

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2023**

**HAWAII**



**PART C DUE  
February 3, 2025**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Hawaii State Department of Health (HDOH) is designated as the Lead Agency (LA) for Part C of the Individuals with Disabilities Education Act (IDEA) and ensures the provision of early intervention (EI) services to eligible infants and toddlers with special needs and their families in accordance with the provision of Part C through the HDOH Early Intervention Section (EIS). EIS is under the supervision of the Children with Special Health Needs Branch within the Family Health Services Division, Health Resources Administration.

For FFY 2023 (7/1/23 - 6/30/24) there were 18 Early Intervention (EI) programs statewide that served infants and toddlers that met the eligibility criteria below and their families.

#### 1. Developmentally Delayed

Children under the age of three have a developmental delay in one or more of the following areas of development: physical; cognitive; communication; social or emotional; and adaptive based on one of the following criteria:

- <-1.0 SD in at least two or more areas or sub-areas of development
- <-1.4 SD in at least one area or sub-area of development
- Multidisciplinary team observations and informed clinical opinion when the child's scores cannot be measured by the evaluation instrument.

#### 2. Biological Risk

Children under the age of three with a signed statement or report by a qualified provider that includes a diagnosis of a physical or mental condition that has a high probability of resulting in developmental delay if early intervention services are not provided. This includes, but is not limited, to the following conditions:

- Chromosomal abnormalities
- Genetic or congenital disorders
- Severe sensory impairments
- Inborn errors of metabolism
- Disorders reflecting disturbance of the development of the nervous system
- Congenital infections
- Disorders secondary to exposure to toxic substances, including fetal alcohol syndrome
- Severe attachment disorders
- Autism Spectrum Disorder

The State of Hawaii is committed to providing early intervention services to infants and toddlers with special needs and their families in accordance with Part C of IDEA. The provision of EI is guided by the following principles:

- The spirit of our island community embraces and values every child, woman, and man and is continually enriched by the diversity of its members.
- The community recognizes that families are the most important influence in their child's life.
- The development of infants and toddlers are best applied within the context of the family environment. Infants and toddlers with special needs and their families have inherent strengths and challenges and will be treated with respect and kindness.
- Families are viewed holistically and therefore, must be empowered to use their strengths in gaining access to resources for their child across agencies and disciplines. These resources must be nurturing, value cultural diversity, and aimed at improvement outcomes that involve developmental growth, safety, health, education, and economic security.
- All early intervention efforts are collaborative and work towards outcomes that are based on the changing priorities and needs of children with special health needs and their families.

The combined early intervention efforts and individual accountability across public and private agencies and providers help make this vision a reality.

#### Additional information related to data collection and reporting

Not applicable.

#### 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.

#### A. Monitoring System

The State is responsible for ensuring that all the IDEA Part C requirements are met. To ensure compliance with IDEA Part C requirements, written monitoring procedures were developed as part of the State Continuous Quality Improvement System (CQIS). The CQIS is a two-step process.

##### Step 1: Monitoring

All eighteen Part C EI programs are monitored annually. Data is gathered from the Hawaii Early Intervention Data System (HEIDS), 618 data, and on-site monitoring utilizing the Self-Assessment Monitoring (SAM) tool and fiscal monitoring tool to ensure that all programs are in compliance with IDEA Part C requirements. Refer to respective indicators for additional information related to the monitoring process. The following data sources are used to gather and report data in the Annual Performance Report (APR):

- Indicator 1: SAM data
- Indicator 2: 618 Data
- Indicator 3: Database Data
- Indicator 4: Statewide Family Survey
- Indicator 5: 618 Data
- Indicator 6: 618 Data
- Indicator 7: Database Data
- Indicator 8: Database Data
- Indicator 9: 618 Data
- Indicator 10: 618 Data
- Indicator 11: Database Data
- Indicator 12: SAM data and Database Data (see below)

Hawaii identified the following Priority Areas and specific items in each area to monitor related to specified indicators:

##### Priority Area 1: Timeliness (Related requirement to Indicator 7)

- Timely IFSP 6-month Review of Initial or Annual IFSP (Database Data)
- Timely Initial Annual IFSP (Database Data)

##### Priority Area 2: IFSP Development (Related requirement to Indicator 7)

- Complete IFSP Objectives (criteria, procedures, and timelines) (SAM Data)
- Family Discussion regarding IFSP Team and Inviting Appropriate IFSP Team members to the IFSP Meeting (SAM Data)

##### Priority Area 3: EI Child Outcomes (Related requirement to Indicator 3)

- Initial EI Child Outcomes ratings were completed (Database Data)
- Exit EI Child Outcomes ratings were completed (Database Data)

##### Priority Area 4: Procedural Safeguards (Related requirement to Indicator 7)

- Written Consent Prior to Initiation of EI Services (SAM Data)

##### Priority Area 5: Transition (related requirement to Indicator 8C)

- Appropriate individuals were invited to the transition conference (SAM Data)

##### Priority Area 6: Data Validation (SAM Data and Database Data)

- Item 6a: Date of Birth
- Item 6b: Part C Referral Date
- Item 6c: Initial IFSP
- Item 6d: Service Location
- Item 6e: Exit Date
- Item 6f: Transition Plan
- Item 6g: Transition Notice – Date sent or “opt out”
- Item 6h: Transition Conference – Date of conference or “decline”
- Item 6i: FERPA Notice – discussed and provided during the Intake Meeting
- Item 6j: Family Rights – discussed and provided during the Intake Meeting
- Item 6k: MDE Consent
- Item 6l: EI Goals Initial Rating Date
- Item 6m: EI Goals Rating 1B
- Item 6n: EI Goals Rating 2B
- Item 6o: EI Goals Rating 3B
- Item 6p: EI Goals Exit Rating Date
- Item 6q: EI Goals Exit Rating 1A

- Item 6r: EI Goals Exit Rating 1B
- Item 6s: EI Goals Exit Rating 2A
- Item 6t: EI Goals Exit Rating 2B
- Item 6u: EI Goals Exit Rating 3A
- Item 6v: EI Goals Exit Rating 3B

#### Fiscal Monitoring

The list of children selected for on-site monitoring using the SAM, are the same records used for fiscal monitoring. Billable activities are printed from the HEIDS, for the respective children selected for on-site monitoring. The data from the HEIDS, is verified during on-site review. Programs are issued findings and are required to make corrections to the child's record or invoices, as applicable.

#### Step 3: State Responsibilities

The State is responsible for ensuring that: 1) EI Programs provide data, as required, to demonstrate that their programs meet IDEA Part C compliance; 2) EI Programs have an opportunity to validate the accuracy of their data prior to the State identifying noncompliance; 3) areas of non-compliance are identified; 4) EI Programs are provided written notification of areas of noncompliance within 90 days of the identification of non-compliance; 5) required actions are taken such as immediate child specific correction and developing a Corrective Action Plan (CAP), submitting evidence to show correction, as well as, developing program specific improvement strategies to address non-compliance for all children within the program; and 6) the LA Quality Assurance Specialist meets at least quarterly with their assigned Program to provide technical assistance, including identify training needs. In addition, the State conducts data validation as part of the SAM process and child specific data corrections must be made immediately in the HEIDS and are included as part of the EI Program's CAP to demonstrate accurate data for all children within the program. If the required actions are insufficient to show progress toward compliance, State may impose sanctions on the EI Programs.

#### B. Dispute Resolution

At Intake, any time consent is sought, including evaluations and assessments and at every IFSP meeting, families are informed and provided information regarding their procedural safeguards, as described in the "Family Rights" brochure, which includes an insert of Section 303.400-303.460, the Part C procedural safeguards system. They are also informed of the process on who to contact if they have any concerns about services as well as how to make a formal complaint and the due process procedures. It is recommended that any time families have a concern, they should discuss their concern with their Care Coordinator (CC) so an IFSP Review meeting can be scheduled, if appropriate. Families may also contact the Program Manager to discuss any concerns they may have regarding their child. However, at any time, families may file a written state complaint or request a due process hearing if the family feels that the Part C program has violated a Part C requirement. Families may also request mediation to resolve a complaint and mediation is offered if a request for a due process hearing is submitted. The State tracks written complaints, mediation, and due process hearing requests to ensure it is being addressed and resolved within required timelines.

Upon receipt of a written state complaint, the State investigates to determine if any noncompliance has occurred and issues a written decision to the family within 60 days of receipt of the state complaint. If noncompliance is identified, the State issues findings and required corrective actions for the specific child and all children in their program. If a due process hearing is requested, the State offers the parent mediation. If the family prefers to proceed with the due process hearing, the Hearing Officer is provided the Request for Due Process Hearing form. The Hearing Officer provides the family a written or electronic verbatim transcription of the proceedings upon family request and provides all parties with written findings of facts and decisions within 30 days of the request for a due process hearing. When the family requests mediation, a mediator outside of EIS, at no cost to the family, is assigned and ensures any agreement reached by the parties is set forth in a legally binding agreement. A written decision on the complaint is issued, if the state complaint is not withdrawn as a result of the mediation, even if the issues have been resolved. The child shall receive all appropriate early intervention services during any of the dispute resolution options, unless otherwise agreed upon by EIS and the parents of the child.

The EIS website has a "[Family Resources](#)" category that includes a "Family Rights" section.

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 compliance.

Except for Indicator 1, all other compliance indicators (7, 8A, 8B, and 8C) are gathered from the Hawaii Early Intervention Data System (HEIDS). When HEIDS is the data source, all applicable child records during the period of July 1 – March 31 of the respective FFY are used to determine if an EI Program is in compliance with the respective IDEA requirements.

Indicator 1 data is gathered during on-site monitoring since the data is not captured in the HEIDS. For on-site monitoring of all EI programs, the EI Self-Assessment Monitoring (SAM) Tool that was developed by State with feedback from EI providers is used to gather data to determine if an EI Program is in compliance with the IDEA requirement.

Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria are followed:

- Names of all children with an Initial, Review or Annual IFSP between July 1<sup>st</sup> and January 31<sup>st</sup> were obtained by State from each program.
- State identified 10% of children at each program based on the December 1 child count, or a minimum of 15 children to be monitored, unless there was an insufficient number of children who met the above criteria. If there was an insufficient number of children, all children in the program were selected to ensure a complete monitoring as possible.
- An Initial, Review, or Annual IFSP for each selected child was reviewed to determine if new services were timely. If the Review or Annual IFSP was the identified IFSP and there were no new services, N/A was noted for this indicator.

Written notification of findings of noncompliance is provided to each respective program within 90 days of identification. Programs are required to demonstrate child specific corrections and compliance for all children in the program for the identified noncompliance. Based on stakeholder input, effective FFY 2023, the amount of data submitted to demonstrate correction is based on the monitoring percentage:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that shows 100% with a minimum of 6 records total.
- Under 80%: 3 months of data within 4 months that shows 100% with a minimum of 8 records total.

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

Data collected from the HEIDS for the period of July 1 – March 31 of the respective FFY for all children across all the EI programs are used to determine if an EI Program is in compliance with the compliance indicators 7, 8A, 8B, and 8C.

The State uses the first three quarters instead of the full reporting year, as it accurately reflects data for infants and toddlers with IFSPs for the full reporting year since it includes the majority of the children served during the specified year. Using the first three quarters of the year provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

In FFY 2021, the online statistical calculator from MedCalc Software Ltd. ([https://www.medcalc.org/calc/comparison\\_of\\_proportions.php](https://www.medcalc.org/calc/comparison_of_proportions.php)) was used to compare the indicator data from the first three quarters to the data for the full reporting year (comparison of proportions calculator, version 10.218) to ensure no significant difference is found. MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000). The calculation will be retested in FFY 2025.

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 each EIS Program.

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

Not applicable.

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

When a program does not demonstrate corrections within one year of notification, the following sanctions are implemented:

- 1) Complete the "Local Contributing Factor Tool" for each respective indicator, including Indicator 9 for ongoing noncompliance.
- 2) Submit a weekly status report of all indicators if Program is not submitting CAPs by the due date.
- 3) Agency submits a Long-Standing Noncompliance Plan by specified date that includes the following:
  - a. Agency strategies that will be implemented to support the Program in completing their CAP (e.g., support from another Program Manager, times set aside on a weekly basis to work on CAPs).
  - b. How the Agency will monitor the Program's submission of CAPs (e.g., cc on e-mails, bi-monthly meetings)
  - c. Access technical assistance by the State.
- 4) Withhold funds until correction action is completed.
- 5) Terminate the contract.

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.

#### I. Making Annual Determinations

- A. Similar to the federal government, the State's Part C Agency (HDOH) is required to make a determination on an annual basis as to whether each Part C program is considered as:
  - Meets Requirements
  - In Need of Assistance
  - In Need of Intervention
  - In Need of Substantial Intervention
- B. The State issues determinations to Part C programs within 120 days of issuing findings of noncompliance.
- C. In making local program determinations, HDOH analyzed the following compliance indicators, including whether all previously identified findings of non-compliance were timely corrected:
  - Indicator #1: Timely Services
  - Indicator 7: Timely IFSPs
  - Indicators 8A, 8B, and 8C: Timely Transition Activities
  - Correction of Non-Compliance
  - In addition to the above indicators, HDOH took into consideration: whether the data submitted for both compliance and performance indicators was valid, reliable, and timely; whether any audit findings were made specific to an EIS program; and whether there was any uncorrected noncompliance from other sources.

#### II. Criteria for Making Determinations

The following guideline was used in making the determination, based on data for Indicators 1, 7, 8A, 8B, 8C, and 9 and the validity and reliability of all data submitted. In making these determinations, the State shall consider all information (including qualitative and quantitative data) available to the State at the time of the determination, including the history, nature and length of time of any reported noncompliance, and any evidence of correction.

- A. A program was considered as "meets requirements" if:
  1. The data provided were valid and reliable, **AND one of the following**:
    - ✓ All previously identified findings of noncompliance for Indicators 1, 7, and 8 were timely corrected and the compliance data was 75% or above, **or**

- ✓ The data demonstrated substantial compliance (i.e., a very high level of compliance which is 95% or better) on Indicators 1, 7, 8 and 9. If the data did not demonstrate substantial compliance for only one (1) indicator, the data for that indicator was considered high (at least 90%).

- B. A program was considered as “needs assistance” if:
  - 1. The data did not demonstrate substantial compliance (95% or better) on one or more of the compliance indicators, **or**
  - 2. One or more indicators, including performance indicators, do not have valid and reliable data, **or**
  - 3. Areas of non-compliance were not timely corrected through monitoring or other means.
- C. A program was considered as “in need of intervention” if:
  - 1. The data demonstrated very low performance (50% or below), and such performance did not represent significant progress over the prior year’s compliance data and did not demonstrate full correction of previously identified findings of non-compliance **or**
  - 2. Data was not provided for Indicators 1, 7, 8, or 9 or the data were not valid and reliable, and the program has not made significant progress in correcting previously identified data problems **or**
  - 3. Valid and reliable data was not provided on one of the results indicators and a plan to collect and report that data was not developed, and the program has not made significant progress in correcting previously identified data problems.
- D. A program was considered as “in need of substantial intervention” if its substantial failure to comply significantly affected the core requirements of the program, such as delivery of early intervention services to eligible infants and toddlers or if it was unwilling to comply with an IDEA Part C requirement. A program would also be considered “in need of substantial intervention” for failing to submit required data to EIS.

### III. Enforcement Actions

In determining the most appropriate enforcement action, the State shall consider all information (including qualitative and quantitative data) available to the State at the time of the determination, including the history, nature and length of time of any reported noncompliance, and any evidence of correction.

