

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

California



**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 California Department of Developmental Services (DDS) is the State's lead agency tasked with administering early intervention services (EIS) under Part C of the Individuals with Disabilities Education Act (IDEA), as established by the California Government Code. Part C of the IDEA, known locally as the Early Start program, is further supported by the California Early Intervention Services Act (CEISA), which ensures that State authority aligns with federal requirements for early intervention services. The statewide EIS system operates under a collaborative model, working closely with the California Department of Education (CDE) and drawing on the expertise of the State Interagency Coordinating Council (ICC), to ensure the delivery of consistent, high-quality early intervention services throughout the State of California.

Beginning July 1, 2022, a state law was enacted to broaden the eligibility criteria for California's Early Start program. Notably, the State law stipulates three qualifying conditions for infants and toddlers under three: 1) developmental delay, 2) at risk, and 3) established risk. The amendment to the law expands the first criterion, enabling more infants and toddlers, from birth to two years old, who are not developing as expected for their age, to receive early intervention services. The eligibility for the program was revised in the following ways:

1. The eligibility threshold for early intervention services for an infant or toddler was reduced from a 33 percent developmental delay to a 25 percent delay in one or more developmental areas.
2. Developmental delays in communication were divided into two categories: expressive and receptive communication. This division allows for separate assessments in these two areas, ensuring that proficiency in one does not mask a delay in the other, which could otherwise jeopardize a child's eligibility for services.
3. Additional language was incorporated to highlight Fetal Alcohol Syndrome as a specific high-risk factor that may necessitate early intervention services (EIS) for an infant or toddler.

California's Early Start program is the nation's largest EIS delivery system. In FFY 2023, the Early Start program received over 8,500 referrals monthly, with an average of 62,500 infants and toddlers receiving services through active Individualized Family Service Plans (IFSPs). Throughout the reporting period, more than 100,000 infants and toddlers in California had active IFSPs, with the State serving 4.97 percent of children under three years old, surpassing the national average. Although the number of infants and toddlers with disabilities and their families enrolled in California's Early Start Program grew by 10.65 percent in FFY 2023, permanent and ongoing funding allocated to local programs using State general purpose funds in July of 2022 allowed service coordinator caseloads to decrease by 15.6 percent, which equates to approximately four fewer families per service coordinator. This decrease in caseloads reflects efforts to meet state requirements for a service coordinator-to-child ratio of 1 to 40 for all children enrolled in Early Start. Reducing caseload is intended to enhance access and service delivery for children and families in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations identified by the DDS. With smaller caseloads can provide targeted support to ensure IFSPs are completed within 45 days. In FFY 2023, regional centers continued to recruit qualified personnel to meet this caseload ratio requirement. Due to personnel shortages, local programs currently have average caseloads of 1:54.

DDS is responsible for the oversight of the Early Start program, ensuring that all activities align with federal regulations under Part C of the IDEA. This oversight encompasses a variety of responsibilities, including but not limited to developing and implementing consistent statewide policies and procedures, managing the dispute resolution process, monitoring programmatic and contractual aspects of local regional centers and local educational agencies (LEAs), which are tasked with coordinating early intervention services; and promoting continuous improvement. Additionally, DDS is involved in public reporting, establishing statewide personnel standards, and evaluating the performance of each local EIS program on an annual basis. The agency also oversees the implementation of California's comprehensive personnel development system, manages federal reporting and grants, and ensures fiscal responsibility and accountability.

Regional centers and LEAs comprise the local EIS programs across the State of California. The DDS contracts with 21 regional centers to provide fixed points of contact and coordinate early intervention services for infants and toddlers with disabilities and their families. The DDS provides Part C grant funds, and State general purpose funds to the regional centers for local administration of Early Start. The DDS also contracts with LEAs through the CDE to coordinate and provide early intervention services for infants and toddlers with solely low-incidence disabilities, including visual impairment, hearing impairment, severe orthopedic impairment, or a combination of these. The LEAs may administer Early Start for the children they serve using a combination of Part C grant funds from the DDS, State funds from the CDE, and local property tax revenues.

