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 Mississippi State Department of Health (MSDH) is the lead agency responsible for administering Part C of IDEA, known as the Mississippi First Steps Early Intervention Program (MSFSEIP). The MSDH has organized the 82 counties into three public health regions: Northern, Southern, and Central. The Northern and Southern Regions each oversee three local First Steps Early Intervention Programs (FSEIPs). The Central Region oversees four local FSEIPs. This statewide organizational structure ensures all eligible infants and toddlers and their families receive early intervention services. The MSFSEIP is advised on program administration by the Mississippi State Interagency Coordinating Council (MSICC), with MSICC members and other stakeholders participating in workgroups to provide feedback on systemic improvement efforts.

Additional information related to data collection and reporting

General Supervision System

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

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

The State conducts cyclical monitoring on a three-year cycle, with one Region reviewed each year. Each cycle includes all local programs (LEIPs) within the selected region.

Region 3 (LEIPs 7, 8, 9): 2026 and 2029

Region 1 (LEIPs 1, 2, 3): 2027 and 2030

Region 2 (LEIPs 4, 5, 6, and TK Martin): 2028 and 2031

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.

Choosing records to determine compliance with IDEA requirements:

To determine an EIS provider's and EIS program's compliance with IDEA requirements, the State selects a sample of child records from each LEIP. The sample includes 10% of active child records or a minimum of five records, whichever is greater, for children who were active between August 1 and October 31 of the monitoring year.

This sampling approach ensures that records are representative of the program's geographic service area and that cases from all Service Coordinators within the program are included. Selected records are reviewed using the Cyclical Monitoring Child Record Review Form to verify that all required documentation is complete and accurately reflected in the Mississippi Infant Toddler Intervention (MITI) data system, as well as in any required supplemental paper files.

Choosing records for verifying correction of non-compliance:

Following the identification of noncompliance, the State requires each LEIP to develop and implement a Corrective Action Plan (CAP). The State verifies correction of noncompliance by ensuring that: (1) the noncompliance specific to each individual child has been corrected, unless the child is no longer within the jurisdiction of the program; and (2) the EIS program is correctly implementing the specific IDEA regulatory requirements, as demonstrated by the program achieving 100% compliance for the indicator(s) reviewed.

To verify correction, the State reviews child-level documentation to confirm that required actions were completed, even if the correction occurred after the required timeline, and reviews program-level data one month after corrective actions have been implemented and prior to the end of the 365-day correction period. The State examines two weeks of subsequent program data for the indicator being verified and reviews documentation confirming completion of all required CAP activities.

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

The State uses the Mississippi Infant and Toddler Intervention (MITI) data system, developed by Yahasoft, Inc., to collect monitoring and SPP/APR data. MITI is a secure, web-based, real-time, integrated data system that supports documentation of child records, team communication, and supervision and monitoring at the state, regional, and local levels.

For monitoring purposes, the State reviews child records dated August 1 through October 31 of each monitoring year.

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 state issues findings by program which means individual instances of noncompliance for the same regulatory requirement identified in a program are grouped together and counted as one finding. The state does not issue findings by the number of instances of noncompliance.

When the state identifies noncompliance, the program receives a written notification of the findings no more than 3 months from the date that the findings were identified. The letter to the program includes: a description of the identified noncompliance, the regulatory requirement that is in noncompliance, a description of the data that supports the state's conclusion of noncompliance, a statement that the noncompliance must be corrected as soon as possible and no more than 1 year from the date of the written notification, any required corrective actions, and timeline for submitting a corrective action plan or evidence of correction

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).

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.**

Graduated and progressive sanctions are applied through the local determination process. Details are as follows.

I. Needs Assistance. If the MSFSEIP determines, for two consecutive years, that a local program needs assistance under §303.703(b)(1)(ii) in implementing the requirements of Part C of IDEA, the MSFSEIP takes one or more of the following actions:

a. Advises the local program of available sources of technical assistance that may help the local program address the areas in which they need assistance, which may include assistance from the MSFSEIP and technical assistance providers including federally funded non-profit agencies and requires the local program to work with appropriate entities. The technical assistance may include:

i. The provision of advice by experts to address the areas in which the local program needs assistance, including explicit plans for addressing the areas of concern within a specified period of time;

ii. Assistance in identifying and implementing professional development, early intervention service provision strategies, and methods of early intervention service provision that are based on scientifically based research;

iii. Designating and using administrators, program coordinators, service coordinators, service providers, and other personnel from the MSFSEIP to provide advice, technical assistance and support; and

iv. Devising additional approaches to providing technical assistance, such as collaborating with institutions of higher education, educational service agencies, and national centers of technical assistance supported under Part D of IDEA, and private providers of scientifically based technical assistance.

b. Identifies the local program which includes its EI service programs/providers as a high-risk grantee and imposes special conditions on MSFSEIP grant under Part C of IDEA.

II. Needs Intervention. If the MSFSEIP determines, for three or more consecutive years, that a local program needs intervention under §303.703(b)(1)(iii) in implementing requirements of Part C of IDEA, the following apply:

a. The MSFSEIP may take actions described in paragraph (a) of this section.

b. The MSFSEIP takes one or more of the following actions:

i. Requires the local program to prepare a corrective action plan or improvement plan if the MSFSEIP determines that the local program should be able to correct the problem within one year.

ii. Seeks to recover funds under section 452 of GEPA, 20 U.S.C. 1234a.

iii. Withholds, in whole or in part, any further payments to the local program under Part C of IDEA.

iv. Refers the matter for appropriate enforcement action.

III. Needs Substantial Intervention. Notwithstanding paragraph 1. or 2. of this section above, at any time that the MSFSEIP determines that a local program needs substantial intervention in implementing the requirements of Part C of IDEA or that there is a substantial failure to comply with any requirement under Part C of IDEA by the local program, MSFSEIP takes one or more of the following actions:

a. Recovers funds under section 452 of GEPA, 20 U.S.C. 1234a.

b. Withholds, in whole or in part, any further payments to the State under Part C of IDEA.

c. Refers the case to the Office of Inspector General of the Department of Education.

d. Refers the matter for appropriate enforcement action.

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 MSFSEIP makes annual determinations of performance for each Local Early Intervention Program (LEIP) using a combination of results and compliance data. Determinations are based on data from the Mississippi Infant and Toddler Intervention (MITI) data system for the applicable Federal Fiscal Year (FFY).