- A. If a program was determined to be “in need of assistance” for 2 consecutive years, EIS shall take one or more of the following enforcement actions, consistent with section 616(e)(1):
  - 1. Require the program to prepare a corrective action plan for any compliance indicator less than 100%.
  - 2. Advise the program of available sources of technical assistance.
  - 3. Direct the use of state or program-level funds under section 611(e) on area(s) in which the program needs assistance.
  - 4. Identify the program as a high-risk grantee and impose special conditions on funds allocated to the program.
  - 5. If the program is state-funded, meet with the program’s supervisor and/or Executive Director to determine next steps.
- B. If a program was determined to be “in need of intervention” for 3 consecutive years, EIS may take any of the actions described under “needs assistance” and shall take one or more of the following enforcement actions, consistent with section 616(e)(2):
  - 1. Require the program to enter into a compliance agreement, if EIS has reason to believe that the program cannot correct the problem within 1 year.
  - 2. Withhold a percentage of the program’s funds under section 611(e) for each year of the determination.
  - 3. Seek to recover funds.
  - 4. Withholds, in whole or in part, any further payments to the program.
  - 5. Refer the matter for appropriate enforcement action.
  - 6. If the program is state-funded, meet with the program’s supervisor and/or Executive Director and if necessary, the Director of Health or the Director’s designee to determine next steps.
- C. If a program was determined, at any time, to be “in need of substantial intervention,” EIS shall take one or more of the following enforcement actions, consistent with 616(e)(3):
  - 1. Recover funds.
  - 2. Withholds, in whole or in part, any further payments to the program.
  - 3. Refer the case to the Deputy Attorney General for the Department of Health, Family Health Services Division.
  - 4. Refer the matter for appropriate enforcement action.
  - 5. If the program is state-funded, meet with the Director of Health or the Director’s designee to determine next steps.

Program determinations are not made public.

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

General Supervision link: <https://health.hawaii.gov/eis/home/general-supervision/>

Hawaii is in the process of compiling various documents and tools associated with the LA’s general supervision system into one cohesive manual. The Part C LA will be requesting national TA support from ECTA and DaSy to review the manual and revising processes as necessary.

### 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.

Local TA provided:

The State provides TA to local programs through quarterly mandatory Program Manager meetings, Question & Answer process for specific situations and procedural guidelines. Additionally, each EI Program has an assigned State Quality Assurance (QA) Specialist. The State provides TA to local programs and Fee-for-Service contracted providers through 1:1 meetings that may be requested by the agency or the State to address specific topic areas, as needed.

Additional local TA provided includes:

- Quarterly meetings between State QA Specialist and local Program Manager (PM). The agenda is set by the local PM however, topics may be identified by the State QA Specialist.

State QA Specialist supports local PM in the implementation of an Action Plan that addresses topic areas identified by the PM and/or monitoring results needing improvement.

### 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 requires that providers complete the EI Provider Orientation checklist that provides the foundational knowledge of the Early Intervention system. The Part C EI Orientation is part of the EI Provider Orientation Checklist and focuses on implementation of procedural guidelines and best practices. The Primary Service Provider (PSP) Approach to Teaming and Coaching Model in Natural Learning Environments are included in EI Orientation training to all providers. Annual Refresher trainings are offered at least once a year and may be on a specific topic to address a need identified through monitoring or training needs assessment.

The State continues to provide technical assistance (TA) to the Programs that includes observing teams using the Family Support Team (FST) Observation Tool during FST meetings as coaching practices are utilized for peer-to-peer support, debriefing with the Program Manager, and updating the Program's Action Plan based on the observation and debriefing.

Hawaii was also selected and received national TA from:

- Zero-To-Three Project and the ECTA related to Infant Mental Health that included workforce development and financing for infant mental health services.
- DaSy in their Data and Systems Thinking Cohort focused on enhancing the Child Find System for Part C and Part B. The Hawaii team is comprised of representatives from Home Visiting Network, State, and Part B 619 Programs.
- ECTA, DaSy, and ITCA in their Fiscal Academy to enhancing the Part C Fiscal System.

### 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.

#### State Performance Plan/Annual Performance Report (SPP/APR) Process

The process to develop Hawaii's SPP/APR for FFY 2023 included:

1. The HDOH, EIS which is identified as the State worked with the EI System Improvement Team to address specific indicators as identified in the approved SPP/APR.
2. The State held the annual stakeholder meeting that addressed the SPP/APR Indicators.
3. Broad dissemination regarding the Stakeholders' Meeting to determine interest by agency, Hawaii Early Intervention Coordinating Council (HEICC), community members, and family members to ensure appropriate input into the review process, including distribution of a family flier via parent support groups (i.e., Family Hui and PTI – Leadership in Disabilities and Achievement in Hawaii [LDAH]).
4. The State also contracted with an outside agency to facilitate two parent focus groups as another opportunity for families to provide feedback and input into strategies to improve the Part C system.
5. Small group discussions on specific indicators. Stakeholders were provided with the current indicator targets, FFY 2022 & FFY 2023 APR data, and other relevant data so the group could determine:
  - Whether the target was met
  - The extent of progress/slippage for each indicator
  - Possible reasons for slippage
  - Status updates on activities/initiatives that impacted data
  - Any changes to targets for FFY 2024 – FFY 2025 based on trend data, projections identified from the respective meaningful difference calculators developed by the Center of IDEA Early Childhood Data Systems (DaSy), past initiatives that have impacted data and current/future initiatives that may impact the data
6. Recommendations were reviewed by the identified members of the EI System Improvement Team and the State.
7. Topical Workgroups (Child Find, Timely MDEs-IFSPs-Services, Transition, SSIP, including Child/Family Outcomes) developed an action plan based on stakeholder input and will meet on a regular basis to implement, review, and evaluate the action plan throughout the year. The workgroup leads also present updates to their action plan at quarterly HEICC meetings that includes break out discussions to get input from HEICC members.
8. The APR was drafted by the Part C Coordinator with support from the EI System Improvement Team and the State.
9. The APR was reviewed and approved by the HEICC. As authorized by the HEICC, the HEICC Chairperson reviewed and signed the APR certification form.
10. The APR was sent to the Director of Health to review, and a copy was provided to the Governor.
11. The APR was submitted to OSEP as required.
12. The APR was posted on the HDOH EIS website.

#### Broad Representation

A stakeholder group of approximately 65 individuals provided recommendations to the development of the SPP/APR. Because of Hawaii's broad eligibility and geography, it was important that there was broad representation that included: Part C EI service providers and family members from all islands, from urban and rural areas, as well as from the different ethnic and cultural groups that represent Hawaii's population. The following stakeholders from the islands of Oahu, Hawaii, Maui, Lanai, Molokai, and Kauai were invited:

- Members of the HEICC
- HDOH administrators, care coordinators (Hawaii's terminology for service coordinators), direct service providers, quality assurance specialists, data staff, personnel training staff, and/or contracted providers from: Family Health Services Division (FHSD); Children with Special Health Needs Branch (CSHNB); Public Health Nursing Branch (PHNB); EIS; and the Home Visiting Network.

- Department of Human Services (DHS) administrators
- Department of Education (DOE) Section 619 District Coordinators
- Community Members, including representatives from: Early Head Start/Head Start and Family Support Programs (Family Hui and LDAH)
- Parents/Family members

The Family Engagement flier was distributed by EI programs statewide to share with families. The flier was also sent to parents that filed a state complaint.

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

y

**Number of Parent Members:**

48

**Parent Members Engagement:**

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

The State invited members from the Interagency Coordinating Council (ICC) and Community Children’s Council, which consist of parent members of children who are either currently enrolled or received early intervention (EI) services, to the annual State Stakeholder Meetings (i.e., SPP/APR and SSIP). The Parent Training Institute staff were invited to attend these meetings, as well as other groups such as Family Hui network, Early Childhood Action Strategy network, DOE 619 Special Education Preschool programs which either have parent members or have access to families of children who received EI services. At the meetings, attendees participated in breakout sessions to discuss and provide input on targets, data, and strategies to improve the early intervention (EI) system. All stakeholder comments, feedback, suggestions, etc., were documented on an electronic whiteboard (i.e., Padlet). The whiteboard, PowerPoint and supporting information were posted on the EIS website and made available after the stakeholder meeting for an additional three weeks. Participants and those who were unable to attend were invited to continue to add comments, suggestions, feedback, etc. In addition to the stakeholder meeting, the State contracted with an outside agency to conduct parent focus groups. The structure of the ICC meetings was changed to include updates from each of the SPP/APR workgroups and having breakout sessions to get input from the ICC members, that includes families. SPP/APR quarterly data is shared at each meeting for discussion.

There were two focus groups conducted: in person and virtual. Four parents participated in the in-person session and 18 parents in the virtual session. All participants received a \$55/hour stipend. The overall feedback was positive, and the responses are currently being analyzed. Parent experiences will be shared with the respective APR Workgroups so it can be incorporated into their action plan as applicable.

**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.

The State invited families statewide to the annual stakeholder meeting and parent focus groups. Parents were offered a stipend (\$55 per hour) for participating and airfare for parents traveling from the neighbor islands. From the stakeholder meeting and the parent focus groups, parents have expressed interest in joining the ICC and participating on an on-going basis.

**Soliciting Public Input:**

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

Each year the State conducts an Annual Stakeholder Meeting for the SPP/APR, including the SSIP to solicit input from stakeholders. At the stakeholder meeting, the State reviews the SPP/APR indicator data with all attendees. Suggestions for improvement strategies, evaluate progress, and review/revise targets are done via breakout room discussions and padlets.

The State website includes a section on EI Partner Engagement to solicit input from stakeholders. The PowerPoint, supporting documents and a whiteboard using Padlet were made available for three weeks after the stakeholder meeting. Stakeholders were also invited to sign-up for on-going engagement through workgroups during the stakeholder meeting and up to three weeks after the stakeholder meetings via the State website. SPP/APR resources are also highlighted in this section that includes a link to the SPP/APR Basics Training Module developed by the national ECTA center and the SPP/APR Target Setting Guide developed by the national DaSy TA center.

The State provided quarterly updates of the SPP/APR indicator data to get ongoing input from the HEICC regarding the data, analysis, and improvement strategies, including evaluating progress. In addition to the existing SSIP implementation workgroups focusing on social emotional development (Professional Development and Technical Assistance, Fiscal Staffing and Telepractice, and Monitoring and Accountability related to Child Outcomes), the following workgroups were developed as a strategy for ongoing stakeholder engagement: Timely MDE-IFSP-Services, Family Outcomes, Child Find and Transition.

**Making Results Available to the Public:**

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

The State reviews the input from the stakeholder meeting on target setting, data analysis, development of the improvement strategies, and evaluation. The information is also reviewed by the respective APR Indicator workgroups. The workgroup responds to the information and determines what is included in their action plan for the upcoming year. The State will compile the results and post them on the State website within 120 days of the State’s submission of the FFY 2023 SPP/APR in February 2025.

**Reporting to the Public:**

How and where the State reported to the public on the FFY 2022 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 2022 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 2022 APR in 2024, is available.

The SPP/APR and performance of each EIS Program in the state for FFY 2022 was posted on the HDOH EIS website (<http://health.hawaii.gov/eis/home/documents-and-reports/>) within 120 days of the State's submission of the FFY 2022 SPP/APR in February 2024.

## Intro - Prior FFY Required Actions

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 3, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

## Response to actions required in FFY 2022 SPP/APR

National Technical Assistance (TA) Accessed:

The State continued to meet monthly with Hawaii OSEP State Lead and included the assigned TA Specialists from Early Childhood Technical Assistance (ECTA) Center and The Center for IDEA Early Childhood Data Systems (DaSy). This meeting was used to provide progress reports, address implementation questions, and discuss OSEP specific topics (e.g., Determinations, SPP/APR which guides Hawaii's next steps. In addition, the State continued monthly meetings with assigned TA Specialists from ECTA Center and DaSy to address implementation questions. This meeting supports the State by connecting with other TA Specialists for assistance on specific topic areas, reviewing State reports, procedures, resource documents, etc., and connecting with other Part C states. Hawaii has found these meetings to be effective in accessing the information needed to make changes, develop guidance, and implement them in a timely manner.

State continued to participate in Community of Practice (CoP), webinars, and on-line conferences to increase State staff knowledge on specific topics and provide additional information for next steps decision making. These activities provide the State with opportunities to learn and gather more information from TA Specialists and other States. Benefits for the State were gaining information on how requirements are implemented, understanding potential challenges, and identifying potential solutions. State-to-State discussions provided the State with sample forms and tools developed by TA centers and other States, as well as guided the direction and solution options to evaluate and implement.

The State team participated in the following which is not the complete list of all activities (e.g., conferences, webinars, CoP):

- The Part C Coordinator and fiscal team participated in the Center for IDEA Fiscal Reporting (CIFR) CoP to increase the team members' knowledge of IDEA Fiscal Reporting and learn from other States.
- The Outcomes Coordinator participated in Child Outcomes Summary (COS) and Family Outcomes CoP to discuss topics within each area. The acquired information and tools are applied to Hawaii's COS and Family Outcomes system.
- The Part C Coordinator and Part C Data Manager participated in the Data Manager CoP. The topics addressed and information gathered assisted with addressing the collection and evaluation of data during the pandemic, learning about pivot tables, etc., which were applied as appropriate to support the gathering of valid and reliable data for decision making.
- The Part C Coordinator and Part C Data Manager participated in the Dispute Resolution CoP. The discussions and information gathered assisted with updating the Dispute Resolution guidelines.
- The Part C Coordinator, Data Manager, and System Improvement Unit Supervisor participated in the Monitoring CoP. The discussions and information gathered assisted with updating the monitoring and correction process.
- The State Team received TA from DaSy regarding data systems.
- The Part C Coordinator, Child Find Coordinator, Part C Data Manager, along with our partners from Part B Preschool Special Education Program and Department of Health Home Visiting Program, participated in the Data and Systems Cohort led by DaSy. Hawaii's self-identified focus area is Child Find.

Specific TA received related to the SPP/APR:

- Indicator 1 (Timely Initiation of Services); Indicator 7 (Timely MDE and Initial IFSP): The LA has been discussing the General Supervision monitoring component and revised the monitoring and correction process for FFY 2023 based on the discussions and with input from stakeholders.
- Indicators 3 and 11 (Child Outcomes Summary [COS]): Hawaii continues to receive TA from DaSy regarding the implementation of the COS Knowledge Check (KC) and will incorporate the COS KC into the COS fidelity process.
- Indicator 4 (Family Outcomes): Hawaii continues to receive TA from DaSy regarding the data analysis related to unbiased responses and representativeness. Hawaii changed the survey process to offer the survey to families that exit the early intervention system prior to the survey distribution period. The State will be exploring incorporating the Family Survey into the family portal of the new Hawaii Early Intervention Data System (HEIDS.)
- Indicators 5 and 6 (Birth to 1 and Birth to 3 Child Count): Hawaii continues to use the Child Find Self-Assessment tool and developed an Action Plan based on the Child Find Self-Assessment and input from stakeholders.
- Dispute Resolution: The LA worked with national TA to update and revise its Dispute Resolution Guidelines. National TAs also supported the LA when providing written decisions to state complaints received.

# 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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
2013	63.03%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	72.22%	73.71%	63.59%	73.89%	74.50%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
101 + 27 = 128	192	74.50%	100%	66.67%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Staff vacancies continue to impact the delivery of timely services.
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<b>Number of documented delays attributable to exceptional family circumstances</b> <i>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.</i>	27
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Provide reasons for delay, if applicable.