To further enhance the support and supervision of California's Early Start program, DDS continued to refine its organizational structure in FFY 2023. This initiative began in FFY 2022 to ensure that appropriate sections are dedicated to support general supervision activities and State Performance Plan (SPP)/Annual Performance Report (APR) reporting requirements. These changes included establishing the Children, Adolescents, and Young Adults Services Division and allocating additional resources to support the implementation of Part C of IDEA. Under this reorganization, which has been pivotal in bolstering the program's effectiveness and responsiveness, staff from the DDS continue to work closely with local programs and early intervention personnel to provide training and technical assistance on federal and State Part C requirements, data entry into California's data systems, and review of data to ensure data are comprehensive, accurate, and timely. State monitoring activities focus on improving results and outcomes for all infants and toddlers with disabilities served in the Early Start program and ensuring local EIS programs meet all requirements under Part C of the IDEA.

DDS has and will continue to utilize support from various OSEP funded TA centers to improve performance and data collection and analysis, thereby enhancing the quality of early intervention services provided to infants and toddlers with disabilities and their families across California. Throughout FFY 2023, the DDS actively engaged with national technical assistance centers, including the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), the Center for IDEA Fiscal Reporting (CIFR), and SRI International (SRI). Specifically, in response to the Secretary's direction in its letter regarding California's 2024 Determination, the DDS sought TA focused on data quality and child outcomes. TA calls with DaSy and ECTA occurred monthly from July 2023 through June 2024. The work with these TA providers resulted in an increased understanding of data quality, completeness, and validity, as well as a need to support programs in data entry related to child outcomes. As a result, the DDS developed and delivered targeted training on child outcomes for service providers and community partners and engaged local program administrators to provide guidance on child outcomes data collection ahead of State-level monitoring engagement.

Additional information related to data collection and reporting

The Early Start Report (ESR) is the comprehensive data management system used by the DDS staff and regional centers to track children within every phase of California's Early Start program. Data entries are made manually when children enter and exit early intervention, ensuring accurate tracking of service provision. The ESR is instrumental in providing essential data for State and local analysis.

Since its initial rollout in 2011, the ESR has undergone continuous enhancements, including adding new functions, reports, and data fields. These improvements are a direct result of user feedback, regulatory shifts, and updates in policies and procedures. The ESR remains an evolving system, consistently refined to fulfill California's early intervention program data collection and reporting needs.

An analysis of Early Start referral data collected during the reporting period demonstrated a marked increase in the number of infants and toddlers referred to and evaluated for program eligibility, particularly when comparing figures from FFY 2020 to those in FFY 2023. This data indicates that caseload counts have not only rebounded to pre-COVID-19 pandemic levels but have surpassed them. Detailed information on these statistics is available on the DDS website at <https://www.dds.ca.gov/transparency/facts-stats/>.

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.

DDS conducts comprehensive Early Start programs reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Through subsequent reviews, DDS verifies the correction of noncompliance on all findings at both the individual and systemic level within a year of notification to the RC or LEA, consistent with OSEP Memo 09-02 and OSEP QA 23-01.

As part of the General Supervision requirements, California's dispute resolution process is available to address disagreements between parents and the service system. At any time, parents have the right to request a due process hearing, a mediation conference, or file a state complaint to resolve disagreements related to Early Start services or allegations that a federal or state statute or regulation has been violated. The court appointed administrative law judge or complaint investigator may identify noncompliance during an investigation or hearing. If noncompliance has been identified, DDS verify the correction of findings derived from the dispute resolution process to ensure that decisions rendered are implemented at the local level through the RCs or LEAs.

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.

A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs.

At the outset of a monitoring review, Early Start programs must complete a self-assessment to evaluate their own implementation of the service provision of the five federally required compliance indicators and nine additional items required by the state. They are also required to present individual child records for the number of children sampled, as evidence demonstrating their adherence to IDEA Part C requirements. The DDS then reviews this evidence to confirm compliance and identify any instances of noncompliance. If noncompliance is discovered, the DDS issues written notifications to the affected programs, which must then submit a corrective action plan within 30 days. For every specific instance of noncompliance, evidence of correction must be provided as soon as possible, and no later than one year from the receipt of the finding.