In making determinations, the MSFSEIP reviews FFY data reported in the State's SPP/APR, in the following categories:

- Indicator 1: Timely Services
- Indicator 3: Child Outcomes
- Indicator 7: 45-Day Timeline
- Indicator 8a: Transition Planning
- Indicator 8b: SEA and LEA Notification
- Indicator 8c: Transition Conference

Programs also receive points based on these categories:

• Timely, accurate, valid and reliable data reporting,

• Timely resolution of program complaints,

• Timely completion of due process hearings, and

• Correction of identified noncompliance

• The presence or absence of longstanding noncompliance.

For Indicator 3 (Child Outcomes), the MSFSEIP evaluates both data quality and child performance. Data quality is assessed by examining (a) the completeness of each LEIP's data and (b) whether outcome distributions align with expected or statistically likely results based on four years of historic national data, to identify potential data anomalies. Child performance is assessed by comparing each LEIP's FFY outcome results to national data.

Determinations are used to differentiate levels of technical assistance, inform enforcement actions when appropriate, and prioritize programs for focused monitoring.

Annual findings are issued each March, following December monitoring. MSFSEIP then notifies LEIPs of their local determinations between May and June; these results are not public.

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

The state does not make general supervision policies, procedures, and processes available to the public.

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 State ensures the timely delivery of high-quality, evidence-based technical assistance and support to LEIPs through ongoing collaboration with national technical assistance centers. The State accesses technical assistance from the ECTA Center and the DaSy Center to review and revise statewide training modules and policies and procedures, and to strengthen the State's general supervision system. State staff and ECTA and DaSy TA providers meet monthly with the OSEP State contact. Information and guidance from these activities are used to provide timely, differentiated technical assistance and training to LEIPs based on identified needs, monitoring results, and performance data.

Professional Development System:

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

The State provides annual training to EIP staff and providers on federal regulations and state policies and procedures. In addition, the MSFSEIP provides Regional and EIP trainings and supports on all other aspects of the Part C system including and is not limited to referral procedures, data system and child record maintenance, family rights, evaluation and eligibility determination, IFSP development and revisions, timely services, transition, working with families of children who are deaf/hard of hearing, routines-based model implementation, and financial management.

Stakeholder Engagement:

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

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

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

YES

Number of Parent Members:

4

Parent Members Engagement:

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

Parent members of the SICC, parent center staff, parents participating in local and statewide advocacy and advisory committees, and individual parents are engaged in activities related to target setting, data analysis, improvement strategies, and evaluation of progress.

The SICC includes 29 members, four of whom are parents, representing 14% of the membership. The Council is chaired by a parent, and parent members participate on all standing committees. Parent members are engaged in reviewing and analyzing state-level data and in setting targets using graphic data displays, trend analyses, and comparisons to national data to support meaningful discussion and interpretation.

Parent center staff and parents serving on local and statewide advisory and advocacy committees provide additional input on data interpretation, proposed targets, and improvement strategies through structured feedback opportunities, including meetings, workgroups, and public comment. Individual parents contribute perspectives through participation in meetings, surveys, and other feedback mechanisms.

Across these engagement activities, parent input is used to inform the selection and refinement of improvement strategies and to evaluate progress toward improving outcomes for children and 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.

Diverse families are invited and encouraged to participate in quarterly stakeholder meetings to provide guidance to the MSFSEIP. Families may participate using a variety of methods, including in-person, virtual, or through written input. Interpretation services and translation of materials are provided to ensure families who use non-English languages and/or modes of communication can participate. The State provides parents and stakeholders with PowerPoint slides of simplified data presentation of the States and Local Program Annual Performance. This allows parents to ask questions and understand the impact of early intervention services at the State and Local area, as well as provide suggestions or recommendations to improve child outcomes. Parents are also involved in one of the three SICC workgroups (Transition, Personnel Development and Public Awareness) that meet monthly to discuss the program improvement initiatives. The State partners with the Mississippi Parent Training and Information Center to conduct quarterly trainings for parent advocacy and leadership skills.

Parent input gathered through these activities is used to inform the development, implementation, and refinement of statewide and local improvement activities designed to improve outcomes for infants and toddlers with disabilities and their families.

Soliciting Public Input:

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

Public input is solicited through quarterly State Interagency Coordinating Council (SICC) meetings held in January, April, July, and October. Meetings are open to the public, with opportunities for in-person, virtual, and written input.

During the January meeting, SICC members and the public review and discuss preliminary Annual Performance Report data and finalize targets. During the April meeting, program-level data and improvement strategies are reviewed and discussed. During the July meeting, determinations and evaluation of MSFSEIP implementation efforts are reviewed. During the October meeting, stakeholders discuss improvement strategies, evaluate progress, and develop initial targets for the upcoming year.

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.

Information on setting targets, analyzing data, developing improvement strategies, and evaluation are shared during the public SICC meetings and posted on the SICC webpage within 60days following each meeting. Members and non-members are invited to participate on committees whose work informs the development of improvement strategies.

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 MSFSEIP reported FFY 2023 performance to the public within 120 days of submitting the FFY 2023 APR, consistent with 34 CFR §303.702(b)(1)(i)(A).

MSFSEIP publicly shared the complete APR and a summary of results during an open SICC/SSIP stakeholder meeting, including review of performance by Indicator and responses to stakeholder questions. Disaggregated performance data for each LEIP were subsequently shared at SICC meetings to allow comparison to statewide targets.

A complete copy of the State's SPP/APR, including prior years' APR data and any revisions to targets, is publicly available on the Mississippi State Department of Health website at: https://msdh.ms.gov/page/41,0,74,63.html. The website also includes summary information and contact details (phone and email) for submitting public comments.

Intro - Prior FFY Required Actions

In the FFY 2024 SPP/APR, the State must provide a description of the activities conducted to increase the capacity of diverse groups of parents.

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

In response to the State's "Needs Assistance" determination, the State accessed technical assistance from the ECTA Center and the DaSy Center to support improvement in both results and compliance. The State focused its use of technical assistance on strengthening performance related to Indicator C3 (Child Outcomes) and selected compliance indicators, including Indicator C1 (Timely Services), Indicator C7 (45-Day Timeline), and Indicator C8 (Transition).

As a result of this technical assistance, the State reviewed and revised statewide training modules and policies and procedures related to timely service delivery, transition requirements, and data collection and reporting. The State also strengthened its general supervision system by improving the use of data for monitoring, verification of correction of noncompliance, and program-level decision-making. Information and guidance from ECTA and DaSy are used to provide timely, differentiated technical assistance and training to LEIPs based on monitoring results, local determinations, and performance data. State staff, in coordination with ECTA, DaSy, and the OSEP State contact, meet monthly to guide and monitor implementation of these improvement strategies.

