest and understand. Stakeholders were provided with opportunities to review, ask questions, and provide feedback. Meetings with stakeholders were held in a variety of formats, dates, and times in the effort to expand participation and spur meaningful conversations.

Stakeholders continue to come from a broad set of backgrounds which include: families, Indiana's general assembly, Department of Education, Department of Health, higher education, Riley Children's Health, Department of Child Services, family advocacy centers, local early intervention offices, and provider agencies. Participants were both male and female, of a vast age range, reside and work in varied geographical locations, and of various racial and ethnic backgrounds. Meetings with stakeholders were ongoing throughout the year and attendance and participation was excellent. Some examples of engagement included ICC hybrid meetings, scheduled quarterly stakeholder calls and in-person gatherings, and SPOE and agency meetings.

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

The Lead Agency engages stakeholders throughout the reporting period to gather input and feedback on its key improvement strategies. It engaged the ICC and its committees, EIS program/Cluster leaders, provider agencies, other state agency leaders, and parents in its data system remediation work, LEA/SEA report creation, and recruitment marketing strategy.

The Lead Agency convenes two stakeholder groups throughout the reporting period who are engaged around the implementation of FGRBI. State Implementation Team: This team is made up of a mix of families, providers, agency and SPOE administrators, state and ECC staff and Florida State University representation. This group has been meeting bi-annually and will continue to meet to discuss FGRBI implementation, data, and ongoing activities. A subgroup has been meeting more frequently to engage in long-term planning.

Provider Agency Implementation Teams: Each agency with providers participating in the FGRBI Professional Development Sequence has been asked to form a Provider Agency Implementation Team. These teams meet with ECC staff throughout the 10-month professional development sequence to support agencies in promoting system change and prior to provider participation to support readiness activities. Agencies are encouraged to meet following provider participation on a bi-annual basis to encourage support and continued use of caregiver coaching practices. Feedback from these agency meetings is then discussed at the State Implementation Team meeting.

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.

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	66.67%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					66.67%

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
9	3	9	3	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.

The Lead Agency uses monitoring to collect data and issue findings for Indicator 1 - Timely Start of Service. In addition to annual federal EIS Program/Cluster monitoring, the Lead Agency included one additional State compliance indicator - Annual IFSP Written Prior to Expiration which aligns with 34 CFR 303.342(c).

State Total: 99.2% (384/387)

Initial Data Pull:

Cluster A: 100% (47/47)
Cluster B: 100% (26/26)
Cluster C: 100% (45/45)
Cluster D: 100% (35/35)
Cluster F: 94.4% (17/18)
Cluster G: 100% (116/116)
Cluster H: 100% (24/24)
Cluster I: 97.8% (45/46)
Cluster J: 96.7% (29/30)

Q2 Subsequent Data Pull:

Cluster F: 100% (5/5)
Cluster I: 100% (10/10)
Cluster J: 100% (10/10)

As a result of FFY23 monitoring, 3 clusters (Clusters F, I, and J) demonstrated less than 100% compliance, thus exhibiting noncompliance for State Indicator - Annual IFSP Written Prior to Expiration.

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*:

Federal Monitoring Findings

In FFY23 the State issued 9 findings for Indicator 1. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new IFSP services (initial, IFSP or annual IFSP) quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Timely Provision of Services was demonstrated. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 5, 10, or 20 records, depending on the cluster size. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters A, D, and H's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. Upon reviewing data from quarter 3 of FFY23 (January 2024), Clusters B, C, F, G, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined all nine Clusters are meeting regulatory requirements.

Additional Findings

In FFY23 the State issued 3 findings for State Indicator - Annual IFSP Written Prior to Expiration. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with an annual IFSP due quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Annual IFSP Written Prior to Expiration was demonstrated. Upon reviewing data from quarter 2 of FFY23 (October 2023), Clusters F, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined the three Clusters are meeting regulatory requirements.

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

Federal Monitoring Findings

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the State in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the nine findings verified as corrected, the 167 children who did not receive Timely Provision of Services had their record thoroughly reviewed to ensure services were provided albeit late or the child had left the program. In the nine instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

Additional Findings

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the Sate in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the three findings verified as corrected, the 3 children who did not receive a timely Annual IFSP Written Prior to Expiration had their record thoroughly reviewed to ensure services were provided albeit late or the child had left the program. In the nine instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
5	0	5	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.

The Lead Agency uses monitoring to collect data and issue findings for Indicator 7 - 45 day timeline. The State did not report any additional findings during FFY23.

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:

In FFY23 the State issued 5 findings for Indicator 7. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children with new referrals quarterly for each cluster with FFY24 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with 45 day timeline was demonstrated. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 5, 10, or 20 records, depending on the cluster size. Upon reviewing data from quarter 2 (October 2023), Clusters A, F, G, H, and I's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their FFY23 findings. The Lead Agency determined the five Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the Sate in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the five findings verified as corrected, the 10 children who did not receive timely 45 Day Timeline had their record thoroughly reviewed to ensure services were provided albeit late or the child had left the program. In the five instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
5	0	5	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.