Exceptional Family Circumstances: 27 of the 192 (14%) infants and toddlers monitored did not receive timely services due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the above numerator and denominator. The two predominate exceptional family circumstances were medical reason (family or child sick) and that the family requested a later appointment.

Program Reasons for Delays: 64 of the 192 (33%) infants and toddlers monitored did not receive timely services due to program reasons. The two predominate program reasons that impacted the provision of timely services were no documentation and staff vacancy.

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).

Hawaii's definition of timely services is consistent with OSEP's direction as included in the Frequently Asked Questions (FAQ) document of 10/13/06. Timely services are defined as: "within 30 days from when the parent provides consent for the IFSP service."

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

X	State monitoring
	State database

Provide additional information about this indicator (optional)

The State has been working on initiatives to address the vacancies in early intervention.

1. Funding is provided for an Early Childhood Comprehensive System of Personnel Development (CSPD) Coordinator to coordinate and facilitate the various workgroups to address each of the personnel development components identified in the Personnel Development System Framework developed by ECTA and ECPC.
2. Partnering with Hawaii Pacific University who received a grant from OSEP to provide an early intervention program within their Physical Therapy and Occupational Therapy programs.
3. Periodically contract with an outside entity to complete a salary rate study. The State has successfully used the salary rate study report to obtain increase funding from the Legislature for the contracted early intervention programs.
4. Requested and received differential salary pay for OTs, PTs, SLPs and most recently SpEd Teachers (July 2024) for providers employed by the State.
5. Revised the personnel standards to expand the provider resource pool.
6. Provided reflective supervision training and ongoing facilitated discussions for supervisors as a retention strategy of providers.
7. The Early Childhood CSPD, with HEICC support, is working with a Representative to introduce a bill to increase the state OT, PT, and SpEd Teacher salary level from a III to a level IV to be equitable with the state SLPs who are currently at the level IV salary range.

Describe the method used to select EIS programs for monitoring.

For FFY 2023, the State Monitoring Team completed the SAM tool for each of the EI programs.

A total of 192 records of children with IFSPs (no Interim IFSPs) were selected for on-site monitoring within the time period 07/01/23 – 01/31/2024 across 17 Part C programs (one of the eighteen programs closed prior to monitoring). The EI Self-Assessment Monitoring (SAM) Tool was developed by State with feedback from EI providers and was utilized to gather data.

Identification of Children. To ensure a random selection of children for review with the SAM Tool, the following criteria were followed:

- Names of all children with an Initial, Review or Annual IFSP between 07/01/23 – 01/31/24 were obtained by State from each program.
- State identified 10% of children at each program based on the 12/1/23 child count, or a minimum of 15 children to be monitored, unless there was an insufficient number of children who met the above criteria. If there was an insufficient number of children, all children in the program were selected to ensure a complete monitoring as possible. This resulted in a review of 258 records for on-site monitoring.
- An Initial, Review, or Annual IFSP for each selected child was reviewed to determine if new services were timely. If the Review or Annual IFSP was the identified IFSP and there were no new services, N/A was noted for this indicator. Therefore, for this indicator, the results were based on new and timely services for 192 children as 66 children had no new services identified on either their Review or Annual IFSP.

Determination of Timeliness: The SAM Tool was completed for each child selected using the specified IFSP (Initial, Review, Annual), following the guidelines developed by State to determine if services were timely, consistent with Hawaii's definition for timely services. If a child/family had multiple services listed on the IFSP, all services must have been initiated within 30 days for the services to be considered timely for the child/family.

For each service, the following documentation was required to confirm the service was both provided and timely:

- The service provided must be documented and signed and dated by the provider in accordance with State documentation guidelines and filed in the child's official record.
- If the service was provided by a PHN, the provider must verbally inform the service coordinator of the date services were initiated (the CC documents the conversation) or provide a copy of written documentation.
- If the service was not timely due to an "exceptional family reason," the family reason, using the Late Reason List (e.g., child was sick; family on vacation, etc.) must be documented in the child's official record.
- If the service was late, and there was no documentation of an exceptional family reason (only a date of when the service occurred), it was considered a program reason and therefore did not meet the definition of timely services.
- If there was no documentation that the service was provided, it was considered a program reason and therefore did not meet the definition of timely services.

Self-Assessment Results & Verification of Data:

- Raw data was gathered by State.
- Data was entered into the SAM database, which was developed by State. Data was analyzed for noncompliance with Timely Services.
- The SAM results were reviewed by Program Managers to identify any possible inconsistencies or errors.
- Program Managers validated data and submitted documents to address the inconsistencies or errors.
- State reviewed documents submitted by the Program and updated data, if applicable.

**Findings Notification & Correction:**

Written notification of findings is provided to each respective program within 90 days of identification. The program is required to complete child specific correction and submit data based on their respective Corrective Action Plans to ensure all children are receiving timely services.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	3	1	1

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

The State accounted for all instances of noncompliance through monitoring (refer to preceding section on "Monitoring Process").

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In FFY 2022, five of the 18 (28%) programs monitored were issued findings of noncompliance for timely services. To verify correction, each of the five (5) programs were required to submit data ("Worksheet A" from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP, that identified timely initiation of new services). The amount of data each program was required to submit varied depending on their monitoring data percentage for Indicator 1 as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified that four of the five programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.

Three of the five programs demonstrated correction within one year of notification:

- One program submitted one month of data that showed 100% for a total of five records.
- Two programs submitted two consecutive months of data that showed 100% for a total of 24 (11 and 13) records.

One of the five programs demonstrated subsequent correction as outlined above prior to submission of the FFY 2023 APR:

- One program submitted two consecutive months of data that showed 100% for a total of 11 records.

The one remaining program has not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified that the five EI programs above with findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program.

There were 51 children whose services were not initiated in a timely manner due to program reasons: 11 children were no longer residing within the jurisdiction of the EI Program before the service was implemented; four (4) services were discontinued before the service was implemented; and the remaining 36 children's services on their IFSP were initiated, although late.

At the time of the on-site monitoring, "Worksheet A" from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the State that indicated when the service was initiated.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The respective program's Agency was required to submit an Agency plan on how they will support the respective program in demonstrating compliance. The respective Program Manager was also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

The program had multiple changes in leadership. The experienced Program Manager was on extended leave and then vacated the position. Since then, the Agency has experienced periods of vacancy and high turnover rate of the Program Manager position.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	6	4	2
FFY 2020	1	0	1

## FFY 2021 Findings of Noncompliance Verified as Corrected

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

The State accounted for all instances of noncompliance through monitoring (refer to preceding section on "Monitoring Process").

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2021, there were six remaining programs with findings of noncompliance for timely services, not yet verified as corrected as of the FFY 2022 APR. To verify correction, each program was required to submit data ("Worksheet A" from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP, that identified timely initiation of new services). The amount of data each program was required to submit varied depending on their monitoring data percentage for Indicator 1 as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified four of the six programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.

Four of the six programs demonstrated subsequent correction prior to the submission of the FFY 2023 APR:

- One program submitted two months of data that showed 100% for a total of 27 records.
- Three programs submitted three consecutive months of data that showed 100% for a total of 45 (10, 28, and 7 respectively) records.

The two remaining programs have not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified that the 15 EI programs in FFY 2021 issued findings of noncompliance for not initiating services in a timely manner, initiated all services, although late, unless the child was no longer residing within the jurisdiction of the EI Program.

There were 53 children whose services were not initiated in a timely manner due to program reasons: 6 children were no longer residing within the jurisdiction of the EI Program before the service was implemented; and the remaining 47 children's services on their IFSP were initiated, although late.

At the time of the on-site monitoring, "Worksheet A" from the SAM tool was completed by the monitors. The actual start date of each service was documented on Worksheet A and verified at the time of the on-site monitoring. If the service(s) did not occur prior to the monitoring date, the Program had to immediately correct by providing those services(s) on the IFSP, although late, and submit documentation to the State that indicated when the service was initiated.

## FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The respective programs' Agencies were required to submit an Agency plan on how they will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

One of the programs had multiple changes in leadership. The Agency experienced periods of vacancy and high turnover rate of the Program Manager position. Currently the position is vacant. One of the programs had a Program Manager that is fairly new and came into the position with no early intervention experience. Both programs experienced long-term staff vacancies that impacted timely services.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

## FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The respective programs' Agencies were required to submit an Agency plan on how they will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

The one remaining program had staff vacancies that impacted initiation of timely services. The program has filled some of their vacancies and is close to meeting the required correction necessary to demonstrate correction of timely services.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining six uncorrected findings identified in FFY 2021 and the one remaining uncorrected finding identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2020 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of

updated data such as data subsequently collected through on-site monitoring or a State data system; and, (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2022. There is one (1) outstanding correction of findings of noncompliance for Indicator 1 in FFY 2022.

For FFY 2021 and FFY 2020, there are three programs and one program respectively, with outstanding correction of findings of noncompliance identified prior to FFY 2022. Refer to "Correction of Findings of Noncompliance Prior to FFY 2022" for actions taken to address the ongoing noncompliance.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	81.10%

FFY	2018	2019	2020	2021	2022
Target $\geq$	90.00%	95.00%	95.00%	95.00%	95%
Data	97.53%	98.29%	99.75%	99.93%	99.93%

### Targets

FFY	2023	2024	2025
Target $\geq$	95%	95%	95%

### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,645
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	1,647

### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,645	1,647	99.93%	95%	99.88%	Met target	No slippage

Provide reasons for slippage, if applicable

NA

Provide additional information about this indicator (optional).

NA

**2 - Prior FFY Required Actions**

<Required Actions identified for the Indicator in FFY 2022 will appear here>

None

**Response to actions required in FFY 2022 SPP/APR**

NA

## 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

Refer to Broad Stakeholder Input section in the Introduction.

**Historical Data**

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2020	Target>=	55.00%	55.00%	47.45%	47.45%	47.45%
A1	47.45%	Data	53.35%	53.69%	47.45%	43.23%	45.58%
A2	2020	Target>=	80.00%	80.00%	65.03%	65.03%	65.03%
A2	65.03%	Data	70.15%	70.13%	65.03%	64.64%	61.82%
B1	2020	Target>=	71.50%	71.50%	52.41%	57.41%	57.41%
B1	57.41%	Data	66.67%	62.62%	57.41%	55.59%	57.64%
B2	2020	Target>=	66.00%	66.00%	42.72%	42.72%	42.72%
B2	42.72%	Data	50.64%	45.06%	42.72%	41.84%	40.33%
C1	2020	Target>=	69.00%	69.00%	59.34%	59.34%	59.34%
C1	59.34%	Data	67.76%	61.90%	59.34%	56.97%	53.30%
C2	2020	Target>=	82.00%	82.00%	67.58%	67.58%	67.58%
C2	67.58%	Data	74.76%	71.68%	67.58%	69.69%	63.88%

**Targets**

FFY	2023	2024	2025
Target A1>=	47.45%	47.45%	48.00%
Target A2>=	65.03%	65.03%	65.50%
Target B1>=	57.41%	57.41%	58.20%
Target B2>=	42.72%	42.72%	44.10%
Target C1>=	59.34%	59.34%	60.10%
Target C2>=	67.58%	67.58%	69.00%

**FFY 2023 SPP/APR Data**

Number of infants and toddlers with IFSPs assessed	1412
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**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	1	0%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	388	29.71%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	138	10.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	262	20.06%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	517	39.59%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	400	789	45.58%	47.45%	50.70%	Target Met	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	779	1,306	61.82%	65.03%	59.65%	Target Not Met	Slippage

Provide reasons for A1 slippage, if applicable

NA
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Provide reasons for A2 slippage, if applicable

<p>The children that exited in FFY 2023 may have been negatively impacted by the COVID-19 pandemic and the stress it put on families such as being socially isolated, economic stressors, etc. The children likely entered the system prior to the COVID-19 pandemic and then exited after which may account for the slippage in positive social emotional skills. Hawaii has also experienced staff shortages and turnovers that may have contributed to the slippage.</p> <p>The slippage is not statistically significant based on the meaningful difference calculator on the ECTA website.</p>
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**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	1	0.08%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	435	33.31%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	354	27.11%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	370	28.33%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	146	11.18%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	724	1,160	57.64%	57.41%	62.41%	Target Met	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	516	1,306	40.33%	42.72%	39.51%	Target Not Met	No Slippage

Provide reasons for B1 slippage, if applicable

NA
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Provide reasons for B2 slippage, if applicable

The slippage is not statistically significant based on the meaningful difference calculator on the ECTA website and according to OSEP's definition of slippage (not meeting the target and a decrease of 1 full percentage point or more).
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**Outcome C: Use of appropriate behaviors to meet their needs**

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	360	27.57%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	125	9.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	360	27.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	461	35.30%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	485	845	53.30%	59.34%	57.40%	Target Not Met	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	821	1,306	63.88%	67.58%	62.86%	Target Not Met	No Slippage

Provide reasons for C1 slippage, if applicable

NA
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Provide reasons for C2 slippage, if applicable

The slippage is not statistically significant based on the meaningful difference calculator on the ECTA website and according to OSEP's definition of slippage (not meeting the target and a decrease of 1 full percentage point or more).
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**FFY 2023 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
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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.	1,812
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.	294
Number of infants and toddlers with IFSPs assessed	1,412

Sampling Question	Yes/No
Was sampling used?	NO
Has your previously approved sampling plan changed?	NA
If the plan has changed, please provide the sampling plan.	
Describe the sampling methodology outlining how the design will yield valid and reliable estimates.	
NA	

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?	Yes
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List the instruments and procedures used to gather data for this indicator.

Tool:

The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center's COS form. The Design Team revised the COS form based on parent and provider input prior to the initial implementation of the COS form in FFY 2008. The form was revised again in June 2015 to include the decision tree, created by ECO, as part of the COS form.

Measurement:

Entry Rating: The entry rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.

Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three months preceding exit from the program.

Ongoing Data collection:

For each of the three EI Child Outcomes, the IFSP team assigns an entry and exit rating to each child. A rating compares the child's status to typical development and progress is calculated by comparing entry and exit ratings.

The rating is based on a combination of the following sources:

1. Developmental evaluation either using the Battelle Developmental Inventory or Developmental Assessment of Young Children and/or assessment(s)
2. Professional opinion
3. Parent input
4. Level of achievement of IFSP outcomes relevant to the child outcome

Reporting:

EI programs enter EI Child Outcomes ratings into their respective EI databases on a monthly basis and submit their EI database to the Part C Lead Agency (LA).

How data are converted into progress categories:

The State uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in development from entry to exit. The calculator developed by ECO is used to determine each outcome area:

1. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has been answered as "No" at exit, then the child is counted in category (a).
2. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has been answered "Yes" at exit, but the child's development is not enough to move the child's functioning closer to typically developing peers, the child is counted in category (b).
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

Provide additional information about this indicator (optional).

After subtracting the number of children that received services less than six months (294) from the total number of children that exited (1,812), the number of children that should have been assessed is 1,518. However, the actual number of children assessed was 1,412. Upon review of the data, 106 records did not have complete ratings to calculate the COS ratings. The current data system does not capture the reason why a child may not have received an entry or exit rating.