Intro - OSEP Response

The State's determinations for both 2024 and 2025 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 17, 2025 determination letter informed the State that it must report with its FFY 2024 SPP/APR submission, due February 2, 2026, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

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

While the State has publicly reported on the FFY 2023 (July 1, 2023-June 30, 2024) and FFY 2022 (July 1, 2022-June 30, 2023) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by Sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, the State did not publicly report on the performance of each EIS program or provider in the State on the targets for Indicators 3 and 4.

On May 19, 2025, OSEP issued findings in its monitoring report, which are not fully resolved. Longstanding noncompliance (from any unresolved finding identified by OSEP) may be a factor in the Department's 2027 determinations. OSEP will work with Mississippi to clarify what actions remain.

Intro - Required Actions

While the State has publicly reported on the FFY 2023 (July 1, 2023-June 30, 2024) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by Sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2025 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2023 and FFY 2022 (July 1, 2022-June 30, 2023). In addition, the State must report with its FFY 2025 SPP/APR, how and where the State reported to the public on the FFY 2024 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

The State's IDEA Part C determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2025 SPP/APR submission, due February 1, 2027, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	76.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	87.11%	86.59%	81.64%	81.00%	83.31%

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
444	596	83.31%	100%	79.70%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

There were 121 instances of system-based reasons for service delay; provider shortage is the main reason for slippage. All programs were found to be non compliant.

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.

31

Provide reasons for delay, if applicable.

The exceptional family circumstances reasons for delay included missed appointments by families and family vacations. The program reasons for delay consisted of personnel shortages and provider illness.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

Mississippi First Steps Early Intervention Program's criteria for "timely" receipt of services is defined as receiving all early intervention services identified on the IFSP no later than 40 calendar days after written parental consent for services.

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

State database

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

August 1, 2024 - October 31, 2024

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

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results.

Provide additional information about this indicator (optional)

FFY 2018

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2018 was verified as corrected in FFY 2021 using an updated set of data from the MITI data system, the State reviewed two weeks of data subsequent to the finding being issued. Updated data was reviewed, for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of updated data, the State determined that the finding was corrected and the EIS program was now demonstrating 100% compliance with the specific regulatory requirements and correctly implementing the timely services regulatory requirements.

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

The State examined each individual case of the previously noncompliant child record using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

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
8	0	0	8

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements and MSFSEIP's 40-day timeline (that initial services on the IFSP are being delivered within the 40-day timeline after parental consent is received).

The State issued eight findings of noncompliance in FFY 2023 for this indicator, and none were verified as corrected within one year. The State examined each individual case of the previously noncompliant records using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

The State also reviewed two weeks of data after the findings were issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP), however the programs still did not demonstrate 100% compliance with the specific regulatory requirements.

On June 18, 2025, each of the programs with outstanding findings of noncompliance were required to resubmit Corrective Action Plans to address findings of noncompliance from FFY 2023.

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
FFY 2021	1	1	0
FFY 2019	1	1	0
FFY 2017	5	4	1
FFY 2013	1	1	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2021 was verified as corrected using an updated set of data from the MITI data system. The State reviewed two weeks of data after the finding was issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of updated data, the State determined that the finding was corrected and the EIS program was now demonstrating 100% compliance with the specific regulatory requirements and correctly implementing the timely services regulatory requirements.

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

The State examined each individual case of the previously noncompliant child record using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

FFY 2019

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2019 was verified as corrected using an updated set of data from the MITI data system. The State reviewed two weeks of data after the finding was issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of updated data, the State determined that the finding was corrected and the EIS program was now demonstrating 100% compliance with the specific regulatory requirements and correctly implementing the timely services regulatory requirements.

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

The State examined each individual case of the previously noncompliant child record using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

Four of the five findings made in FFY 2017 were verified as corrected using an updated set of data from the MITI data system. The State reviewed two weeks of data after the findings were issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of updated data, the State determined that the findings were corrected and the EIS program was now demonstrating 100% compliance with the specific regulatory requirements and correctly implementing the timely services regulatory requirements.

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

The State examined each individual case of the previously noncompliant child record using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The one remaining finding of noncompliance, made in FFY 2017, has not been verified as corrected. Using the MITI data system, the State reviewed two weeks of data after the finding was issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP), however the program still did not demonstrate 100% compliance with the specific regulatory requirements.

The program was required to work directly with State staff to create and resubmit a Correction Action Plan to address noncompliance.

FFY 2013

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2013 was verified as corrected using an updated set of data from the MITI data system. The State reviewed two weeks of data after the finding was issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP). Based on the review of updated data, the State determined that the finding was corrected and the EIS program was now demonstrating 100% compliance with the specific regulatory requirements and correctly implementing the timely services regulatory requirements.

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

The State examined each individual case of the previously noncompliant child record using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021, the remaining one uncorrected finding of noncompliance identified in FFY 2019, the remaining five uncorrected findings of noncompliance identified in FFY 2017, and the one uncorrected finding of noncompliance identified in FFY 2013 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFYs 2021, 2019, 2017 and 2013: (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

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining eight (8) uncorrected findings of noncompliance identified in FFY 2023 and remaining one (1) uncorrected finding of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023 and FFY 2017: (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
2019	87.36%

FFY	2019	2020	2021	2022	2023
Target>=	95.00%	87.40%	88.92%	90.44%	91.96%
Data	87.36%	79.52%	74.81%	65.41%	70.15%

Targets

FFY	2024	2025
Target >=	93.48%	95.00%

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

• Use virtual options for accessibility

• Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.

• Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders

• Provide written materials that are easy to read by everyone regardless of education level.

• Provide materials in multiple languages and use interpreters at meetings and workgroup activities.

• Provide orientation to all new council members as a group

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,346
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	2,018

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,346	2,018	70.15%	93.48%	66.70%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

The state is continuing to see a large percentage of service being performed in clinic settings due to the Local LEIPs are having difficulty finding/recruiting providers who are willing to provider services in the natural environments.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
A1	84.69%	Data	89.17%	74.24%	73.93%	76.73%	75.99%
A2	2013	Target>=	65.00%	62.50%	63.00%	63.50%	64.00%
A2	64.46%	Data	62.49%	52.00%	47.29%	42.83%	45.04%
B1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
B1	84.18%	Data	82.06%	76.72%	75.66%	77.25%	79.61%
B2	2013	Target>=	65.00%	50.50%	51.00%	51.50%	52.00%
B2	62.65%	Data	50.04%	47.05%	41.18%	34.95%	39.17%
C1	2013	Target>=	85.00%	85.00%	85.00%	85.00%	85.00%
C1	84.25%	Data	81.11%	75.09%	71.28%	73.28%	73.92%
C2	2013	Target>=	64.00%	54.00%	55.00%	56.00%	57.00%
C2	61.36%	Data	50.30%	50.11%	44.82%	41.60%	43.31%