The Lead Agency uses monitoring to collect data and issue findings for Indicator 8A - Transitions Steps and Services. The State did not report any additional findings during FFY23.

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:

In FFY23 the State issued 5 findings for Indicator 8A. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Transitions Steps and Services was demonstrated. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 5, 10, or 20 records, depending on the cluster size. Upon reviewing data from quarter 2 (October 2023), Clusters A, F, G, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their findings from FFY23. The Lead Agency determined the five Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the Sate in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the five findings verified as corrected, the 15 children who did not receive timely Transition Steps and Services had their record thoroughly reviewed to ensure steps and services were provided albeit late or the child had left the program. In the five instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
7	0	7	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.

The Lead Agency uses monitoring to collect data and issue findings for Indicator 8B - Timely SEA/LEA Notification. The State did not report any additional findings during FFY23.

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:

In FFY23 the State issued 7 findings for Indicator 8B. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with SEA/LEA Notification was demonstrated. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 5, 10, or 20 records, depending on the cluster size. Upon reviewing data from quarter 2 (October 2023), Clusters A, B, F, G, H, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their findings from FFY23. The Lead Agency determined the seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the Sate in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the seven findings verified as corrected, the 47 children who did not receive timely SEA/LEA Notification had their record thoroughly reviewed to ensure notification were provided albeit late or the child had left the program. In the seven instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

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
7	0	7	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.)

The Lead Agency uses monitoring to collect data and issue findings for Indicator 8C - Transition Conference. The State did not report any additional findings during FFY23.

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*:

In FFY23 the State issued 7 findings for Indicator 8C. To ensure the systemic verification of correction of noncompliance and regulatory requirements are being met, subsequent data was reviewed. The state reviewed one month of subsequent data from the state's data system and EIS program/Cluster data files on children exiting quarterly for each cluster with FFY23 findings not yet verified as corrected until all instances of noncompliance were corrected and 100% compliance with Transition Conference was demonstrated. Specifically, the Lead Agency verified the correction of noncompliance through subsequent review using a sample size of 5, 10, or 20 records, depending on the cluster size. Upon reviewing data from quarter 2 (October 2023), Clusters A, C, F, G, H, I, and J's instances of noncompliance were corrected and 100% compliance was achieved, thereby closing their findings from FFY23. The Lead Agency determined the seven Clusters are meeting regulatory requirements.

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

The Lead Agency has verified that each EIS program/Cluster with each noncompliance reported by the Sate in FFY23 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, unless the child is no longer within the jurisdiction of the EIS program/Cluster, consistent with OSEP Memorandum 23-01. The Lead Agency monitored each EIS program/Cluster through the EI Hub Data System and individual Cluster file repository. For each of the seven findings verified as corrected, the 38 children who did not receive a timely Transition Conference had their record thoroughly reviewed to ensure the Transition Conference were provided albeit late or the child had left the program. In the seven instances, compliance reached 100% for this indicator in subsequent data reviews, indicating that regulatory requirements are being met.

Optional for FFY 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
33	3	33	3	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
36	36	66.67%	100%	100.00%	Met target	No Slippage

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

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	36
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)	36
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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

Name:

Christina Commons

Title:

Part C Coordinator

Email:

Christina.Commons@fssa.in.gov

Phone:

317-234-1142

Submitted on:

04/20/26 3:09:55 PM

Determination Enclosures

RDA Matrix

Indiana

2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
84.72%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	18	17	94.44%

2026 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's FFY 2024 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	10,080
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	13,442
Percentage of Children Exiting who are Included in Outcome Data (%)	74.99
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2024 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	1
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II. Child Performance

(a) Data Comparison: Comparing your State's FFY 2024 Outcomes Data to other States' FFY 2024 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2024	54.87%	59.21%	47.58%	74.10%	54.81%	64.80%
FFY 2023	53.96%	59.60%	43.95%	74.17%	49.77%	64.86%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2026: Part C."

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (3)	Score
Indicator 1: Timely service provision	81.80%	YES	1
Indicator 7: 45-day timeline	98.77%	YES	2
Indicator 8A: Timely transition plan	100.00%	YES	2
Indicator 8B: Transition notification	100.00%	YES	2
Indicator 8C: Timely transition conference	97.54%	YES	2
Indicator 12: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

<https://sites.ed.gov/idea/files/FFY2024-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's FFY 2024 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2024 Outcomes Data (C3) and the total number of children your State reported in its FFY 2024 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2024 in the State's FFY 2024 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2024 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2024 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2020 – FFY 2023 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2024 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

Expected Range of Responses for Each Outcome and Category, FFY 2024

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.49	3.27	-1.78	4.76
Outcome B\ Category a	1.29	2.82	-1.52	4.11
Outcome C\ Category a	1.29	2.8	-1.51	4.09