The State has awarded a new contract for a cloud-based data system and completed the discovery phase of the project in January 2025. The new data system will have a tickler system and report mechanism to inform the Program that the COS rating must be completed and it will not accept impossible ratings. The State also monitors programs on the completion of entry and final COS ratings as a related requirement to Indicator 3A, 3B, and 3C. If the EI Program does not demonstrate compliance, the Programs must submit evidence that they have implemented program procedures/strategies and data to demonstrate completion of the COS ratings.

**3 - Prior FFY Required Actions**

NONE

**Response to actions required in FFY 2022 SPP/APR**

NA

## 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 =  $\left[\frac{\# \text{ of respondent families participating in Part C who report that early intervention services have helped the family know their rights}}{\# \text{ of respondent families participating in Part C}}\right] \times 100$ .
- B. Percent =  $\left[\frac{\# \text{ of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs}}{\# \text{ of respondent families participating in Part C}}\right] \times 100$ .
- C. Percent =  $\left[\frac{\# \text{ of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn}}{\# \text{ of respondent families participating in Part C}}\right] \times 100$ .

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race/ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents, or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2018	Target>=	92.00%	89.00%	88.08%	88.08%	88.08%
A	88.08%	Data	88.08%	86.66%	83.30%	86.19%	88.75%
B	2018	Target>=	94.00%	89.00%	89.00%	89.00%	89.00%
B	87.05%	Data	87.05%	86.92%	88.01%	87.94%	88.84%
C	2018	Target>=	94.00%	85.00%	85.00%	85.00%	85.00%
C	83.54%	Data	83.54%	84.53%	85.08%	84.21%	84.71%

### Targets

FFY	2023	2024	2025
Target A>=	88.08%	89.00%	90.00%
Target B>=	89.00%	89.50%	90.00%
Target C>=	85.00%	86.50%	88.00%

### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

**FFY 2023 SPP/APR Data**

The number of families to whom surveys were distributed	2701
Number of respondent families participating in Part C	443
Survey Response Rate	16.40%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	394
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	442
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	407
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	443
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	396
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	442

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights.	88.75%	88.08%	89.14%	Met Target	No slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	88.84%	89.00%	91.87%	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.	84.71%	85.00%	89.59%	Met Target	No slippage

Provide reasons for part A slippage, if applicable.

NA

Provide reasons for part B slippage, if applicable.

NA

Provide reasons for Part C slippage, if applicable.

NA

Sampling Question	Yes/No
Was sampling used?	NO
If yes, has your previously approved sampling plan changed?	NA
If the plan has changed, please provide the sampling plan	NA
Describe the sampling methodology outlining how the design will yield valid and reliable estimates.	
NA	

Question	Yes/No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
If your collection tool has changed, upload it here	NA

**Response Rate**

FFY	2022	2023
Survey Response Rate	51.80%	16.40%

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

The metric varied due to using a statistical formula (i.e., proportional testing) to determine if two percentages are considered different from each other. The confidence intervals for this formula vary depending on the sample size, which varied for each of our subgroups. The ECTA Response Rate and Representativeness calculator, which applies proportional testing, was utilized to determine if the surveys received were representative of the target population (i.e., children enrolled).

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.

Comparison by Race and Ethnicity  
The Early Childhood Technical Assistance (ECTA) Center's Response Rate and Representativeness Calculator was used when comparing Family

Survey return rates and the representativeness of children enrolled by ethnicity. The responses were representative for Asian and Hawaiian/Pacific Islander children, and children of two or more races. Responses for the following races were not representative of the children enrolled: Hispanic (11.2 percentage point difference, overrepresented), African American (1.9 percentage point difference, underrepresented) and Caucasian (3.2 percentage point difference, underrepresented). When looking at representativeness by ethnicity as a whole, it is not representative; however, the two largest populations (Asian and Two or more races) were representative, and our Hawaiian/Pacific Islander population was also representative.

#### Comparison by Age and Length of Time in EI

When looking at survey results by the length of time the child was enrolled in Early Intervention, children receiving services for over two years showed improvements over last year's results in all three indicators, and all age ranges showed improvements in "Helping Your Child Develop and Learn." Scores were generally higher the longer a child received services, with the children receiving services for over 2 years reporting the highest scores across all three indicators. Looking at results by both age at time of survey and age at time of referral, there is nothing that stands out to indicate why there was slippage in age specific data; however, all three targets were met, and improved percentages over the previous year.

#### Comparison by County of Residence

The ECTA Center's Response Rate and Representativeness Calculator was used when comparing Family Survey return rates and the children enrolled by county of residence. The responses were representative for Hawaii county, with a return rate of 12.6% of surveys, while serving 11.7% of the children enrolled and Kauai County with a return rate of 3.4% while serving 3.9% of children enrolled. The following counties were not representative as Honolulu County was underrepresented with a return rate of 62.5% of surveys, while serving 74.7% of the children enrolled and Maui County was overrepresented with a return rate of 21.4%, while serving 9.7% of the children enrolled. When looking at representatives by survey return rates as a whole, it is not representative.

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

No

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

For FFY 2024, the State will continue to work on improving the distribution and completion process for family outcome surveys. In FFY 2023, the State began using a two-prong approach: 1) All families that exited EI from July 1, 2023 - March 30, 2024, was given a family survey to complete and 2) All enrolled families with an active IFSP during the April 1, 2024 - June 30, 2024 time period, were given a survey to complete. Surveys were distributed to families through email, text messages, or a paper copy was hand delivered or mailed. A QR code was also available for families to scan and access online. The surveys are done anonymously; therefore, programs follow-up with all families to encourage survey completions.

The State is currently working with the developers of the Hawaii Early Intervention Data System (HEIDS) to include the Family Survey in the family portal. The HEIDS will send the families reminders to complete the survey and have the ability for the family to save their responses and resume the survey at a later time. The save and return feature was requested by parents. The State office will be able to identify families that have not completed the survey and follow-up with those families to support representativeness efforts. Individual family survey responses will continue to be anonymous to programs.

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

For FFY 2024, the State will: 1) continue with the tracking system to ensure program staff contact all families to encourage the submission of surveys in hopes to increase the overall return rate, demonstrate representativeness and to reduce nonresponse bias. The tracking system will use the list of children from the database that includes the child's ethnicity/race reported and will be closely monitored by the LA to ensure it is completed; 2) a Family Outcomes workgroup has been established and has developed an action plan based on stakeholder input to analyze disaggregated data and gather ideas/strategies to increase the overall return rate and representativeness, including exploring other mechanisms to identify who is responding to surveys to determine nonresponse bias; 3) collaborate with the developers of the Hawaii Early Intervention Data System (HEIDS) to include the Family Survey, in multiple languages, in the family portal and establish a mechanism to send reminders to those that have not yet completed the survey.

The State will have a family portal in its new data system currently being developed. Families will have access to the annual Family Survey via the family portal as well as the ability to request and receive a hard copy version of the survey. The survey will be available, as it is now, in multiple languages. The data system will generate reminders to families to complete the survey and families will be able to save their responses and return to the survey at a later time. The save and return feature was requested by parents.

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.

Surveys were distributed to families as they exited early intervention services from July 1, 2023 thru March 30, 2024. Between April 1, 2024 and June 30, 2024, all families with an active IFSP were asked to complete a survey as well. Surveys are anonymous which makes it challenging to follow up with under-represented groups; therefore, the Programs were required to follow up with all families reminding them to complete the survey.

To reduce nonresponsive bias, the State implemented the following strategies: 1) During COVID-19 the State shifted to have survey available on-line with the option to complete a paper survey. For FFY 2023, 90% of completed surveys were done online, which was a slight decrease from last year; 2) Surveys in 10 languages other than English, were available and all surveys were available both electronically and on paper in hopes to increase return rates and reduce nonresponse bias. Eleven families completed the survey in another language other than English (7 on-line and 4 paper), a decrease over last year.

The statewide response rate for this year's family outcomes survey dropped to 16.3%, a decrease of 35.5 percentage points from last year. A total of 2726 surveys were distributed.

The Two or More category, which is Hawaii's largest ethnic group had the highest response rate (35.5%), followed by Asian (24.7%), Hispanic (21.9%), Hawaiian/Pacific Islander (10.0%), Caucasian (7.7%), and African American (0.2%). Two or More, Asian, and Hispanic family response rates were above the statewide percent while Native Hawaiian/Pacific Islander, Caucasian, and African American family response rate were below the statewide percent. There were no American Indian or Alaska Natives that received early intervention services.

Based on the analysis, there was potential for nonresponse bias since Native Hawaiian/Pacific Islander, Caucasian, and African American family response rate were below the statewide percent.

One of our largest programs, which serves three Hawaiian Islands, showed a significant drop in return rates. This program serves Maui County, and they continue to struggle with the aftermath of the Maui wildfires. Both the families served as well as staff have been impacted by the wildfires. The Program reported that they distributed the survey to all families, as in the past, and followed up regularly as requested. Families reported completing the survey; however, when survey results were received, it was almost 50% less than last year (95 surveys this year compared to 183 last year). The State discussed the significant drop in return rates with stakeholders, including parents and there were no clear reasons to explain the drop.

Keeping in mind that return rates were well under what was received last year, the state reported increases in all three indicators, meeting all targets. Of the responses for families that identified as Asian, "Knowing Your Rights" was at 91.7% (State=89.1%), "Communicating Your Child's Needs was 92.7% (State=91.9%), and "Helping Your Child Develop and Learn" was 93.6% (State=89.6%). The response rate for Asian population was considered representative of the population served, which is also the second largest reporting group. The percentages for all three indicators exceeded statewide results, helping to record improvements across the board.

The Hawaiian/Part Hawaiian group, which was also representative of the population served also recorded higher results in all three indicators. "Knowing Your Rights" was 95.5% (State=89.1%), "Communicating Your Child's Needs was 97.7% (State=91.9%), and "Helping Your Child Develop and Learn was 93.2% (State=89.6%).

The Two or more category, which is the largest ethnic group, was also representative of the population served, but fell below statewide percentages in all three areas. "Knowing Your Rights" was 85.5% (State at 89.1%), "Communicating Your Child's Needs" was 90.4% (State=91.9%), and "Helping Your Child Develop and Learn" was 86.6% (State=89.6%).

Refer to the section above for additional strategies the State will implement to address nonresponse bias.

The State plans to access technical assistance from ECTA and DaSy regarding statistical weighting of the data and to ensure the new data system will provide additional data that can be used for analysis.

Provide additional information about this indicator (optional).

NA

#### 4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

#### Response to actions required in FFY 2022 SPP/APR

Refer to "Question" table above that indicates the State's data is not representative and steps that will be taken to ensure representativeness in the future.

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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 under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analyses under the "Additional Information" section of this indicator.

### 5 - Indicator Data

#### Historical Data

Baseline Year	Baseline Data
2018	0.85%

FFY	2018	2019	2020	2021	2022
Target >=	1.03%	0.97%	0.97%	0.97%	0.98%
Data	0.85%	1.00%	0.03%	0.93%	1.03%

#### Targets

FFY	2023	2024	2025
Target >=	0.99%	1.00%	1.10%

#### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	08/30/2024	Number of infants and toddlers birth to 1 with IFSPs	125
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, 2023	08/30/2024	Population of infants and toddlers birth to 1	15,417

#### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
125	15,417	1.03%	0.99%	0.83%	Target not met	Slippage

Provide reasons for slippage, if applicable

Hawaii experienced a decrease in births from 15,272 in FFY 2022 to 14,762 in FFY 2023; however, there was a slight increase in referrals from FFY 2022 and FFY 2023. In FFY 2023, less children were determined eligible. And of those found eligible, there was an increase in families who declined early intervention services even though their child was found eligible. Unfortunately, our current data system does not collect data on why families decline early intervention services. Furthermore, based on U.S. Census Bureau's report, Hawaii's population continues to fall in 2023, reflecting in a -0.3% population growth rate. It's a decrease equivalent to 12 people per day.

Provide results of the root cause analysis of child find identification rates, if applicable

Due to staff shortages, EI programs may not be doing as much community outreach because they are focused on serving the children they have in their programs. Also, Program Managers who generally do the outreach activities, are providing direct services due to the vacancies within their program. EIS has also heard anecdotally that some physicians are telling families to access private services due to the staff shortages within early intervention.

The State will access TA from ECTA and DaSy for guidance on data points to complete root cause analysis and drill down into the data to support child find efforts.

Provide additional information about this indicator (optional).

Hawaii participated in the Data and Systems Thinking cohort and identified Child Find as its focus area. Hawaii is currently doing a joint pilot project with the Maternal and Child Health Home Visiting Program and Department of Education Preschool Special Education Program to explore child find efforts in one geographic area, what data is needed, and how we can use the data to improve our child find efforts.

### **5 - Prior FFY Required Actions**

None

### **Response to actions required in FFY 2022 SPP/APR**

NA

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs. (20 U.S.C. 1416(a)(3)(B) and 1442)

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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 under the "Additional Information" section of this indicator. If the State is required to report on the reasons for slippage, the State must include the results of its analysis under the "Additional Information" section of this indicator.

## 6 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2018	3.09%

FFY	2018	2019	2020	2021	2022
Target >=	3.63%	3.19%	3.19%	3.19%	3.22%
Data	3.09%	3.58%	0.82%	3.04%	3.28%

### Targets

FFY	2023	2024	2025
Target >=	3.25%	3.30%	3.32%

### Targets: Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	8/30/2024	Number of infants and toddlers birth to 3 with IFSPs	1,647
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, 2023	8/30/2024	Population of infants and toddlers birth to 3	45,878

### FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,647	45,878	3.28%	3.25%	3.59%	Target met	No Slippage

Provide reasons for slippage, if applicable

NA

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

NA

Provide additional information about this indicator (optional).

Hawaii participated in the Data and Systems Thinking cohort and identified Child Find as its focus area. Hawaii is currently doing a joint pilot project with the Maternal and Child Health Home Visiting Program and Department of Education Preschool Special Education Program to explore child find efforts in one geographic area, what data is needed, and how we can use the data to improve our child find efforts.

**6 - Prior FFY Required Actions**

None

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

NA

## 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	82.70%	82.67%	88.51%	94.31%	82.63%

### Targets

FFY	2023	2024	2025
Target	100%	100%	100%

### FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
332 + 648 = 980	1356	82.63%	100%	72.27%	Target Not Met	Slippage

Provide reasons for slippage, if applicable

Staff turnover and long-term vacancies impact timely MDEs and Initial IFSPs.
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<b>Number of documented delays attributable to exceptional family circumstances</b> 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.	648
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Provide reasons for delay, if applicable.

Exceptional Family Circumstances. Of the 1,356 eligible infants and toddlers, 648 (48%) did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator. The two predominate family reasons for the delay were schedule conflict and family's request. Family schedule conflict refers to when the family has a schedule conflict with all available times (different days and different times of day) being offered to the family to complete the MDE and/or Initial IFSP in a timely manner. In order to ensure accurate use of schedule conflict as a family reason, a sampling of data from each respective program was verified through record review.

Program Reasons for Delays: Of the 1,356 eligible infants and toddlers, 376 (28%) did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline due to program reasons. The two predominate program reasons that impacted timely initial evaluation/assessments and initial IFSP meetings were late MDEs primarily due to staff vacancies.

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

	State monitoring
X	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).

July 1, 2023 – March 31, 2024

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

Statewide data for all eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were required to be conducted within Part C's 45-day timeline was collected from the EI database for the period July 1, 2023 – March 31, 2024. The timelines were from the date of referral to the initial IFSP meeting and were based on actual, not an average, number of days.