Targets

FFY	2024	2025
Target A1>=	85.00%	85.00%
Target A2>=	64.50%	65.00%
Target B1>=	85.00%	85.00%
Target B2>=	52.50%	63.00%
Target C1>=	85.00%	85.00%
Target C2>=	58.00%	62.00%

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	14	1.16%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	259	21.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	419	34.69%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	350	28.97%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	166	13.74%

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	769	1,042	75.99%	85.00%	73.80%	Did not meet target	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	516	1,208	45.04%	64.50%	42.72%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

Provide reasons for A2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

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	10	0.83%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	263	21.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	498	41.23%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	358	29.64%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	79	6.54%

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	856	1,129	79.61%	85.00%	75.82%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	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	437	1,208	39.17%	52.50%	36.18%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

Provide reasons for B2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

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	13	1.08%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	264	21.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	421	34.85%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	368	30.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	142	11.75%

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	789	1,066	73.92%	85.00%	74.02%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	510	1,208	43.31%	58.00%	42.22%	Did not meet target	Slippage

Provide reasons for C2 slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	1,867
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.	450
Number of infants and toddlers with IFSPs assessed.	1,208

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Each child's evaluation team, including the Service Coordinator and parent, uses assessment data collected at entry to determine child outcomes ratings using the Child Outcomes Summary (COS) process, (i.e., using the Decision Tree to rate the child's functioning on a 7-point scale from "Child does not yet show functioning expected of a child his or her age in any situation" to "Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life"). These data are entered into the MITI data system to be included in the initial IFSP. Within 30 days of exiting, the child's IFSP team, including the Service Coordinator and parent, uses results of ongoing assessments data collected ats close to but no more than 6 months prior to exit to determine child outcomes ratings using the COS process. These data are entered into the MITI data system.

The MITI data system provides a "COS Report" which provides a summary of Childhood Outcome Summary data collected during a chosen date range. Conditions for the COS Report include: (1) The Initial IFSP has to be at least 180 days before the child exit date. (2) The child must have both entry and exit COS data. (3) The child has exited the program. Data are reported by the number of children exiting who fall within each of the five progress categories (i.e., a - Children who did not improve functioning, b - Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers, c - Children who improved functioning to a level nearer to same-aged peers but did not reach age level expectations , d - Children who improved functioning to reach a level comparable to same-aged peers, and e - Children who maintained functioning at a level comparable to same-aged peers). (4) If a child has exited the program and does not fall into the above-mentioned category they will still be included in the overall number of infants and toddlers who exited the Part C program during the reporting period.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
A	84.00%	Data	81.77%	95.21%	92.55%	93.16%	84.85%
B	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
B	87.00%	Data	74.88%	95.20%	92.79%	93.38%	90.04%
C	2006	Target>=	92.00%	92.00%	92.00%	92.00%	92.00%
C	88.00%	Data	90.05%	93.49%	93.27%	92.72%	86.58%

Targets

FFY	2024	2025
Target A>=	92.00%	92.00%
Target B>=	92.00%	92.00%
Target C>=	92.00%	92.00%

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	1,248
Number of respondent families participating in Part C	477
Survey Response Rate	38.22%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	437
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	477
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	445
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	477
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	436
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	477

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)	84.85%	92.00%	91.61%	Did not meet 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)	90.04%	92.00%	93.29%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	86.58%	92.00%	91.40%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	27.86%	38.22%

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

The State uses the DaSy-ECTA Center Response Rate and Representativeness calculator, which uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). Differences that are statistically significant are marked as "No" in the row labeled "Are your data representative?" and highlighted pink.

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

The State disaggregated the data by race/ethnicity and geographic locations in its analysis for family survey representativeness as approved by the stakeholders. Per the Response Rate and Representativeness Calculator results, there is no significant difference between survey respondents and the EI population for either the race/ethnicity or geographic location categories.

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

YES

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

The State distributes the family survey twice a fiscal year, once in the fall and once in the spring. This allows the state to collect more family surveys throughout the fiscal year. The survey has an accompanying letter with contact information for assistance in completing the survey, including the state parent resource center, translation services, and tribal contacts. One month after distributing the family surveys, Service Coordinators follow-up with families to encourage them to complete and return their survey. The state office monitors the response rate and reports to Program Coordinators if their program is underrepresented in the responses gathered. Surveys are collected over a six-month time frame to ensure ample time for participation. The State will continue to do analysis to see if sending out surveys twice a fiscal year increases the response rate over time. The State is also considering sourcing out the collection of family survey responses to an outside agency. The State will do a cost analysis to determine if outsourcing is feasible for the program.

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 had a response rate of 38.22% which is an increase from the previous year of 27.86%, for the overall response for the family survey that was sent out. When disaggregated by race; African American/Black (24.2%), White (23.17%), More than one race (37.74%) and Hispanic (16.85%) was shown to be representative of the EI population. Native American, Asian and Pacific Islander are too small to include in the calculations. The state did not identify any notable nonresponse bias between races. When disaggregated by geographic location, all Local Programs had a response rate of 20% or higher. The state will continue to analyze data to better identify different ways for families to return the family survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.53%

FFY	2019	2020	2021	2022	2023
Target >=	0.66%	0.73%	0.83%	0.93%	1.03%
Data	0.73%	0.67%	0.61%	0.62%	0.68%

Targets

FFY	2024	2025
Target >=	1.13%	1.23%

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	284

Source	Date	Description	Data
Disabilities (EDFacts file spec FS902; Data group 5023)			
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	33,395

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
284	33,395	0.68%	1.13%	0.85%	Did not meet target	No Slippage

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

For FFY 2024, 1,670 infants were referred to the program. Of those, 873 (52%); had an evaluation completed 385(44%) White; 396(45%) Black/African American; 47(5%) Hispanic; 25(3%) Multi Race; 10(1%) Native American; 7(.8%) Asian and 3(.3%) Pacific Islander. Of those 873 who had an evaluation only 622 (71%) had an IFSP developed; 287(46%) White; 270(43%) Black/African American; 31(5%) Hispanic; 18(2.9%) Multi Race; 8(1%) Native American; 5(.8%) Asian and 3(.5%) Pacific Islander.