Consistent with OSEP QA 23-01, the DDS verifies correction of identified compliance through a subsequent review of a sample of randomly selected records. If compliance is not achieved during this initial subsequent review, this process is repeated every quarter until 100 percent compliance is achieved. The subsequent review is completed after all child-specific noncompliance is corrected and actions identified in the corrective action plan are completed. In addition, when verifying individual and systemic noncompliance, a series of subsequent quarterly reviews are completed on a sample of randomly selected records that reflects the population of infants and toddlers served in the program's catchment area. The additional records are reviewed once all child-specific findings of noncompliance are verified as corrected. The verification includes but not limited to a review of the child's IFSP and ID notes.

During FFY 2023, the DDS conducted reviews for 11 California Early Start programs, including 10 regional centers and the California Department of Education (CDE). DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align Local Education Agencies (LEAs) with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program

through SLI eligibility.

Additionally, the DDS sought technical assistance and support from the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) to implement these monitoring efforts in FFY 2023.

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

The Early Start Report (ESR) and the Client Master File (CMF) are the comprehensive data management systems California uses to collect monitoring and SPP/APR data. Additionally, monitoring reviews are conducted via an online Self-Assessment Model (SAM). The SAM is a web-based platform where each program must complete a self-assessment of compliance items. Programs are required to self-assess compliance of up to 14 compliance indicators and other requirements related to the delivery of Part C services. Once the program completes this self-assessment, the DDS completes a verification process to substantiate compliance for each item. Early Start Report data monitoring reviews for this SPP/APR submission were from records of children who utilized services from July 1, 2023, to June 30, 2024.

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.

DDS monitors local programs for compliance and any findings of noncompliance are issued directly to the program. It is each program's responsibility to address any root cause(s) of a finding with its vendoried EIS provider, when applicable. For programs with findings of noncompliance, DDS formally notifies the program in writing. During the period of correction, technical assistance is provided, including resources on available staff training or professional development courses and guidance on pertinent requirements related to identified findings of noncompliance. Subsequently, a root cause analysis for each finding of noncompliance is completed by the program, to determine the actions necessary to achieve compliance. The actions are documented in a plan of correction and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance took appropriate action to meet the specific regulatory requirements and addressed the root cause of noncompliance. Through a subsequent review of records, DDS confirms that 100 percent compliance is achieved, and that all regulatory requirements are being correctly implemented. The subsequent review is completed once all child-specific findings of noncompliance are verified as corrected. Further reviews of randomly selected records take place every quarter until complete compliance is achieved and verified. Through this subsequent review of records, the DDS confirms that 100 percent compliance has been achieved, and all regulatory requirements have been met.

As part of the DDS Part C program and the General Supervision and Monitoring System, each program must complete a biennial monitoring review through the SAM platform. This self-assessment process is designed to collect data from programs on APR compliance indicators and other requirements to ensure adherence to Part C standards. In accordance with CFR §200.329, DDS notifies programs in writing of the monitoring review results, detailing any identified noncompliance within three months of the review. This notification also includes a directive that all noncompliance must be corrected as soon as possible. Findings are issued to EIS programs to guide their corrective actions. Furthermore, DDS publicly shares each program's monitoring review results by posting related notifications and reports on its website.

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).

During a monitoring review, the DDS considers reviewing additional randomly selected records for pre-finding correction. Criteria considered include but are not limited to, items found at a high compliance score, items determined not to be areas of systemic concern, and items that do not contain outstanding individual child level of noncompliance. If the DDS determines that an EIS program is eligible for pre-finding correction, the review of the additional records must achieve 100 percent compliance to be applied.

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.

DDS employs a system of graduated and progressive requirements/sanctions to ensure correction of identified noncompliance as soon as possible and not later than one year after it is identified. This process begins with the DDS formally notifying the program in writing of the continued noncompliance and initiates targeted state-level technical assistance to support programs in identifying root causes and strategies to achieve compliance. Program staff training is also prescribed to build capacity and ensure program practices are in alignment with federal/state requirements.