Hawaii used the first three quarters instead of the full reporting year, as it accurately reflects data for infants and toddlers with IFSPs for the full reporting year since it includes the majority of the children served during the specified year. Using the first three quarters of the year provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

In FFY 2021, the online statistical calculator from MedCalc Software Ltd. ([https://www.medcalc.org/calc/comparison\\_of\\_proportions.php](https://www.medcalc.org/calc/comparison_of_proportions.php)) was used to compare the Indicator data from the first three quarters to the data for the full reporting year (comparison of proportions calculator, version 20.218, accessed on April 21, 2023) and no significant difference was found (P=0.5801). MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000). Based on the analysis of data using the MedCalc calculator, Hawaii will continue to use the first three quarters instead of the full reporting year.

Provide additional information about this indicator (optional).

NA

**Correction of Findings of Noncompliance Identified in FFY 2022**

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	6	0	2

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In FFY 2022, 8 of the 18 programs monitored were issued findings of noncompliance for not conducting initial evaluation and assessment and an initial IFSP meeting within Part C's 45-day timeline. To verify correction, each of the 8 programs were required to submit a copy of the signature page of all the initial IFSPs completed along with a list from the HEIDS that includes the child's name, Part C referral date, 45-day due date, and date of the Initial IFSP. The amount of data each program was required to submit varied depending on their data percentage for indicator 7 as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified six of the eight programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.

Six of the eight programs demonstrated correction as outlined above within one year of notification:

- Five programs submitted one month of data that showed 100% for a total of 36 (13, 4, 8, 2, and 9 respectively) records.
- One program submitted two consecutive months of data that showed 100% for a total of 20 records.

The two remaining programs have not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified that each of the eight EI programs with FFY 2022 findings of noncompliance for not conducting an initial evaluation/assessment and initial IFSP within Part C's 45-day timeline, completed all evaluations/assessments and initial IFSPs, although late, unless the child was no longer within the jurisdiction of the EI Program.

There were 244 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline. Of the 244 infants and toddlers, 221 (91%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely, and 23 (9%) infants and toddlers left the jurisdiction of the program before an initial IFSP was completed.

The indicator report from HEIDS includes the actual date of the initial IFSP and calculates how many days late it was from the 45-day timeline. If the initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program must immediately correct by completing the initial IFSP, although late and submitted a copy of the signature page of the IFSP to the State.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The respective programs' Agencies were required to submit an Agency plan to address the long-standing noncompliance for the respective programs and how the agency will support the program in demonstrating compliance. The respective Program Managers were also required to complete the Local Contributing Factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

One of the Program Managers was an experienced long-term Program Manager, but due to vacancies, spent the majority of the time providing direct services to children and families. However, the program recently filled some of their vacancies which will have a positive impact on timely MDEs and Initial IFSPs. The other Program had a Program Manager that was fairly new and came into the position with no early intervention experience. The program has long-term staff vacancies that impacted timely MDEs and Initial IFSPs.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist, minimally once a quarter.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	3	0	3
FFY 2019	1	1	0

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The respective programs' Agencies were required to submit an Agency plan on how they will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

One of the programs had a change in leadership. The other program had multiple changes in leadership. The Agency experienced periods of vacancy and high turnover rate of the Program Manager position. Currently the position is vacant. The third program had an experienced long-term Program Manager, but due to vacancies, spent the majority of the time providing direct services to children and families. The position is currently vacant. All three programs experienced long-term staff vacancies that impacted timely MDEs and Initial IFSPs.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

**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 state accounted for all instances of noncompliance through monitoring (refer to preceding section on "Monitoring Process").

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2019, there was one remaining program with findings of noncompliance for timely initial MDE and Initial IFSP, not yet verified as corrected as of the FFY 2022 APR. To verify correction, each program was required to submit data ("Worksheet A" from the SAM tool for every child who had an Initial, 6-month Review, and Annual IFSP, that identified timely initiation of new services). The amount of data each program was required to submit varied depending on their monitoring data percentage for Indicator 1 as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified the one remaining program submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.

The last remaining program demonstrated subsequent correction prior to the submission of the FFY 2023 APR:

- One program submitted two months of data that showed 100% for a total of 6 records.

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

For FFY 2019, the State verified that each of the seven EI Programs with findings of noncompliance for not conducting an initial evaluation/assessment and initial IFSP within Part C's 45-day timeline, completed all evaluations/assessments and initial IFSPs, although late, unless the child was no longer within the jurisdiction of the EI Program.

In FFY 2019, there were 243 infants and toddlers who did not have an initial evaluation/assessment and initial IFSP meeting within Part C's 45-day timeline. Of the 243 infants and toddlers, 202 (83%) infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely and 41 (17%) infants and toddlers left the program's jurisdiction prior to the completion of the initial IFSP meeting.

The indicator report from HEIDS includes the actual date of the Initial IFSP and calculates how many days late it was from the 45-day timeline. If the initial IFSP did not occur prior to the date the data was pulled and the child is still enrolled in Part C, the Program must immediately correct by completing the initial IFSP, although late and submitted a copy of the signature page of the IFSP to the State.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining three uncorrected findings identified in FFY 2021 and the one remaining uncorrected finding identified in FFY 2019 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2019 is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and, (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### Response to actions required in FFY 2022 SPP/APR

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2022. There are two outstanding corrections of findings of noncompliance for Indicator 7 in FFY 2022.

For FFY 2021, there are three outstanding corrections of findings of noncompliance identified prior to FFY 2022. Refer to "FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

For FFY 2019, the state verified the subsequent correction of the one remaining finding for FFY 2019 prior to submitting the FFY 2023 APR. Refer to "FFY 2019 Findings of Noncompliance Verified as Corrected" for how the State verified that the source of noncompliance is correctly implementing the *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:

- 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;
- 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
- 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

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	86.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	92.28%	92.22%	92.53%	97.91%	92.12%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 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

If no, please explain

NA

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
755 + 52 = 807	880	92.12%	100%	91.70%	Target Not Met	No Slippage

Provide reasons for slippage, if applicable

The slippage is not statistically significant based on the meaningful difference calculator on the ECTA website and according to OSEP's definition of slippage (not meeting the target and a decrease of 1 full percentage point or more).

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.	52

Provide reasons for delay, if applicable.

Exceptional Family Circumstances: Of 880 children exiting Part C, 52 (6%) did not receive a timely and complete Transition Plan in their IFSP due to exceptional family circumstances as defined by IDEA Part C. This number is included in both the numerator and denominator. The two predominate family reasons were due to schedule conflict and family request. Family schedule conflict refers to when the family has a schedule conflict with all available times (different days and different times of day) being offered to the family to complete transition plan in a timely manner. In order to ensure accurate use of schedule conflict as a family reason, a sampling of data from each respective program was verified through record review.

Program Reasons for Delays: Of 880 children exiting Part C, 73 (8%) did not have a timely and complete Transition Plan in their IFSP, based on Hawaii's requirements for a complete Transition Plan. To be considered "complete," Hawaii requires the Transition Plan to be updated at each IFSP meeting and it must include steps and services listed in the IDEA, Part C regulations. The two predominate program reasons that impacted timely and complete Transition Plan in their IFSP were staff vacancy and full schedules that impacted the programs' ability to conduct timely IFSP meetings that included developing a transition plan.

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

<input type="checkbox"/>	State monitoring
<input checked="" type="checkbox"/>	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).

July 1, 2023 – March 31, 2024

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

Statewide data for the timely Transition Planning regarding Transition Plan for all children who exited Part C in FFY 2023 was collected from the EI database for the period July 1, 2023 – March 31, 2024.

Hawaii used the first three quarters instead of the full reporting year, as it accurately reflects data for infants and toddlers with IFSPs for the full reporting year since it includes the majority of the children served during the specified year. Using the first three quarters of the year provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

In FFY 2021, the online statistical calculator from MedCalc Software Ltd. ([https://www.medcalc.org/calc/comparison\\_of\\_proportions.php](https://www.medcalc.org/calc/comparison_of_proportions.php)) was used to compare the Indicator 8A data for the first three quarters to the data for the full reporting year (comparison of proportions calculator, version 20.218, accessed on April 21, 2023) and no significant difference was found (P=1.0000). MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000). Based on the analysis of data using the MedCalc calculator, Hawaii will continue to use the first three quarters instead of the full reporting year.

Provide additional information about this indicator (optional).

Children referred and found eligible fewer than 90 days from their third birthday were not included in this calculation. Children who exited prior to age 3 but who had a timely transition plan developed between 2 years 3 month and 2 years 9 months were included in this calculation.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	11	0	*3

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2022, 14 programs were issued findings of noncompliance of developing 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. To verify correction, each of the 14 programs were required to submit a copy of the transition plan along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8A as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified that 11 of the 14 programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

11 of the 14 programs demonstrated correction as outlined above within one year of notification:

- Seven programs submitted one month of data that showed 100% for a total of 55 (9, 4, 3, 4, 11, 10, 14, respectively) records.
- Three programs submitted two months of data that showed 100% for a total of 23 (6, 9, 8, respectively) records.
- One program submitted two consecutive months of data that showed 100% for a total of 9 records.

\* One of the 14 programs with a finding not yet verified as corrected, is no longer providing early intervention services as their contract has been terminated effective January 1, 2024; therefore, their CAP was closed. As previously reported, the State verified that the program demonstrated correction of individual child correction based on monitoring.

The two remaining programs did not demonstrate correction as outlined above prior to the submittal of FFY 2023 APR.

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

To verify that each child received a Transition Plan or were no longer in the jurisdiction of the program, the State reviewed the transition plan data in HEIDS. When the data is reviewed to collect monitoring data, all children had exited EI; therefore, all 61 children across the 14 programs exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

The respective programs' Agencies were required to submit an Agency plan on how they will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

One of the programs had multiple changes in leadership. The Agency experienced periods of vacancy and high turnover rate of the Program Manager position. Currently the position is vacant. The other program had a Program Manager that is fairly new and came into the position with no early intervention experience and the program has long term vacancies.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	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*.

All Programs were notified in writing of any noncompliance. Programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2021, there was one remaining program that was issued findings of noncompliance of developing 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, not yet verified as corrected as of the FFY 2022 APR. To verify correction, each program was required to submit a copy of the transition plan along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8A as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified the one remaining program submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance.

The last remaining program demonstrated subsequent correction prior to the submission of the FFY 2023 APR:

- One program submitted one month of data that showed 100% for a total of 7 records.

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

To verify that each child received a Transition Plan or were no longer in the jurisdiction of the program, the State reviewed the transition plan data in HEIDS. When the data is reviewed to collect monitoring data, all children had exited EI; therefore, all 83 children across the 15 programs exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the one remaining uncorrected finding identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and, (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### Response to actions required in FFY 2022 SPP/APR

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2022. There are two outstanding corrections of findings of noncompliance for Indicator 7 in FFY 2022. However, one of the programs closed in December 2023 prior to demonstrating correction; therefore, there is one remaining program with outstanding corrections of findings of noncompliance for Indicator 7 in FFY 2022.

For FFY 2021, the state verified the subsequent correction of the one remaining finding for FFY 2021 prior to submitting the FFY 2023 APR. . Refer to "FFY 2021 Findings of Noncompliance Verified as Corrected" for how the State verified that the source of noncompliance is correctly implementing the *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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	94.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	85.54%	90.47%	81.16%	89.30%	91.65%

**Targets**

FFY	2023	2024	2025
Target	100%	100%	100%

**FFY 2023 SPP/APR Data**

Data include notification to both the SEA and LEA

Yes

If no, please explain

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
643	937 – 182 (OO) = 755	91.65%	100%	85.17%	Target Not Met	Slippage

Provide reasons for slippage, if applicable

The vacancies and high turnover rates for Care Coordinators have impacted the program's ability to submit timely Transition Notices to Part B. New Care Coordinators have misunderstood the requirement. Training and support have been provided.

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.	182

Provide reasons for delay, if applicable.

The one predominate reasons for the delay was the program forgot to send the Transition Notice to Part B due to staff vacancies and high caseloads.

Describe the method used to collect these data

Statewide data for the timely notification via Part C Transition Notice for all children who exited Part C in FFY 2023 was collected from the EI database for the period July 1, 2023 – March 31, 2024. Children referred and found eligible less than 90 days prior to their third birthday were not included in the numerator and denominator. Parents who opted out of sending the Transition Notice to Part B were not included in the denominator.

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

Yes

If yes, is the policy on file with the Department? (yes/no)

Yes

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

<input type="checkbox"/>	State monitoring
<input checked="" type="checkbox"/>	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).

July 01, 2023 – March 31, 2024

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

Statewide data for the timely transition planning regarding Transition Notice for all children who exited Part C in FFY 2023 was collected from the EI database for the period July 1, 2023 – March 31, 2024.

Hawaii used the first three quarters instead of the full reporting year, as it accurately reflects data for infants and toddlers with IFSPs for the full reporting year since it includes the majority of the children served during the specified year. Using the first three quarters of the year provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

In FFY 2021, the online statistical calculator from MedCalc Software Ltd. ([https://www.medcalc.org/calc/comparison\\_of\\_proportions.php](https://www.medcalc.org/calc/comparison_of_proportions.php)) was used to compare the Indicator 8B data for the first three quarters to the data for the full reporting year (comparison of proportions calculator, version 20.218,

accessed on April 21, 2023) and no significant difference was found (P=0.8661). MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000). Based on the analysis of data using the MedCalc calculator, Hawaii will continue to use the first three quarters instead of the full reporting year.

Provide additional information about this indicator (optional).

NA

**Correction of Findings of Noncompliance Identified in FFY 2022**

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	7	1	0

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

The programs were notified in writing of any noncompliance. The programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2022, eight programs were issued findings of noncompliance for not notifying (consistent with the opt-out policy) the State educational agency (SEA) and the child's home school where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. To verify correction, each of the eight programs were required to submit a copy of the documentation of when the transition notice was sent to the SEA and child's home school, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8B as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the submitted data and verified that all eight programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance:

Seven of the eight programs demonstrated correction as outlined above within one year of notification:

- Six programs submitted one month of data that showed 100% for a total of 47 (7, 5, 19, 5, 6, and 5, respectively) records.
- One program submitted two months of data that showed 100% for a total of 4, records.

One program demonstrated subsequent correction as outlined above prior to the submittal of FFY 2023 APR.

- One program submitted one month of data that showed 100% for a total of six records.

There are no programs with outstanding noncompliance.

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

The State verified that all eight EI programs with FFY 2022 findings of noncompliance, for not providing timely notification to the SEA and child's home school of potentially eligible children for Part B services, have issued notification to the SEA and the child's home school, although late, for all children with records found out of compliance unless the child was no longer residing within the jurisdiction of the EI Program.

There were 51 children who exited without timely notification to the SEA and the child's home school. Notification was provided to the SEA and the child's home school for 30 of those children, although untimely and 21 children were no longer residing within the jurisdiction of the EI Program prior to issuing the SEA and the child's home school notification.

The report from HEIDS includes the actual date the notification was sent to both the SEA and the child's home school. If the notice was sent on two separate dates, the later date is entered into HEIDS.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

NA

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	4	2	2

**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 programs were notified in writing of any noncompliance. The programs were required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no

later than one year of identification (i.e., date of written notification).