When looking at the race/ethnicity data for children referred, those who had evaluations completed, and the children who had an initial IFSP developed, no single group of children were disproportionately identified.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.36%

FFY	2019	2020	2021	2022	2023
Target >=	1.82%	1.98%	2.06%	2.09%	2.12%
Data	1.98%	1.50%	1.52%	1.61%	1.86%

Targets

FFY	2024	2025
Target >=	2.15%	2.18%

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

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	2,018

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	103,200

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
2,018	103,200	1.86%	2.15%	1.96%	Did not meet target	No Slippage

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

For FFY 2024, 5,106 infants and toddlers were referred to the program. Of those, 2,848(55%); had an evaluation completed 1,289(46%) Black/African American; 1,223 (44%) White; 130(5%) Hispanic; 91(3%) Multi Race; 18(.7%) Native American; 27(1%) Asian and 3(.11%) Pacific Islander. Of those 2,848 who had an evaluation only 1,884 (66%) had an IFSP developed; 828(44%) White; 865(46%) Black/African American; 98(5%) Hispanic; 60(3%) Multi Race; 11(.6%) Native American; 20 (1%) Asian and 2(.1%) Pacific Islander.

When looking at the race/ethnicity data for children referred, those who had evaluations completed, and the children who had an initial IFSP developed, no single group of children were disproportionately identified.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	88.81%	91.51%	86.45%	94.51%	92.27%

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
313	384	92.27%	100%	95.57%	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.

54

Provide reasons for delay, if applicable.

The State identified 17 instances of noncompliance in Program's 1, 5, 7 and 9, due to program reasons. The program reasons for delay were Service Coordinator and providers shortages to conduct evaluations during this time frame. The reasons for exceptional family circumstances delay were due to families cancelled evaluation and IFSP meetings which led to Service Coordinators having to rework theirs and the providers' schedule to accommodate the family cancellation.

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

State database

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

August 1, 2024 through October 31, 2024

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

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	3		3

FFY 2023 Findings of Noncompliance Verified as Corrected

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (that initial evaluations, assessments and initial IFSPs are conducted within the 45-day timeline).

The State identified six findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that three of the six findings were corrected. Three EIS programs updated data now demonstrated 100% compliance with the specific regulatory requirements. The remaining three programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, and initial IFSP, although late.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

All 3 programs that did not correct the noncompliance within one year and were required to submit a new CAP to address the noncompliance. Correction of noncompliance for these 3 programs will be reported in the next APR.

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.

NA

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	2	2	0
FFY 2018	3	3	0
FFY 2017	1	1	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2021 was verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the program was required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, and initial IFSP, although late.

FFY 2019

Findings of Noncompliance Verified as Corrected

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

The two findings made in FFY 2019 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was subsequent the completion of the CAP activities, and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, and initial IFSP, although late.

FFY 2018

Findings of Noncompliance Verified as Corrected

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

The three findings made in FFY 2018 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, and initial IFSP, although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The one finding made in FFY 2017 was verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, or initial IFSP, although late.

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. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected findings identified in FFY 2021, the remaining two uncorrected findings identified in FFY 2019, the remaining three uncorrected findings of noncompliance identified in FFY 2018, and the remaining one uncorrected finding of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFYs 2021, 2019, 2018, and 2017: (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

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining three (3) uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (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 = [(# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C at age 3)] times 100.

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	90.19%	91.58%	83.85%	84.19%	93.55%

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
213	270	93.55%	100%	84.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Local FSEIPs had a server Service Coordinator shortage and turnover at time of with one program losing three Service Coordinators in one month. The shortage of SCs lead them to prioritize completing IFSPs in a timely manner.

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

The reasons for delay were primarily due to extensive EI personnel shortage across certain local FSEIPs in multiple locations experienced difficulty with recruitment as there were little to no potential applicants. The reasons for exceptional family circumstances were due to family delaying transition conference due to being undecided about the LEA.

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

State database

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

August 1, 2024 through October 31, 2024

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

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7		1	6

FFY 2023 Findings of Noncompliance Verified as Corrected

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (that an IFSP with transition steps and services has been developed at least 90 days prior to the toddler's third birthday).

The State identified seven findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition plan requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was subsequent the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that one of the seven findings were corrected. One EIS program demonstrated 100% compliance with the specific regulatory requirements based on a review of updated data. The remaining six programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the child received an IFSP with transition steps and services developed, although late.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The six remaining findings of noncompliance, made in FFY 2023, have not been verified as corrected. Using the MITI data system, the State reviewed two weeks of data after the findings were issued. Updated data was reviewed for all children with transition plans, however the programs still did not demonstrate 100% compliance with the specific regulatory requirements.

The programs were required to resubmit a Correction Action Plan to address noncompliance.

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	5	5	0
FFY 2019	2	2	0
FFY 2017	1	1	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The five findings made in FFY 2021 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition plan requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities, and when the original findings had been issued. Based on the review of updated data, the State determined that the findings of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

FFY 2019

Findings of Noncompliance Verified as Corrected

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

The two findings made in FFY 2021 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition plan requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The finding made in FFY 2017 was verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the program was required to develop a CAP to address the transition plan requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was subsequent the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

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. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFY 2021, the remaining two uncorrected finding of noncompliance identified in FFY 2019, and the one uncorrected finding of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2021, FFY 2019, and FFY 2017: (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

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining six (6) uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (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 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	97.20%	95.79%	98.44%	99.21%	100.00%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
270	270	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

NA

Describe the method used to collect these data.

The following criteria are used to collect data for SEA and LEA notifications: (1) Child has IFSP; (2) Excludes Children with Late Referral (after 34.5 months); (3) Excludes Children Exiting Before 33 months. Names of children meeting these criteria are pulled from the MITI data system. The State is able to pull an LEA Notification Report for the time frame of the data collection.

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

NO

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

State database

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

August 1, 2024 - October 31, 2024

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

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results. The Aug. - Oct period was selected because the time period is closest to the Feb. 1st reporting deadline.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0
FFY 2020	2	2	0

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (that a notification had been sent to the SEA and appropriate LEA at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services).

The one finding of noncompliance made in FFY 2022 was verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the program was required to develop a CAP to address the SEA/LEA transition notification requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program’s data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the SEA/LEA transition notification was sent, although late.

FFY 2020

Findings of Noncompliance Verified as Corrected

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

The two findings of noncompliance made in FFY 2020 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the SEA/LEA transition notification requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. The program submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the two findings of noncompliance had been corrected. The EIS program’s data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the SEA/LEA transition notification was sent, although late.

8B - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the one remaining finding identified in FFY 2022 and the two remaining findings identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2022 and FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	45.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	90.19%	91.58%	83.85%	84.19%	93.55%

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
213	270	93.55%	100%	84.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Local FSEIPs had a server Service Coordinator shortage and turnover at time of with one program losing three Service Coordinators in one month. The shortage of SCs lead them to prioritize completing IFSPs in a timely manner.

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.

14

Provide reasons for delay, if applicable.

The reasons for delay were primarily due to extensive EI personnel shortage across certain local FSEIPs in multiple locations experienced difficulty with recruitment as there were little to no potential applicants. The reasons for exceptional family circumstances were due to family delaying transition conference due to being undecided about the LEA.