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	9.04	6.36	42.52
Outcome A\ Category c	22.25	13.92	-5.6	50.09
Outcome A\ Category d	26.34	9.71	6.92	45.76
Outcome A\ Category e	25.48	16.58	-7.68	58.64
Outcome B\ Category b	26.03	9.37	7.29	44.78
Outcome B\ Category c	30.64	13.31	4.01	57.26
Outcome B\ Category d	29.87	8.22	13.44	46.31
Outcome B\ Category e	12.16	9.18	-6.19	30.51
Outcome C\ Category b	22.37	9.63	3.1	41.64
Outcome C\ Category c	24.39	14.01	-3.63	52.41
Outcome C\ Category d	32.05	8.74	14.58	49.53
Outcome C\ Category e	19.89	14.88	-9.87	49.66

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

Anomalies in Your State's FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	10,080
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	702	2,183	453	3,054	1,792
Performance (%)	8.58%	26.67%	5.54%	37.32%	21.90%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	437	1,458	224	1,496	4,568
Performance (%)	5.34%	17.82%	2.74%	18.28%	55.82%
Scores	0	1	0	1	0

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	633	1,592	456	2,243	2,693
Performance (%)	8.31%	20.90%	5.99%	29.45%	35.36%
Scores	0	1	1	1	1

	Total Score
Outcome A	4
Outcome B	2
Outcome C	4
Outcomes A-C	10

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's FFY 2024 Outcomes Data to Other States' FFY 2024 Outcome Data

This score represents how your State's FFY 2024 Outcomes data compares to other States' FFY 2024 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2024

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	48.11%	35.40%	55.43%	29.71%	54.53%	33.99%
90	79.69%	72.29%	81.28%	63.82%	82.81%	75.29%

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

Your State's Summary Statement Performance FFY 2024

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	54.87%	59.21%	47.58%	74.10%	54.81%	64.80%
Points	1	1	0	2	1	1

Total Points Across SS1 and SS2	6
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2024 Outcomes Data to your State's FFY 2023 Outcomes Data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2024 and FFY 2023 summary statements.

e.g., $C3A \text{ FFY}2024\% - C3A \text{ FFY}2023\% = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY}2023\% * (1 - \text{FFY}2023\%)) / \text{FFY}2023N] + ((\text{FFY}2024\% * (1 - \text{FFY}2024\%)) / \text{FFY}2024N)] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2023 to FFY 2024

1 = No statistically significant change

2 = statistically significant increase from FFY 2023 to FFY 2024

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

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

Summary Statement/ Child Outcome	FFY 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	6,953	53.96%	6,392	54.87%	0.90	0.0086	1.0466	0.2953	NO	1
SS1/Outcome B: Knowledge and Skills	3,809	43.95%	3,615	47.58%	3.63	0.0116	3.1406	0.0017	YES	2
SS1/Outcome C: Actions to meet needs	5,553	49.77%	4,924	54.81%	5.04	0.0098	5.1604	<.0001	YES	2
SS2/Outcome A: Positive Social Relationships	8,704	59.60%	8,184	59.21%	-0.39	0.0076	-0.5180	0.6045	NO	1
SS2/Outcome B: Knowledge and Skills	8,669	74.17%	8,183	74.10%	-0.07	0.0067	-0.1000	0.9203	NO	1
SS2/Outcome C: Actions to meet needs	8,700	64.86%	7,617	64.80%	-0.06	0.0075	-0.0796	0.9365	NO	1

Total Points Across SS1 and SS2	8
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Your State's Performance Change Score	2
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Data Rubric
Indiana

FFY 2024 APR (1)

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

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

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	EDFacts Files	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

* if applicable

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

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

Dispute Resolution
IDEA Part C
Indiana
Year 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	3
(1.1) Complaints with reports issued.	3
(1.1) (a) Reports with findings of noncompliance.	2
(1.1) (b) Reports within timelines.	3
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	0

Section B: Mediation Requests

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

Section C: Due Process Complaints

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

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

These data were extracted on the close date:
11/19/2025

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 16, 2026

Honorable Mitch Roob
Secretary
Indiana Family and Social Services Administration
402 West Washington Street, W461
Indianapolis, IN 46204

Dear Secretary Roob:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Indiana meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Indiana's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Indiana's 2026 determination is based on the data reflected in Indiana's "2026 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Indiana and consists of:

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

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2026: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2026, as it did for Part C determinations in 2016-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Indiana.) For 2026, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2024 data. You may access the results of OSEP's review of Indiana's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process Systems (EMAPS) SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Indiana's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Indiana is required to take. The actions that Indiana is required to take are in the "Required Actions" section of the indicator.

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

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

- (1) Indiana's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part C," which shows how OSEP calculated the Indiana's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Indiana's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

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

As noted above, Indiana's 2026 determination is Meets Requirements. A State's 2026 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part C data will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Indiana must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Indiana on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Indiana's submission of its FFY 2024 SPP/APR. In addition, Indiana must:

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

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

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

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

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Indiana Part C Coordinator