For FFY 2021, there were four remaining programs that were issued findings of noncompliance for not notifying (consistent with the opt-out policy) the State Educational Agency (SEA) and the child's home school where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services, not yet verified as corrected as of the FFY 2022 APR. To verify correction, each of the programs were required to submit a copy of the documentation of when the transition notice was sent to the SEA and the child's home school, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8B as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the updated data submitted and verified that two of the four remaining programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100% compliance:

Two of the four remaining programs demonstrated subsequent correction as outlined above prior to the submittal of FFY 2023 APR:

- One program submitted one month of data that showed 100% for a total of four records.
- One program submitted two consecutive months of data that showed 100% for a total of eight records.

There are two remaining programs that have not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified that all 16 EI programs with FFY 2021 findings of noncompliance, for not providing timely notification to the SEA and the child's home school of potentially eligible children for Part B services, have issued notification to the SEA and the child's home school, although late, for all children with records found out of compliance unless the child was no longer residing within the jurisdiction of the EI Program.

There were 55 children who exited without timely notification to the SEA and the child's home school. Notification was provided to the SEA and the child's home school for 26 of those children, although untimely and 29 children were no longer residing within the jurisdiction of the EI Program prior to issuing the SEA and the child's home school notification.

#### **FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

The respective programs' Agencies were required to submit an Agency plan on how the agency will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

One of the programs had multiple changes in leadership. The experienced Program Manager was on extended leave and then vacated the position. Since then, the Agency has experienced periods of vacancy and high turnover rate of the Program Manager position. The current Program Manager recently started and is new to early intervention and the program had multiple service coordinator vacancies that impacted timely notification to DOE.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

#### **8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

#### **Response to actions required in FFY 2022 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2022. There are no outstanding corrections of findings of noncompliance for Indicator 8B in FFY 2022.

For FFY 2021, there are two outstanding corrections of findings of noncompliance identified prior to FFY 2022. Refer to "FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

## 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:

- 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;
- 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
- 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

- 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.
- 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.
- 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), 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	94.00%

FFY	2018	2019	2020	2021	2022

Target	100%	100%	100%	100%	100%
Data	83.46%	87.57%	82.12%	83.81%	88.12%

**Targets**

<b>FFY</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
Target	100%	100%	100%

**FFY 2023 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

If no, please explain

NA

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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
309 + 43 = 352	886 – 481 (PD) = 405	88.12%	100%	86.91%	Target Not Met	Slippage

Provide reasons for slippage, if applicable

One program did not document reasons why the transition conference did not occur. The program closed so the State was unable to have the program update their data with reasons why the transition conference did not occur. If the program's data was not included, there would not have been slippage and the data would have reflected progress for this indicator.

<b>Number of toddlers for whom the parent did not provide approval for the transition conference</b> 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.	481
<b>Number of documented delays attributable to exceptional family circumstances</b> 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.	43

Provide reasons for delay, if applicable.

Exceptional Family Circumstances. Of the 405 children exiting Part C who did not decline the transition conference, 43 (11%) did not have a timely Transition Conference due to exceptional family circumstances. They are included in both the numerator and denominator of indicator calculations. The predominate reason for exceptional family circumstances was that the family did not return calls in a timely manner.

Program Reasons. Of the 405 children exiting Part C who did not decline the transition conference, 53 (13%) did not have a timely Transition Conference due to program reasons. The predominate program reason was due to no documentation.

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

<input type="checkbox"/>	State monitoring
<input checked="" type="checkbox"/>	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).

Statewide data was collected for the time period of July 1, 2023 – March 31, 2024.

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

Statewide data for the timely transition planning regarding Transition Conference for all children who exited Part C in FFY 2022 was collected from the EI database for the period July 1, 2023 – March 31, 2024.

Hawaii used the first three quarters instead of the full reporting year, as it accurately reflects data for infants and toddlers with IFSPs for the full reporting year since it includes the majority of the children served during the specified year. Using the first three quarters of the year provides the State with the last quarter of the full reporting year to compile the data, share it with Programs to confirm their data is valid and reliable, and issue findings within the specified year.

In FFY 2021, the online statistical calculator from MedCalc Software Ltd. ([https://www.medcalc.org/calc/comparison\\_of\\_proportions.php](https://www.medcalc.org/calc/comparison_of_proportions.php)) was used to compare the Indicator 8C data for the first three quarters to the data for the full reporting year (comparison of proportions calculator, version 20.218, accessed on April 21, 2023) and no significant difference was found (P=0.0576). MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011). The confidence interval is calculated according to the recommended method given by Atman et al. (2000). Based on the analysis of data using the MedCalc calculator, Hawaii will continue to use the first three quarters instead of the full reporting year.

Provide additional information about this indicator (optional).

Hawaii 's policy is to offer a Transition Conference for all children exiting from Hawaii 's Part C program, as they are all potentially eligible for Part B services.

**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	0	1

**FFY 2022 Findings of Noncompliance Verified as Corrected**

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

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

In FFY 2022, five programs were issued findings of noncompliance for not conducting the transition conference 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. To verify correction, each of the five programs were required to submit a copy of the anecdotal note documenting the transition conference or family decline, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8C as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the data submitted and verified that four of the five programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

Four of the five programs demonstrated correction as outlined above within one year of notification:

- Two programs submitted one month of data that showed 100% for a total of 13 (7 and 6 respectively) records.
- One program submitted two months of data that showed 100% for a total of 6 records.
- One program submitted three consecutive months of data that showed 100% for a total of 10 records.

There is one remaining program that have not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified, via the HEIDS, that each of the five EI programs with FFY 2022 findings of noncompliance for not conducting a timely Transition Conference, conducted a transition conference, although late, for all children with records found out of compliance unless the parent declined to have a Transition Conference, or the child was no longer residing within the jurisdiction of the EI Program.

Of the 41 families across the five programs that did not receive a timely Transition Conference, 9 declined the Transition Conference beyond the due date and are not included in the above count for declined Transition Conference (considered noncompliant) and included in the denominator for indicator calculations; 1 received a Transition Conference, although untimely and 31 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

The respective programs' Agencies were required to submit an Agency plan on how the agency will support the program in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

The respective Program Manager was new to early intervention and received technical assistance from the assigned State Quality Assurance Specialist.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

Year Findings of Noncompliance were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	6	3	3
FFY 2019	1	0	1

### FFY 2021 Findings of Noncompliance Verified as Corrected

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

All Programs were notified in writing of any noncompliance. Programs are required to develop a Corrective Action Plan (CAP), change policies and procedures, as appropriate, and demonstrate correction of all noncompliance (e.g., child specific and up-dated data) as soon as possible but no later than one year of identification (i.e., date of written notification).

For FFY 2021, six remaining programs that were issued findings of noncompliance for not conducting the transition conference 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 that did not demonstrate correction prior to the submittal of the FFY 2022 APR. To verify correction, each of the programs were required to submit a copy of the anecdotal note documenting the transition conference or family decline, along with a list from HEIDS that includes the child's name, date of birth, exit date, and transition due date (at least 90 days prior to exiting Part C). The amount of data each program was required to submit varied depending on their data percentage for Indicator 8C as follows:

- 95% - 100%: 1 month of data that shows 100% with a minimum of 2 records total.
- 90% - 94%: 1 month of data that shows 100% with a minimum of 4 records total.
- 80% - 89%: 2 months of data that show 100% with a minimum of 6 records total.
- 70% - 79%: 2 consecutive months of data that show 100% with a minimum of 8 records total.
- Under 70%: 3 consecutive months that show 100% with a minimum of 10 records total.

The State reviewed the data submitted and verified that the three of the remaining six programs submitted required evidence of correction documentation based on the percentage of noncompliance and were at 100%:

Three of the six remaining programs demonstrated subsequent correction as outlined above prior to the submittal of FFY 2023 APR:

- 1 program submitted two months of data that showed 100% for a total of 6 records.
- 1 program submitted two consecutive months of data that showed 100% for a total of 10 records.
- 1 program submitted three consecutive months of data that showed 100% for a total of 12 records.

There are three remaining programs that have not yet demonstrated correction as of the submittal of FFY 2023 APR.

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

The State verified, via the HEIDS, that each of the 15 EI programs with FFY 2021 findings of noncompliance for not conducting a timely Transition Conference, conducted a transition conference, although late, for all children with records found out of compliance unless the parent declined to have a Transition Conference, or the child was no longer residing within the jurisdiction of the EI Program.

Of the 51 families across the 15 programs that did not receive a timely Transition Conference, 11 declined the Transition Conference beyond the due date and are not included in the above count for declined Transition Conference (considered noncompliant) and included in the denominator for indicator calculations; 8 received a Transition Conference, although untimely and 32 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.

### FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan on how the agency will support the program in demonstrating compliance. The respective Program Manager was also required to fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes. The respective Program Manager received technical assistance from the assigned State Quality Assurance Specialist.

One of the programs had multiple changes in leadership. The experienced Program Manager was on extended leave and then vacated the position. Since then, the Agency has experienced periods of vacancy and high turnover rate of the Program Manager position. The current Program Manager recently started and is new to early intervention. The program has multiple service coordinator vacancies that impacted the timely completion of Transition Conferences.

The respective Program Managers received technical assistance from the assigned State Quality Assurance Specialist.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

### FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The Agency was required to submit an Agency plan on how the agency will support the program in demonstrating compliance. The respective Program Manager was also required to fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes. The respective Program Manager received technical assistance from the assigned State Quality Assurance Specialist.

The program had multiple changes in leadership. The Agency experienced periods of vacancy and high turnover rate of the Program Manager position. Currently the position is vacant.

The State has been working with national TA to update its general supervision system, including monitoring and correction.

### 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining six uncorrected findings of noncompliance identified in FFY 2021 and the one remaining uncorrected finding identified in FFY 2019 were corrected. When reporting on the

correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2019: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

Refer to "Correction of Findings of Noncompliance" section where the State addresses the correction of findings of noncompliance identified in FFY 2022. There is one outstanding correction of findings of noncompliance for Indicator 8C in FFY 2022.

For FFY 2021, there are three outstanding corrections of findings of noncompliance identified prior to FFY 2022. Refer to "FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

For FFY 2019, there is one outstanding correction of findings of noncompliance for Indicator 8C. Refer to "FFY 2019 Findings of Noncompliance Not Yet Verified as Corrected" for actions taken to address the ongoing noncompliance.

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.	Yes
Provide an explanation of why it is not applicable below.	
The State has adopted Part C due process procedures under section 639 of the IDEA.	

### 9 - Prior FFY Required Actions

None
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## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

States are not required to establish 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	No
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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
Provide an explanation below	
NA	

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.13.24	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.13.24	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11.13.24	2.1.b.i Mediations agreements not related to due process complaints	0

### 10 - Prior FFY Required Actions

None
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## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). 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 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) 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)?

Hawaii's SiMR for Demonstration Sites is Child Outcomes, Summary Statement 1: "Hawaii's eligible infants and toddlers with disabilities will make greater than expected growth in social-emotional skills (including social relationships) by the time they exit early intervention" was established in Phase 1 of the SSIP and has not changed.

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)

Yes

Provide a description of the subset of the population from the indicator.

The State used data from the three programs that have agreed to be a Demonstration Site for the SSIP. NOTE: Prior to FFY 2022, there were four demonstration sites; however, one of the demonstration sites decided to no longer participate as a Demonstration Site, effective July 01, 2022.

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

No

Please provide a description of the changes and updates to the theory of action.

NA

Please provide a link to the current theory of action.

<https://health.Hawaii.gov/eis/files/2021/12/Theory-of-Action-Table-04.01.21.pdf>

**Progress toward the SiMR**

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

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

No

**Historical Data**

Baseline Year	Baseline Data
2020	45.95

**Targets**

FFY	Current Relationship	2023	2024	2025
Target	Greater than baseline	47.25%	47.50%	48.00%

**FFY 2023 SPP/APR Data**

# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) in Demonstration Sites	# 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) in Demonstration Sites	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
113	193	48.17%	47.25%	58.55%	Target Met	Progress

Provide reasons for slippage, if applicable

NA

Provide the data source for the FFY 2023 data.

Data is collected via the State database for the specified reporting period (7/1/23 – 6/30/24). The three Demonstration Sites enter EI Child Outcomes ratings into their respective databases on a monthly basis and submit their EI database to the State.

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

Tool:

The EI Outcomes Measurement tool is based on the Early Childhood Outcomes (ECO) Center's COS form. The Design Team revised the COS form based on parent and provider input prior to the initial implementation of the COS form in FFY 2008. The form was revised again in June 2015 to include the decision tree, created by ECO, as part of the COS form.

Measurement:

Initial Rating: The initial rating on child status is recorded at the Initial IFSP meeting and/or prior to initiation of services.

Exit Rating: The exit rating on child status is collected at the Exit IFSP or within three months preceding exit from the program.

On-Going Data collection:

For each of the three EI Child Outcomes, the IFSP team assigns an initial and exit rating to each child. A rating compares the child's status to typical development and progress is calculated by comparing entry and exit ratings.

The rating is based on a combination of the following sources:

1. Developmental evaluation (Battelle Developmental Inventory or Developmental Assessment of Young Children) and/or assessment(s)
2. Professional opinion
3. Parent input
4. Level of achievement of IFSP outcomes relevant to the child outcome

Reporting:

EI programs enter EI Child Outcomes ratings into their respective EI databases on a monthly basis and submit their EI database to the State.

How data are analyzed:

The State uses the ratings for each outcome area for each child who received services for at least six months to analyze the change in development from entry to exit. The calculator developed by ECO is used to determine each outcome area:

1. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has been answered as "No" at exit, then the child is counted in category (a).
2. If the "Yes/No" question (which asks whether the child's functioning improved at all from the last rating occasion) on the COS form has been answered "Yes" at exit, but the child's development is not enough to move the child's functioning closer to typically developing peers, the child is counted in category (b).
3. If ratings of child functioning compared to typically developing same aged peers are higher at exit than ratings at entry (but not at age level expectations), then they will be counted in category (c).
4. If ratings of child functioning compared to typically developing same aged peers at entry are below age expectations, but at exit they are at age level expectations, then the children will be counted in category (d).
5. If ratings of child functioning compared to typically developing same aged peers at entry and exit are both at age level expectations, then children will be counted in category (e).

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

Yes

Describe any additional data collected by the State to assess progress toward the SiMR.

The State added three additional COS questions to the Annual Family Outcome Survey to gather data on a family's understanding of the COS process. The three questions were as follows: 1) We understand the COS process related to positive social emotional (SE) skills, use of knowledge and skills, and appropriate action to meet their needs; 2) We participated in the COS ratings discussion for our child; and 3) The COS discussion helped us to identify and support the development of the IFSP outcomes for our child. The statewide data based on survey responses slightly increased in all three areas 90.9%, 92.0% and 93.1% respectively.

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)

Yes

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

There were 19 children that did not have complete COS data from one of the three demonstration site programs. Two of the other demonstration site programs had no missing COS data. The children with missing COS data were not included in the numerator or the denominator. The Quality Assurance Specialists will continue to work with the program to ensure COS ratings are completed for all children and entered into the database.

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

No

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

NA

**Section B: Implementation, Analysis and Evaluation**

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

<https://health.hawaii.gov/eis/files/2025/02/SSIP-Evaluation-Plan-FFY-2023.pdf>

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

No

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

NA

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

NA

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

To address the broad improvement strategy to enhance the statewide system of professional development (PD) to ensure implementation of evidence-based practices (EBPs), the PD & TA implementation workgroup accomplished the following infrastructure steps during the reporting period: 1) continued to implement the system to provide TA to all programs that included observing Family Support Team (FST) meetings, debriefing with the Program Manager (PM) and updating the PM's action plan to support implementation of Procedural Guidelines; 2) ongoing implementation of the monthly Mentor Community of Practice meetings for mentor coaching support, workgroup project updates, inter-rater reliability activity, etc.; 3) continued to participate in the national TA provided by Zero-To-Three regarding Infant and Early Childhood Mental Health (IECMH) Workforce and Financing; and 4) contracted with the Association of Infant Mental Health in Hawaii to provide training to all EI providers on infant mental health competencies and Reflective Supervision for Program Managers.