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

State database

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

August 1, 2024 - October 31, 2024

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

Data reports were pulled during 3 different 3-month periods throughout the year and were found to have similar results.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7		1	6

FFY 2023 Findings of Noncompliance Verified as Corrected

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (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).

The State identified seven findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition conference requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that one of the seven findings was corrected. One EIS program demonstrated 100% compliance with the specific regulatory requirements based on a review of updated data. The remaining six programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the child received an IFSP with transition steps and services had been developed, although late.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The six remaining findings of noncompliance, made in FFY 2023, have not been verified as corrected. Using the MITI data system, the State reviewed two weeks of data after the findings were issued. Updated data was reviewed for all children with transition plans, however the programs still did not demonstrate 100% compliance with the specific regulatory requirements.

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	5	5	0
FFY 2019	2	2	0
FFY 2017	1	1	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The five findings made in FFY 2021 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition conference requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities, and when the original finding had been issued. Based on the review of updated data, the State determined that the findings of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

FFY 2019

Findings of Noncompliance Verified as Corrected

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

The two findings made in FFY 2019 were verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition conference requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The finding made in FFY 2017 was verified as corrected. Based on an analysis of the local contributing factors and the extent of noncompliance, the program was required to develop a CAP to address the transition conference requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities, and when the original finding had been issued. Based on the review of updated data, the State determined that the finding of noncompliance had been corrected. The EIS program's data now demonstrated 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their transition plan, although late.

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. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining the five uncorrected findings of noncompliance identified in FFY 2021, the two uncorrected findings of noncompliance identified in FFY 2019, and the one uncorrected finding of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2021, FFY 2019, and FFY 2017 : (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

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining six (6) uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (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.

The Mississippi First Steps Early Intervention Program does not include Resolution Sessions in its Dispute Resolution policies and procedures.

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)) divided by 2.1] times 100.

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

• Use virtual options for accessibility

• Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.

• Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders

• Provide written materials that are easy to read by everyone regardless of education level.

• Provide materials in multiple languages and use interpreters at meetings and workgroup activities.

• Provide orientation to all new council members as a group.

Historical Data

Baseline Year	Baseline Data
2005	

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

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

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

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2024. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

The percentage of infants and toddlers who exit the MSFSEIP at or near age expectations on the acquisition and use of knowledge and skills, including early language/communication (i.e., Indicator 3: Outcome B - Summary Statement 2)

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://msdh.ms.gov/page/41,0,74,63.html

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
2020	47.05%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	52.50%	53.00%

FFY 2024 SPP/APR Data

# of infants and toddlers who were functioning within age expectations in Outcome B	# of infants and toddlers exiting not comparable to same-aged peers	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
437	1,208	39.17%	52.50%	36.18%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency is working with National TA to conduct a more robust in person COS training. Also, the decrease in Natural Environment services is also playing a major part in a decrease of COS scores.

Provide the data source for the FFY 2024 data.

Analysis of the data indicate a need for Early Childhood Outcome (ECO) Summary process training for new and existing staff as the main reason for slippage. Additionally, programs indicated a need for continued training and support for providers in order to improve child and family outcomes. The lead agency continued to emphasize the ECO decision-making process: 1) align the “progress” question on the ECO summary with procedures; 2) use of the ECO Decision-Making Tree document; 3) use of assessment data when making ECO rating decisions; and 4) understand the relationship of ECO with state early learning standards. Data for COS is located in the MITI Data System.

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

The data for this indicator comes from data collected for summary statement 2 for indicator 3B, i.e., the percent of infants and toddlers who were functioning within age expectations in their acquisition and use of knowledge and skills (including early language/ communication) by the time they turned 3 years of age or exited the program. At the start of FFY2020, the MSFSEIP implemented a new comprehensive data system, Mississippi Infant Toddler Intervention (MITI) data system, which contained early childhood outcomes entry and exit ratings for all infants and toddlers exiting the MSFSEIP

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://msdh.ms.gov/page/41,0,74,63.html - Title: Mississippi Part C SSIP Improvement Plan 2022

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.

Accountability and Quality Improvement:

Participated in DaSy/ECTA TA, DMS 2.0 Accountability and Improvement Working Series. Participated in individual targeted state TA through DaSy and ECTA to address longstanding noncompliance and monitoring.

Personnel:

Continued implementation of the State CSPD Plan and ensure cohorts of existing and new EI personnel (including both LEIP staff and participating providers) enroll in and obtain the Early Intervention Credential aligned to the new personnel standards.

Data System

Joined 4 states in the DaSy/ECTA TA, Using Data Processes and Systems Thinking to Drive Impactful, Sustainable Systems Improvement with a focus on Child Outcomes data. Worked with data system vendor on revising reports.

Finance

Participated in CIFR/ECTA/DaSy TA, DMS 2.0 Fiscal Management Working Series, MSDH Quality Improvement

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.

Accountability and Quality Improvement

Outcomes: Began updates to written general supervision and monitoring manual. Completed DMS 2.0 protocols. Identified gaps in accountability system and plan for addressing the gaps. Addressed long standing noncompliance.

Personnel/Workforce

Outcomes: ## cohorts, comprised of ## service coordinators, enrolled in credentialing training. ## completed the training and received their credentials. Trained service coordinators increased their knowledge of family-centered practice, IDEA Part C law and regulations, evidence-based intervention and instruction, coordination and collaboration practices, and professional practices. This knowledge will enable them to meet personnel standards and to support children and families in achieving improved outcomes.

Data System

Outcomes: Created and convened a state team of local service coordinator, program coordinators, regional coordinator, and two state staff to address using data and systems thinking to improve child outcomes. Increased knowledge on applying data systems processes/tools and systems thinking

processes/tools to support improving use of data related to child outcomes. This work will continue into next year. Created revised data reports to better meet state needs for monitoring and reporting.

Finance

Outcomes: Increased knowledge on the working series topics which were State Structure and Current Fiscal System; DMS Protocol/ Discussion of Challenge Areas; and Gap Analysis and Plan for Next Steps. Identified gaps in procedures and policies. Began revising written policies and procedures.

Did the State implement any <u>new</u> (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.

The MSFSEIP will continue to (a) improve program-level data-driven decision making by building effective regional data teams to use program and financial data to enhance program management, (b) revise and implement accountability system procedures and tools to ensure program met standards, and (c) ensure cohorts of existing and new personnel enroll in and obtain the EI Credential aligned to the new personnel standards. These changes are expected to ensure programs are continuously evaluating their performance relative to quality standards and identify targets for local improvement activities.