Additionally, the DDS may conduct a thorough review of program policies and procedures that may require modifications where necessary to ensure correction and sustained program efficiency. For all findings of noncompliance, the program must complete a Plan of Correction (POC) which includes a root cause analysis and steps to address and correct the noncompliance. DDS then completes subsequent reviews to evaluate if the POC was effective and the program is implementing the Part C requirements. If the POC is found ineffective in addressing and correcting areas of noncompliance at the subsequent review, DDS requires programs to update their policies and procedures and resubmit their POC. To enforce compliance implantation of Part C requirements and verify correction program wide, the DDS may also require programs to submit data and documentation for all children within a sample period to confirm correction for those outstanding items. For those programs where noncompliance is persistent despite the efforts outlined above, the DDS has the authority to withhold or repurpose state and federal funds, reallocate resources to support corrective efforts, bring the issue to the program's governing board, implement special contract language, and incentivize compliance.

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.

Annual determinations of EIS program performance are made available to the public by posting them on the DDS website at <https://www.dds.ca.gov/services/early-start/early-start-local-performance-materials/> within 120 days of submitting California's annual SPP/APR.

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

Information about California's general supervision policies, procedures, and process is available to the public on the DDS website at <https://www.dds.ca.gov/services/early-start/>.

https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=GOV&division=&title=14.&part=&chapter=&article.

Technical Assistance System:

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

The DDS implements a comprehensive system of technical assistance (TA) to ensure high-quality support to EIS programs throughout the state of California. The need for technical assistance (TA) is identified through ongoing monitoring activities, calls or emails from a dedicated email address and phone number, results of dispute resolution activities, and regular review of information in California's data collection systems. This framework enables the DDS to also provide targeted assistance and training that is directly linked to the annual SPP/APR and state monitoring activities. Such support is crucial in aiding EIS programs to better understand the requirements associated with each indicator and to formulate and apply effective improvement strategies. These efforts are designed to correct noncompliance and, ultimately, improve outcomes for infants and toddlers with disabilities and their families.

In addition to these resources, the DDS and its contractors provide ongoing TA on a range of topics. These services are crucial for the prompt and effective delivery of high-quality services within California's comprehensive system of early intervention. In line with this commitment, the fiscal year 2022 Budget Act enabled the funding of permanent, full-time IDEA Specialist positions at each of the twenty-one regional centers across the state. These specialists are experts in the provisions of the IDEA and offer essential technical assistance to regional center service coordinators. Their role is instrumental in supporting infants and toddlers with disabilities and their families to access necessary early intervention supports and services.

Furthermore, in FFY 2023, the DDS organized a comprehensive two-day Special Education Law Training for the IDEA Specialists on March 20 and 21, 2024. The training covered the IDEA, its associated federal regulations, and the IEP process. The objective was to enhance the capacity of IDEA specialists in assisting families during the transition from Part C to Part B and, if applicable, in accessing special education and related services. The training aimed to broaden their understanding of the IDEA to better support families through the transition process.

Due to their vital role in California's TA system, the DDS hosts monthly professional development sessions for the IDEA Specialists. For example, on May 17, 2024, the California Early Childhood Special Education (CalECSE) Network conducted a session on the transition requirements for Part C programs. This session included a deep dive into interagency agreements (IAs) between RCs and local education agencies (LEAs) as outlined in 34 Code of Federal Regulations (CFR) Section 303.209 and Title 17 of the California Code of Regulations (CCR) Section 52140. It also covered best practices for developing and maintaining collaborative IAs and strategies for addressing local issues.

IDEA Specialists play a critical role in providing TA and supporting the regional centers with the process of transitioning families from Early Start to Part B services, as well as collaborating closely with LEAs to ensure smooth transitions. More information about IDEA Specialists and their work within the California early intervention system is available at the following link: <https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf>.

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.

Personnel who serve infants and toddlers under California's Early Start service system, established through Part C of the Individuals with disabilities Education Act (IDEA), and CCR Title 17 §56770, §54342, are required to meet standards of competence for early intervention practice as defined under IDEA, Part C 303.361(a)(1). To meet these requirements DDS funds an annual contract with WestEd for the California Early Intervention Technical Assistance Network (CEITAN) to develop, implement, evaluate, and improve technical assistance and professional development to early intervention professionals statewide primarily through Early Start Online. Additionally, CEITAN develops products including, but not limited to, the Early Start Neighborhood, the Early Start Central Directory of Early Intervention Resources, the Early Start Service Coordination Handbook, and Early Start Online.