To address the broad improvement strategy to increase the capacity of EI programs to provide services and supports to address SE development, the Fiscal Staffing workgroup accomplished the following infrastructure steps during the reporting period: 1) incorporated the Geographic Teams Guidance document to assist programs in identifying Geographic Teams that will provide the staffing infrastructure to implement the PSP team approach in the contract staffing requirements; 2) initiated the pilot of the Mentor Capacity Worksheet to determine how many providers a mentor can coach that can be used to justify having sufficient mentors to support the scale up and sustainability efforts of the evidence-based coaching practices with fidelity; 3) incorporated Program Staffing Guidance document to assist programs in identifying the number of qualified staff needed to implement the PSP teaming approach in the contract staffing requirements; and 4) supported the revision of the Positive Behavior Services (PBS) guidelines, supporting forms and instructions were developed and distributed to support the implementation of PBS services to address children's SE development based on stakeholder input.

To address the broad improvement strategy to enhance the COS process to ensure data are accurate and reliable and ensure program effectiveness to support EBPs to improve children's SE development, the Monitoring & Accountability workgroup accomplished the following steps during the reporting period: 1) continued to receive national TA regarding the implementation of the Child Outcome Summary – Knowledge Check (COS-KC) to providers that will inform the Program Managers and the State if providers understand the COS process which will also be used to support individual training plans; and 2) reviewed and reported on the three questions added to the Annual Family Survey to assess a family's understanding of the COS process.

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.

No intermediate outcomes were met during the reporting period due to staff vacancies and competing priorities. The following are the short-term outcomes that were met:

Monitoring and Accountability

The short-term outcome that "EI providers and families will understand the COS process" was met. The performance indicator that "80% of families report that they understand the COS process" was met, based on the Annual Survey data. This outcome addresses accountability/monitoring, quality standards, PD and/or technical assistance. The State added three additional COS questions to the Annual Family Outcome Survey to gather data on a family's understanding of the COS process annually. The three questions were as follows: 1) We understand the COS process related to positive social emotional skills, use of knowledge and skills, and appropriate action to meet their needs; 2) We participated in the COS ratings discussion for our child; and 3) The COS discussion helped us to identify and support the development of the IFSP outcomes for our child. The statewide data based on survey responses was 90.9%, 92.0% and 93.1% respectively, an improvement in all three questions compared to last year. The performance indicator that "80% of providers will pass the COS-KC" was met. Currently, 96% of EI providers have successfully passed the COS-KC.

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

Yes

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

The State proposed and it was approved by OSEP to add Licensed Clinical Social Workers (LCSWs) in the EI Personnel Standards in the EI Policies and Procedures. This will allow the State to increase capacity at the program level to address infant mental health. The State will develop a plan to incorporate LCSWs in FFY 2024.

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 PD & TA workgroup will focus on the following infrastructure activities/steps: 1) continue partnering with the Association for Infant Mental Health of Hawaii to provide trainings on SE competencies for EI providers and reflective supervision and consultation for Program Managers/Supervisors; 2) continue to provide TA to programs through FST observation and debriefing meetings with program managers on staff implementation of evidence-

based PSP approach to teaming and Coaching practices to support team conversations; 3) continue with clarification of Consultant Coaching Fidelity to ensure that coaching fidelity practices are clearly described within our fidelity criteria based on feedback from coaching mentors; 4) continue to use the electronic coaching summary as a mechanism to roll up data; 5) implement the coaching maintenance process; and begin scale up of the coaching fidelity process with cohort 1.

The Fiscal Staffing workgroup will focus on the following infrastructure activities/steps: 1) develop the system to determine staffing allotment for each geographic team to effectively implement the PSP Approach to Teaming; 2) identify appropriate number of mentors needed for the coaching fidelity process for scale up and maintenance purposes; 3) identify staffing structure needed for mentors; 4) explore national recommendations for recruitment and retention strategies; 5) collaborate with the state initiative CSPD Recruitment and Retention workgroup on effective recruitment and retention strategies; and 5) incorporate LCSWs into the staffing infrastructure.

The Monitoring & Accountability workgroup will focus on the following infrastructure activities/steps: 1) implement the COS Fidelity Tool to measure if providers are implementing the COS process with fidelity; 2) explore options to address inter-rater reliability when using the COS Fidelity Tool; 3) continue working with national TA center on implementing the COS-KC that will be used with the COS Fidelity Tool to identify and support individual training plans related to providers understanding of the COS process and implementing it with fidelity; and 3) continue supporting the Programs in using COS data for program improvement.

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

Hawaii continues to implement the evidence-based coaching practices in natural learning environment fidelity process as well as the Division of Early Childhood (DEC) recommended practices (RPs) that are explained in more detail in the next section.

Provide a summary of each evidence-based practice.

As identified in Phase II of the SSIP, the State committed to implementing the PSP approach to teaming and the coaching model in natural learning environments. During FFY 2016, the State secured services from M'Lisa Shelden and Dathan Rush, nationally recognized trainers of the PSP Approach to Teaming and Coaching Model in Natural Learning Environments. The training incorporated natural environment practices, parent responsiveness and child learning, all of which are key to SE development.

The PSP approach to teaming builds in the EBP of building parent capacity (e.g., resource-based capacity-building practices, responsive caregiving practices) using coaching practices. The PSP approach to teaming and the coaching model in natural learning environments focuses on supporting and strengthening parents' and other caregivers' abilities in interacting with their child in ways that support their child's learning and development within daily routines and activities and obtaining desired supports and resources. Using this approach will naturally support the child's SE development.

Coaching is an adult learning strategy that allows a person to build upon their skills. This is in alignment with the mission and key principles of early intervention, which was developed by the national workgroup on Principals and Practices in Natural Environments, OSEP TA Community of Practice to support family members/caregivers in enhancing their child's learning and development through daily routines and activities. Coaching is also in alignment with the DEC RPs in Interaction (INT) 1: Practitioners promote the child's SE development by observing, interpreting, and responding contingently to the range of the child's emotional expressions; INT2: Practitioners promote the child's SE development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback and /or other types of guided support; Teaming and Collaboration (TC) 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions; and TC5: Practitioners and families may collaborate with each other to identify one practitioner from the team who serves as the primary liaison between the family and other team members based on child and family priorities and needs.

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

The guidelines, forms, handouts, and training were developed to support the following components of the PSP approach to teaming: Family Support Team (FST) Meetings; PSP Selection; Joint Visit Planning; and Coaching Practices were revised based on feedback and were scaled up statewide to all EI providers. The process of coaching with fidelity was not scaled up statewide due to lack of resources; however, it continues in Demonstration Sites. These procedures, guidelines, forms, training, and practices align with the DEC RPs noted above.

The Quality Assurance Specialists provide TA support to all programs statewide. They observe FST meetings for each assigned Program once a quarter and are utilizing an FST Observation tool that includes the components of the PSP Approach to Teaming. They debrief with the Program Manager and add items, if needed, to a TA Action Plan. This supports PD and provides technical assistance in improving the implementation of EBPs.

The FST meetings and Joint Visit Planning meetings are billable activities to support the infrastructure needed to implement the PSP Approach to Teaming. Having these components be billable activities validates the importance and allows providers to carve out time to focus on the implementation of these teaming practices.

A PD resource list is readily accessible for all EI providers through our Google Drive with numerous videos, articles, infographics, and websites to build and sustain provider's knowledge and skills in implementing the PSP approach to teaming in natural learning environments and coaching practices, telepractice, child outcomes, and social emotional development to build the capacity of parent/caregivers to help their child learn and grow. Resources are gathered and reviewed by EI personnel from a variety of sources including: ECTA, Family Infant, Preschool Programs (FIPP), Virginia Early Intervention Professional Development (VEIPD), DEC Recommended Practices, various EI Communities of Practices, Military Families Learning Network (MFLN), NCPMI, Pyramids, Zero-to-Three, Center on the Social and Emotional Foundations for Early Learning (CSEFEL), etc. The PD resource list reinforces training provided and is continuously updated with new resources. The State is exploring how to track resources that Programs access, how they use it and how they determine if it has been helpful for providers.

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

The State uses Coaching Summary Logs, adapted from Shelden & Rush, to evaluate progress on practice change regarding implementing coaching practices with fidelity. The provider completes the coaching log in preparation for their mentoring session with their assigned mentor to debrief about the coaching log and identify a plan of what to focus on for the next coaching opportunity that will be logged. The mentor completes the Coaching Log

Summary Form after each session. When six sessions are complete, the mentor determines fidelity status using the fidelity criteria established by Shelden & Rush. The Mentor debriefs with the provider and determines next steps: 1) Practicing fidelity: move to quarterly maintenance schedule or 2) Fidelity in process: continue with coaching logs until practicing with fidelity.

As of June 2024, regarding coaching with fidelity in Demonstration Sites: 68% of providers are practicing fidelity (a decrease from last year's 73%); 22% of providers are expanding fidelity (an increase from last year's 12%); and 10% of providers are beginning fidelity (a decrease from last year's 15%). There are 39% of providers are in process (an increase from last year's 0%). The data shows slippage from the last reporting period and the performance indicator of 75% was not met in FFY 2024. Staff shortages and turnover may have impacted the time needed for training and implementing the coaching fidelity process.

The COS monitoring plan is also used to evaluate progress on practice change regarding implementing the COS process with fidelity. Due to staff vacancies, the revised COS fidelity tool has not yet been implemented.

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.

Two of the three Demonstration Sites progressed in the Family Outcomes Indicator 4B that refers to Early Intervention helped the family communicate their child's needs and 4C that refers to Early Intervention supported the family to help their child learn and grow. These two indicators reinforce building the family's capacity to support their child via the coaching model in natural learning environments. It also reinforces the DEC RPs Teaming and Collaboration (TC) 1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family; and TC 2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.

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

The PD & TA workgroup will continue providing TA to all programs regarding implementation of the PSP approach to teaming and coaching model in natural learning environments and supporting the Demonstration Sites in working toward coaching with fidelity. The first cohort for the scale up of the coaching fidelity process began in July 2024.

The Monitoring and Accountability workgroup will use the COS-KC and the COS fidelity tool to support providers in their understanding and implementation of the COS process with fidelity.

The State will work with national TA centers (ECTA and DaSy) to review and revise the evaluation plan to collect qualitative and quantitative data to determine the impact activities are having towards the SiMR.

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

Yes

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

NA

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

The PD & TA workgroup reported progress on the coaching with fidelity process, therefore, the plan will continue as is with no modifications at this time. Additional activities/steps were included and reported in the last SSIP submission and work continues to address SE competencies and training related to the SE competencies.

The Monitoring & Accountability workgroup had previously developed a COS Fidelity tool to monitor implementation of the COS process. After data analysis and consultation with national TAs, the workgroup revised the COS Fidelity tool as the current tool may not be accurately capturing data to reflect fidelity. Unfortunately, due to staff vacancies, the revised tool was not yet implemented; therefore, this activity is now in process with a revised timeline of 06.30.2026.

## Section C: Stakeholder Engagement

### Description of Stakeholder Input

Refer to Broad Stakeholder Input section in the Introduction.

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

The State shares information about the SSIP's implementation and evaluation activities and provides opportunities for stakeholders to participate in the development, implementation and evaluation of the SSIP at the following stakeholder events:

1. SSIP Leadership Team Meetings: Generally, the Leadership Team meets every other month to discuss the SSIP Action Plan & Progress Report, including the Evaluation Plan and provides feedback to Implementation Workgroups as requested. The Implementation Workgroup Co-Leads provide updates at the Leadership Team meetings, including recommendations and/or discussion with TA providers. The Leadership Team makes decisions as needed so workgroups can proceed with implementing activities. Unfortunately, due to changes in Leadership at the State level and competing priorities, the SSIP Leadership Team did not meet on a regular basis.
2. Demonstration Site Meetings: As everything has rolled out statewide with the exception of the coaching with fidelity process, Demonstration Site Meetings have ended; however, meetings may be scheduled as needed and agenda items are determined at monthly Mentor Community of Practice meetings.
3. Statewide Program Manager Meetings: The State meets quarterly with EIS Program Managers to share EI updates, provide TA, and obtain input/feedback on items affecting the EI system. The State has a process for Programs to ask questions or give feedback regarding implementation of procedures. The State responds in writing to questions/feedback and updates applicable procedures and guidelines as needed.

4. Hawaii Early Intervention Coordinating Council (HEICC) Meetings: The HEICC meets quarterly to discuss the EI system and how it can advocate and support EIS. The SSIP is a standing agenda item. The SSIP Coordinator provides an annual SSIP update presentation and the Part C Coordinator provides quarterly updates. The Part C Coordinator shares any questions and/or feedback from HEICC members with the SSIP Leadership Team. HEICC members are encouraged to participate in any of the implementation workgroups and the evaluation process.
5. Annual Early Intervention Stakeholder Meeting (virtual this year): Broad stakeholders come together annually to learn about the SSIP. The Implementation Workgroup Co-Leads provided updates and obtained input/feedback via Padlet on what has been and will be developed, implemented, and/or evaluated. Input provided to various activities were taken into consideration prior to Implementation Workgroups and/or SSIP Leadership making decisions. Targets are also discussed and revised if needed based on data review and stakeholder input. There were no changes made to targets for FFY 2023 – FFY 2025.

Stakeholders are also encouraged to participate in any of the implementation workgroups. A family flier was created and disseminated to recruit family participation.

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

Yes

Describe how the State addressed the concerns expressed by stakeholders.

Staff vacancies make it challenging to respond to the expectations/demands of the job in addition to expectations to scale up the coaching fidelity process that is time intensive.

The State originally planned to participate in cohort 1 of the scale up of the coaching fidelity process; however, one program decided to drop out of cohort 1 due to staff vacancies. The remaining two programs are part of cohort 1 of the coaching fidelity process that began in July 2024. A schedule will be developed with the scale up schedule to include all other EI programs in respective cohorts.

**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.

NA

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

NA

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

Vacancies at the State and local program levels in addition to competing priorities has been a challenge in implementing and evaluating the SSIP on a regular basis. The LA will be exploring support from a recruitment firm for professional positions.

Provide additional information about this indicator (optional).

NA

**11 - Prior FFY Required Actions**

None

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 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- 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**

**Baseline Data:** The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B 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.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 1, 7, 8a, 8b, and 8c based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 12, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, 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. 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.

**12 - Indicator Data**

**Historical Data**

Baseline Year	Baseline Data
2023	77.59 %

**Targets**

FFY	2023	2024	2025
Target	100%	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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 (A+B) – (C1+C2)
5	1	3	1	2

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 1 due to various factors (e.g., additional findings related to other IDEA requirements).**

In FFY 2022, the State monitored on another IDEA requirement related to C1 Timely Services (“1”). The other IDEA requirement was “Written Consent Prior to Initiation of Services.” This resulted in one additional finding of noncompliance.

**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:**

Of the 18 programs in the State, 6 were issued a total of 6 findings of noncompliance. Five of the findings were related to Indicator 1 and one finding was for other IDEA requirement related to Indicator 1 “Written Consent Prior to the Initiation of Services,” issued as a result of monitoring. To verify correction of noncompliance for each of the six findings, the state reviewed required evidence (database and record review) from the respective programs to verify that the program was at 100% compliance and correctly implementing the regulatory requirements for all children in the program.