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

The MSFEIP continued efforts to implement:

(1) ongoing monitoring with the Individual Growth and Development Indicator - Early Communication Indicator (IGDI-ECI) developed by Juniper Garden at the University of Kansas; and

(2) the Routines-Based Model from the Evidence-based International Early Intervention Office at the University of Alabama

Provide a summary of each evidence-based practice.

Early Language Development - IGDI-ECI:

The IGDI-ECI is a progress monitoring tool that is used to assess language development. According to the developers, "The ECI is a brief, repeatable, play-based, observational measure of a child's communicative performance during a 6-minute play period with a familiar adult. The play session is standardized around one of two toys – either the Fisher-Price House or Farm." The IGDI-ECI provides counts of the use of gestures, vocalizations, single words, and multiple words which are combined to provide a total communication score. Performance on the IGDI-ECI can be plotted to show progress over time and development from prelinguistic communication (i.e., gestures and vocalizations) to spoken language (i.e., single words and multiple words). In addition, the individual subskills and the overall communication score can be compared to norms to determine if children are performing similar or dissimilar to typical-developing children.

Routines-Based Model:

The Routines-Based Model for Early Intervention developed by Robin McWilliam is a comprehensive model for the delivery of early intervention services that is family-focused, routines-based, and uses transdisciplinary approaches. The model consists of six key practices: assessing family systems using Ecomaps, gathering individual family information through the Routines-Based Interview (RBI), development of participation-based functional child and family goals, use of transdisciplinary practices for service delivery, procedures for conducting supportive home visits, and use of collaborative consultation in child care settings. This intervention is grounded in decades of research on assessment and intervention planning, home- and community-based supports, and the engagement classroom model as well as aligned to the DEC Recommended Practices.

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.

Early Language Development - IGDI-ECI:

The IGDI-ECI data are used to monitor language development, evaluate the impact of language interventions, and inform IFSP goal development. The IGDI-ECI is administered quarterly with all infants and toddlers enrolled in early intervention. Continued implementation will support efforts to ensure children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. The adoption of the RBM is expected to promote family engagement and improve outcomes for children and families by having families actively participate in service delivery and consistently use interventions in their daily routines. If implemented with fidelity, an increased percentage of the children enrolled in the MSFSEIP are expected to exit at or near age expectations in their acquisition and use of knowledge and skills, including language/communication.

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

Early Language Development - IGDI-ECI:

To monitor fidelity of implementation, personnel are provided a certification assessment to ensure they are administering the assessment and coding the results consistent with standard procedures. Certification must be maintained annually; however, personnel are checked at least every six months or more frequently, if needed, to ensure interrater reliability.

The IGDI-ECI data itself is used to monitor the outcome of interventions to promote the child's development of language. The tool helps service providers determine if the child is making sufficient progress in overall communication and to determine which subskills the child has mastered and which have not yet emerged. Results are collected and shared with families and providers during IFSP review and revision meetings and may be used to inform language development goals.

Routines-Based Model:

This model offers explicit procedures for implementation of the key practices and has measures of quality implementation embedded within the model. Each module in the training series has reflective practice submissions, assignments, and an assessment. In addition to the formal assessment, each reflective practice and assignment has a scoring rubric to identify if personnel are mastering the material. The model has explicit fidelity measures for rating performance on each key component. After personnel demonstrate initial fidelity in a practice, they will be observed quarterly and receive ongoing coaching to ensure they are maintaining fidelity. After two consecutive quarters of maintaining fidelity, personnel will be moved to a schedule of biannual monitoring.

File reviews of assessments, communication logs, and service logs as well as virtual or in-person observations are conducted with fidelity measures to ensure changes are being consistent implemented with families. In addition, annual monitoring procedures, including family interviews, have been revised to include elements to determine consistent implementation across local EIPs.

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.

N/A

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

Early Language Development:

Over the next reporting period, personnel will be monitored to ensure they are implementing the IGDI-ECI with fidelity. In addition, EI personnel will be provided training, guidance, and coaching on the implementation of interventions to promote early language development. The impact of this training will be measured by changes in the IGDI-ECI scores for children whose service providers participate in the training.

In addition, annual monitoring procedures, including file reviews, have been revised to include elements to determine consistent implementation of the IGDI-ECI and early language interventions within participating local EIPs.

Routines-Based Model:

After all Service Coordinators complete the RBM modules and have moved into the monitoring and coaching phase, EI Service Providers are given access to the module series and receive ongoing coaching and monitoring.

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.

Trend data is used to see if any modifications is needed. The trends are what we expect to see so no changes were made.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State meaningfully engages a broad group of stakeholders, including parents, to support program implementation, SSIP planning and evaluation through the State Interagency Coordinating Council (SICC), which serves as the State's primary advisory body for IDEA Part C. The SICC meets quarterly in public meetings and more frequently through standing and ad hoc workgroups.

The SICC includes parents of children receiving early intervention services, service providers, and representatives from state agencies and community partners, including Health, Education, Human Services, Child Protective Services, Medicaid, Insurance, Head Start, the Institute of Higher Learning, university programs, advocacy organizations, and other community leaders, ensuring diverse and meaningful representation.

The State intentionally builds the capacity of parent members by providing orientation, plain-language materials, and facilitated discussions to support understanding of data, child outcomes, targets, SSIP goals, and improvement strategies. Parents are supported to participate actively in meetings and workgroups and to provide family perspectives that inform statewide decision-making.

The SICC operates standing workgroups focused on Personnel Development, Public Awareness, and Transition, as well as an ad hoc Provider Concerns workgroup. Through these workgroups, stakeholders review and analyze data, provide input on SSIP target setting and any subsequent revisions, contribute to the development and refinement of improvement strategies, and identify implementation needs and barriers.

Stakeholder input is used to monitor implementation and evaluate progress toward indicator and SSIP goals. Feedback from the SICC and workgroups informs adjustments to strategies and supports continuous improvement to improve outcomes for children and families.

Other mechanisms for broad stakeholder engagement and build the capacity of parent stakeholders to participate meaningfully include, but are not limited to:

• Use virtual options for accessibility

• Provide opportunities for gathering feedback outside the regularly scheduled meeting, such as by email, online bulletin boards, phone calls, etc.

• Use a variety of communication methods like email, newsletters, social media, in-person meetings, webinars, and surveys to reach diverse stakeholders

• Provide written materials that are easy to read by everyone regardless of education level.

• Provide materials in multiple languages and use interpreters at meetings and workgroup activities.

• Provide orientation to all new council members as a group.

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

The MSFSEIP engaged stakeholders through State Interagency Coordinating Council public meetings, specific hybrid (in-person and virtual) SSIP meetings, surveys, and development of a Padlet site of resources. The stakeholders were engaged in large and small group discussions, provided resources and data collection tools, and provided multiple methods, including synchronous and asynchronous opportunities, for contribution to decision-making.

To support broad stakeholder engagement in the development of implementation activities, the state facilitated a series of stakeholder meetings to review progress from the initial plan and to determine next steps. To prepare families to participate in these meetings, the state constructed a Padlet site, posting links to articles, tools, infographics, videos, and websites organized around the child outcomes, infrastructure assessment/improvements, evidence-based practices, and documents related to our initial State Systemic Improvement Plan (SSIP). During the stakeholder meeting, these materials were reviewed using several rounds of small group discussion/large group report out activities to ensure they were understood and could be used to inform group decisions. Additional resources to be used during the stakeholder meetings were also uploaded, including self-assessment tools, discussion questions, and surveys. Results of these assessments, discussions, and surveys were uploaded on the site after their completion to prepare for subsequent stakeholder meetings.

Once consensus was achieved in selecting improvement activities, the selected strategies were reviewed by the stakeholders with a focus on their implementation with diverse families to ensure they were appropriate. For example, when considering progress monitoring assessments, the Early Communication Indicator was selected to monitor progress in language development due to its ability to be used with any native language, including American Sign Language. When reviewing models to support family-centered approaches, the Routines-Based Model by Robin McWilliam was selected as it has been demonstrated to be used effectively with diverse populations nationally and internationally.

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.

N/A

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

N/A

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

N/A

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:

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

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

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	0.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					Not Valid and Reliable

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
8	0	0	0	8

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

N/A

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements and MSFSEIP's 40-day timeline (that initial services on the IFSP are being delivered within the 40-day timeline after parental consent is received).

The State issued eight findings of noncompliance in FFY 2023 for this indicator, and none were verified as corrected within one year. The State examined each individual case of the previously noncompliant records using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

The State also reviewed two weeks of data after the findings were issued. Updated data was reviewed for all children with new IFSP services (initial IFSPs, IFSP review, or annual IFSP), however the programs still did not demonstrate 100% compliance with the specific regulatory requirements.

On June 18, 2025, each of the programs with outstanding findings of noncompliance were required to resubmit Corrective Action Plans to address findings of noncompliance from FFY 2023.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

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
6	0	3	0	3

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

N/A

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (that initial evaluations, assessments and initial IFSPs are conducted within the 45-day timeline).

The State identified six findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the 45-day timeline requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to provider issues (e.g., recruitment of additional providers and better utilization of providers to balance caseloads). All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that three of the six findings were corrected. Three EIS programs updated data now demonstrated 100% compliance with the specific regulatory requirements. The remaining three programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case the child received their initial evaluation, initial assessment, or initial IFSP, although late.

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
7	0		0	7

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

N/A

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (that an IFSP with transition steps and services has been developed at least 90 days prior to the toddler's third birthday).

The State identified seven findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition plan requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was subsequent the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that one of the seven findings were corrected. One EIS program demonstrated 100% compliance with the specific regulatory requirements based on a review of updated data. The remaining six programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the child received an IFSP with transition steps and services has been developed, although late.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

N/A

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

N/A

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

N/A

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

N/A

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

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements (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).

The State identified seven findings of noncompliance in FFY 2023 for this indicator. Based on an analysis of the local contributing factors and the extent of noncompliance, the programs were required to develop a CAP to address the transition conference requirement. This CAP focused on ensuring correction of all individual cases of identified noncompliance and activities to address root causes of noncompliance, mostly related to service coordinator shortages. All the programs submitted evidence demonstrating completion of all CAP activities to address root causes of noncompliance.

In addition, the State reviewed two weeks of updated data from the MITI data system that was after the completion of the CAP activities and when the original finding had been issued. Based on the review of updated data, the State determined that one of the seven findings was corrected. One EIS program demonstrated 100% compliance with the specific regulatory requirements based on a review of updated data. The remaining six programs did not demonstrate 100% compliance with the specific regulatory requirements.

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

The State examined each individual case of the previously noncompliant records using the MITI data system and verified that in each case that the child received an IFSP with transition steps and services has been developed, although late.

Optional for FFY 2024, and 2025:

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

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

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

N/A

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

N/A

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

N/A

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
28	0	3	0	25

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
3	28	Not Valid and Reliable	100%	10.71%	Did not meet target	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	89.29%

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).	28
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)	3
3. Number of findings <u>not</u> verified as corrected within one year	25

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	25
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	2
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	
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	
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	
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	
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	
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Other Areas - All other findings	
7. Number of findings not yet verified as corrected	23

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.

Any programs that have demonstrated continued noncompliance with the specific regulatory requirements are required to resubmit a Correction Action Plan to address the noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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*:

MSFSEIP continues to implement a system that identifies and corrects noncompliance as soon as possible, but no later than one year from the date of identification (i.e., the date on which MSFSEIP has provided written notification to the EIS program of the noncompliance). The corrective action process begins when MSFSEIP issues findings of noncompliance to specific EIS programs. The written findings include the specific IDEA statutory and regulatory requirements that are not being implemented correctly and each individual instance of child-specific noncompliance.

Each EIS program is required to ensure correction for each noncompliant child record and utilize a root cause analysis framework to drill down and identify the reasons for noncompliance. Programs develop Corrective Action Plans (CAPs) with assistance from MSFSEIP to ensure that the identified root cause of the noncompliance is addressed.

The process used to determine correction of noncompliance includes verification of the correction of child-specific noncompliance, and a review of updated data from the MITI data system to verify 100% compliance with the regulatory requirements and MSFSEIP's.

The State issued one finding of noncompliance in FFY 2022 and was verified as correct. The State examined each individual case of the previously noncompliant records using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

The State reviewed two weeks of data after the finding was issued. Updated data was reviewed and regulatory requirements were met.

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

The State issued one finding of noncompliance in FFY 2022 and was verified as correct. The State examined each individual case of the previously noncompliant records using the MITI data system and confirmed that in each case of child-specific noncompliance the child received their IFSP services, although late.

12 - Prior FFY Required Actions

The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

The State must establish baseline for this indicator in the FFY 2024 SPP/APR.

Response to actions required in FFY 2023 SPP/APR

12 - OSEP Response

The State did not demonstrate that each EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022 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.

The State revised the baseline for this indicator, using data from FFY 2023, but OSEP cannot accept that revision because the FFY 2023 data were not valid and reliable.

12 - Required Actions

The State must establish baseline for this indicator in the FFY 2025 SPP/APR.

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining 23 uncorrected findings of noncompliance identified in FFY 2023 and the remaining one (1) uncorrected finding of noncompliance identified in 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023 and 2022: (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.