The required data submitted to the State for review and verification is as follows:

- Indicator 1 Timely Services:
  - List of children from the database that had an Initial, Review, or Annual IFSP during the specified period, that included the child’s name and IFSP date.
  - Completed SAM worksheet A for each IFSP on the list, that identifies any new service added to the respective IFSP.
  - Copy of the service note for the respective service provided.
- Written Consent Prior to the Initiation of Services:
  - List of children from the database that had an Initial IFSP during the specified period, that included the child’s name and date of the Initial IFSP.
  - Copy of the respective IFSP signature page.

The State reviewed the updated data submitted and determined that:

- Four of the six findings were verified as timely corrected (within one year of notification) since data demonstrated that four of the respective programs with these findings were at 100% compliance and correctly implementing the requirement for all children.
  - Three of the timely corrected findings were for Indicator 1.
  - One of the timely corrected findings was for “Written Consent Prior to the Initiation of Services.”
- One of the six findings was verified as demonstrating subsequent correction (beyond one year of notification and prior to the submission of the FFY 2023 APR) since the data demonstrated that the one respective program with this finding was at 100% compliance and correctly implementing the requirement and each case of noncompliance was also corrected.
  - One of the subsequent corrected findings was for Indicator 1.
- One of the six findings was not verified as corrected due to data not reflecting 100% compliance for the subsequent data submitted for Indicator 1 review despite individual cases of noncompliance having been corrected. The respective program was required to complete the Local Contributing Factor tool for Indicator C1 to identify root causes and develop strategies to address the root causes in coordination with the state. The status of the correction for this finding will be reported in the next SPP/APR submission.

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

The State identified 52 individual cases of noncompliance across six programs for Indicator 1 and 1 other IDEA requirement related to Indicator 1 through monitoring. The State reviewed the database and records for each of the 52 individual cases identified. Based on the review of each of these 52 children, the state determined that:

- Of the 51 cases of noncompliance related to Indicator 1, 36 children received their services on their IFSP, although late; 11 children were no longer residing within the jurisdiction of the EI Program before the service was implemented; and 4 services were discontinued before the service was implemented.
- Of the one individual case of noncompliance related to “Written Consent Prior to Initiating Services,” consent was subsequently obtained to provide consent to continue to provide services listed on the IFSP.

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 (A+B) – (C1+C2)
8	16	6	12	*6

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 7 due to various factors (e.g., additional findings related to other IDEA requirements).**

In FFY 2022, the State monitored on other IDEA requirements related to C7 Timely Initial Evaluation and Assessment and Initial IFSP (“7”). The other IDEA requirements to C7 were: 1) Timely 1<sup>st</sup> 6-month Review IFSP (9 programs with findings issued); 2) Timely 1<sup>st</sup> Annual IFSP (6 programs with findings issued); and 3) Complete IFSP Outcomes - criteria, procedures, and timelines (2 programs with findings issued). This resulted in 16 additional findings of noncompliance.

**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:**

Of the 18 programs in the State, 14 were issued a total of 24 findings of noncompliance. Eight of the findings were related to Indicator 7 and 16 findings were for other IDEA requirements related to 7, issued as a result of monitoring. To verify correction of noncompliance for each of the 24 findings, the State reviewed required evidence (database and record review) from the respective programs to verify that the program was at 100% compliance and correctly implementing the regulatory requirements for all children in the program.

The required data submitted to the State for review and verification is as follows:

- Indicator 7 Timely Initial Evaluation/Assessment and Initial IFSP:
  - List of children from the database that had an IFSP due, including the child’s name, Part C Referral Date, 45-day Due Date, Date of IFSP, MDE date, Child Status and if applicable, Inactivate Date.
  - Copy of the respective IFSP Signature Page.
  - If applicable, reason why the respective IFSP was late.
- Timely 1<sup>st</sup> 6-Month Review IFSP:
  - List of children from the database that had a 6-month Review IFSP following the Initial IFSP, including the child’s name, 6-Month Review IFSP due date, and 6-Month Review IFSP data.
  - Copy of the respective IFSP signature page.
  - If applicable, reason why the respective IFSP was late.
- Timely 1<sup>st</sup> Annual IFSP:
  - List of children from the database that had a 1<sup>st</sup> Annual IFSP due including the child’s name, Annual IFSP due date, and Annual IFSP date.
  - Copy of the respective IFSP signature page.
  - If applicable, reason why the respective IFSP was late.
- Complete IFSP Outcomes (criteria, procedures, and timeline):
  - List of children from the database that had an IFSP (Initial, Review or Annual) including child’s name, and IFSP date.
  - Copy of IFSP Outcomes.

The State reviewed the updated data submitted and determined that:

- 18 of the 24 findings issued were verified as timely corrected (within one year of notification) since data demonstrated that the respective programs with these findings were at 100% compliance and correctly implementing the requirement.
  - Six of the 18 timely corrected findings were for Indicator 7.
  - Eight of the 18 timely corrected findings were for Timely 1<sup>st</sup> 6-month Review IFSP.
  - Three of the 18 timely corrected findings were for Timely 1<sup>st</sup> Annual IFSP.
  - One of the 18 timely corrected findings were for Complete IFSP outcomes.
- 1 of the 24 findings issued was verified as subsequent correction (beyond one year of notification and prior to the submission of the FFY 2023 APR) since the data demonstrated that the respective program with this finding was at 100% compliance and correctly implementing the requirement.
  - One of the one subsequent corrected finding was for Timely 1<sup>st</sup> Annual IFSP.
- \*1 of the 24 findings issued was not verified as timely corrected (within one year of notification) since the data demonstrated that the respective program with the finding was not at 100% compliance and was not correctly implementing the requirement. The program’s contract was terminated in December 2023 prior to the program demonstrating 100% compliance. Had the contract not been terminated, the Program would have had six months to demonstrate timely correction of the finding for Timely 1<sup>st</sup> Annual IFSP .
- 4 of the 24 findings issued were not verified as timely corrected (within one year of notification) since the data demonstrated that the respective programs with these findings were not at 100% compliance and were not correctly implementing the requirement, despite correcting each case of noncompliance. The programs were required to complete the Local Contributing Factor tool to identify root causes

and develop strategies to address the root causes in coordination with the state. The status of the correction for this finding will be reported in the next SPP/APR submission.

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

The State identified 297 individual cases of noncompliance across 14 programs for Indicator 7 and 3 other IDEA requirement related to Indicator 7 through monitoring. The state reviewed the database and records for each of the 297 individual cases identified. Based on the review of each of these 297 children, the state determined that:

- Of the 244 cases of noncompliance related to Indicator 7, 221 infants and toddlers received an initial evaluation/assessment and had an initial IFSP meeting, although untimely, and 23 infants and toddlers left the jurisdiction of the program before an initial IFSP was completed.
- Of the 32 cases of noncompliance related to "Timely Initial 6-Month Review IFSP," 32 infants and toddler received an initial 6-Month Review IFSP, although untimely.
- Of the 13 cases of noncompliance related to "Timely Annual IFSP," 13 infants and toddler received an Initial Annual IFSP, although untimely.
- Of the 8 cases of noncompliance related to "Complete IFSP Outcomes," 8 infants and toddlers received an updated IFSP with complete outcomes.

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 (A+B) – (C1+C2)
14	0	11	0	*3

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8A due to various factors (e.g., additional findings related to other IDEA requirements).**

There was no other IDEA requirements monitored that were related to Indicator 8A Timely 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 child's third birthday ("8A").

**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:**

Of the 18 programs in the State, 14 were issued a total of 14 findings of noncompliance. All 14 of the findings were related to Indicator 8A, issued as a result of monitoring. To verify correction of noncompliance for each of the 14 findings, the State reviewed required evidence (database and record review) from the respective programs to verify that the program was at 100% compliance and correctly implementing the regulatory requirements for all children in the program.

The State reviewed the updated data submitted and determined that:

- 11 of the 14 findings issued were verified as timely corrected (within one year of notification) since data demonstrated that 11 of the respective programs with these findings were at 100% compliance and correctly implementing the requirement.
- \*1 of the 14 findings issued was not verified as timely corrected (within one year of notification) since the data demonstrated that the one respective program with the finding was not at 100% compliance and was not correctly implementing the requirement. The program's contract was terminated effective January 1, 2024, prior to the program demonstrating 100% compliance. Had the contract not been terminated, the Program would have had six months to demonstrate timely correction of the finding for Indicator 8A .
- 2 of the 14 findings issued were not verified as timely corrected (within one year of notification) since the data demonstrated that the two respective programs with this finding were not at 100% compliance and were not correctly implementing the requirement. The two respective programs were required to complete the Local Contributing Factor tool to identify root causes and develop strategies to address the root causes in coordination with the state. The status of the correction for this finding will be reported in the next SPP/APR submission.

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

The State identified 61 individual cases of noncompliance across 14 programs for Indicator 8A through monitoring. The review of monitoring data is based on children that have exited; therefore, all 61 children across the 14 programs exited without a complete and timely transition plan because the child exited EI and were no longer under the jurisdiction of Part C.

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 (A+B) – (C1+C2)
8	0	7	0	1

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8B due to various factors (e.g., additional findings related to other IDEA requirements).**

There was no other IDEA requirements monitored for Indicator C8B Timely Transition Notice to the SEA and LEA where the toddler resides at least 90 days prior to the toddler's third birthday ("8B").

**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:**

Of the 18 programs in the State, 8 programs were issued a total of 8 findings of noncompliance. All eight of the findings were related to Indicator 8B, issued as a result of monitoring. To verify correction of noncompliance for each of the eight findings, the State reviewed required evidence (database and record review) from the respective programs to verify that the program was at 100% compliance and correctly implementing the regulatory requirements.

The State reviewed the updated data submitted and determined that:

- Seven of the eight findings issued were verified as timely corrected (within one year of notification) since data demonstrated that seven of the respective programs with these findings were at 100% compliance and correctly implementing the requirement.
- One of the eight findings issued was verified as demonstrating subsequent correction (beyond one year of notification and prior to the submission of the FFY 2023 APR) since the data demonstrated that the one respective program with this finding was at 100% compliance and correctly implementing the requirement.

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

The State identified 51 individual cases of noncompliance across 8 programs for Indicator 8B. The state reviewed the database and records for each of the 51 individual cases identified. Based on the review of each of these 51 children, the state determined that:

- Of the 51 cases of noncompliance related to Indicator 8B, notification was provided to the SEA and home school for 30 children, although untimely and 21 children were no longer residing within the jurisdiction of the respective programs prior to issuing the notification to the SEA and the child's home school.

**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 2022**

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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 (A+B) – (C1+C2)
5	1	4	1	1

**Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 8C due to various factors (e.g., additional findings related to other IDEA requirements).**

In FFY 2022, the state monitored on another IDEA requirement related to 8C Timely Transition Conference held with approval of the family at least 90 days prior to the toddler's third birthday ("8C"). The other IDEA requirement was "Inviting Appropriate Individuals to the Transition Conference." This resulted in one additional finding of noncompliance.

**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:**

Of the 18 programs in the State, 5 were issued a total of 6 findings of noncompliance. Five of the findings were related to Indicator 8C and one of the findings was for the other IDEA requirements related to 8C, issued as a result of monitoring. To verify correction of noncompliance for each of the six findings, the State reviewed required evidence (database and record review) from the respective programs to verify that the programs were at 100% compliance and correctly implementing the regulatory requirements for all children in the program.

The required data submitted to the State for review and verification is as follows:

- Indicator 8 Timely Transition Conference:
  - List of children from the database that exited the EI system, including child's name, DOB, inactivate date, transition due date, parent decline date, date of transition conference.
  - Copy of note documenting transition conference meeting or parent decline of the transition conference.
- Appropriate Individuals were Invited to the Transition Conference:
  - List of children from the database that exited the EI system, including child's name and date of transition conference.
  - Copy of the Transition Conference Meeting Notification, including fax confirmation or documentation it was sent to respective individuals.
  - Copy of documentation of conversation with the parent on who they would like/not like to invite to the transition conference.

The State reviewed the updated data submitted and determined that:

- Five of the six findings issued were verified as timely corrected (within one year of notification) since data demonstrated that the respective programs with these findings were at 100% compliance and correctly implementing the requirement and each case of noncompliance was also corrected.
  - Four of the five timely corrected findings were for Indicator 8C.
  - One of the five timely corrected findings were for "Inviting Appropriate Individuals to the Transition Conference."
- One of the six findings issued was not verified as timely corrected (within one year of notification) since the data demonstrated that the respective program with these findings were not at 100% compliance and were not correctly implementing the requirement for timely transition conferences. The program was required to complete the Local Contributing Factor tool to identify root causes and develop strategies to address the root causes in coordination with the state. The status of the correction for this finding for 8C will be reported in the next SPP/APR submission.

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

The State identified 41 individual cases of noncompliance across 5 programs for Indicator 8C and 1 other IDEA requirement related to Indicator 8C through monitoring. The state reviewed the database and records for each of the 42 individual cases identified. Based on the review of each of these 42 children, the state determined that:

- Of the 41 cases of noncompliance related to Indicator 8C, 1 received a Transition Conference, although untimely; and 40 children were no longer residing within the jurisdiction of the EI Program prior to having a Transition Conference.
- Of the 1 case of noncompliance related to "Inviting Appropriate Individuals to the Transition Conference," the one child was no longer residing within the jurisdiction of the respective program prior to exiting at age three years old.

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 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
40	18	31	14	*13

**FFY 2023 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected (C1 + C2)	Number of findings of Noncompliance that were identified FFY 2022 (A+B)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
45	58	NA	100%	77.59%	TARGET NOT MET	NA

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	22.41%
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**Provide reasons for slippage, if applicable**

NA

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

\*There was one program that was issued two findings: one for another IDEA requirement related to Indicator 7 "Timely Initial Annual IFSP" and one for Indicator 8A, that was not yet verified as corrected. The program's contract was terminated, effective January 1, 2024, prior to the program demonstrating 100% compliance. Had the contract not been terminated, the Program would have had six months to demonstrate timely correction of the two findings mentioned above. However, due to its' closure, the state is unable to review updated data to verify program level correction on the noncompliance. As previously reported, the State verified that the program demonstrated correction of individual child noncompliance based on monitoring.

As a result of the program closing prior to demonstrating correction of two findings, there are 8 remaining findings where the respective programs did not demonstrate correction with one year or subsequent correction prior to the submittal of FFY 2023 SPP/APR. The status of the correction for these findings will be reported in the next SPP/APR submission.

The summary table of Findings of Noncompliance Identified in FFY 2022 Corrected in FFY 2023 and Subsequent Correction and Summary of all Outstanding Findings on Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 does not reflect the change in data due to the program closure. Therefore, the number of findings not yet verified as corrected remains at 10 in the summary table.

**Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	58
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)	45
3. Number of findings <u>not</u> verified as corrected within one year	*13

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	*13
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	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	*1
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	*0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	*10

**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.

The respective programs' Agencies were required to submit an Agency plan on how they will support the respective programs in demonstrating compliance. The respective Program Managers were also required to complete the local contributing factor tool developed by the ECTA and fill out a noncompliance worksheet for the respective indicator to identify strategies to address root causes.

The respective Program Managers received and will continue to receive technical assistance from the assigned State Quality Assurance Specialist.