A total of 793 participants completed an Early Start Online course with tracked learning activities during the reporting period for FFY 2023. The Early Start Online facilitated courses include three courses in the Foundations Series and five courses in the Skill Base Series. The Early Start Online Skill Base Series includes courses that address development and intervention within specific developmental domains or disability conditions. Skill Base courses are similar in structure, implemented across five lessons addressing aligned content; however, each course has a specific focus area including communication, sensory processing, social and emotional, cognitive, and adaptive development.

Based on feedback obtained during a listening session held at the end of FFY 2022, it became clear that learners wanted more flexibility to access the courses offered. For example, several regional center managers wanted to offer the coursework to new hires as part of their onboarding curriculum but were often hampered in doing so by the facilitated course schedule, which delayed access. To address this feedback, all of the courses will be available in both facilitated and Open Access delivery options as of July 1, 2024. The Open Access format will offer independent, on-demand access to Early Start professional development presentations and resources, without facilitation, assignments, or discussion forums. The purpose of offering Open Access courses is to provide access to critical, foundational content for professionals who cannot complete a facilitated course because of personal or professional time constraints or responsibilities.

The Early Start Neighborhood, located at <https://earlystartneighborhood.org/>, provides access to information for Early Start professionals to facilitate outreach and child find efforts, promote effective early intervention practices, and encourage the use of State Systemic Improvement Plan (SSIP) and other resources for families and professionals. The blog on the Early Start Neighborhood was used throughout FFY 2023 to highlight tools and resources for Early Start professionals, many of which could also be shared with families. Each external resource is aligned and cited to one or more core knowledge and role-specific competencies from the Early Start Personnel Manual to highlight relevance to the professional development of Early Start personnel. The related competencies for each resource are included on the webpage featuring each resource. The DDS, with support from WestEd, also provided new resources for Early Start personnel to download or order in print from the Early Start Neighborhood in FFY 2023. For example, the updated Early Start Service Coordination Handbook was finalized, compiled into one large, accessible file, and made available for download in December 2023.

DDS also provided statewide regional trainings focused on the Standards of Quality for Family Strengthening and Support (Standards). These nationally adopted standards serve as a comprehensive tool for stakeholders, including public departments, foundations, networks, community-based organizations, and families, to plan, provide, and assess quality practices in family support and strengthening programs. The Standards foster a common language across various programs such as Family Resource Centers, home visiting programs, and child development programs including Early Start. By integrating the Principles of Family Support Practice and the Strengthening Families Framework and Approach, including the 5 Protective Factors, the Standards aim to ensure families receive support through quality practice.

The Family Resource Center Network of California (FRCNCA) staff, certified as trainers, delivered two two-day trainings on these Standards, which address five key areas of practice through 17 standards, to Early Start staff and leadership in June of 2024. Each standard includes Foundational and High-Quality Indicators, along with implementation examples. The areas covered are Family Centeredness, Family Strengthening, Diversity, Equity, and Inclusion, Community Strengthening, and Evaluation. These standards guide programs and individuals working with families to value and integrate families into the program, support family health and safety, respect and embrace diversity, work collaboratively with stakeholders for community betterment, and continuously improve program quality for positive family outcomes. The FRCNCA has successfully certified 85 FRC staff and leadership in these standards, demonstrating a commitment to enhancing family support services' effectiveness and quality.

Through the American Rescue Plan Act of 2021 (ARPA) one-time funding, California's Early Start program allocated \$5 million to regional centers to reimburse early intervention service providers for the cost of training fees and/or staff time to attend training to support the early intervention service provider in delivering effective and family-centered services that are responsive to the needs of the child and the family; promote the acquisition of knowledge and skills in delivering culturally and linguistically sensitive services; and increase and retain workforce diversity.

Training topics included cultural competency and cultural humility in the delivery of services, reflective practice and supervision, recognizing Adverse Childhood Experiences (ACEs) and Toxic Stress, recognizing and addressing implicit bias in oneself, and in service delivery, supporting early childhood

inclusive practices, family engagement practices in early intervention, and coursework for Associate of Science degrees and licensure for Speech Language Pathology, Occupational Therapy, and Physical Therapy. These courses expanded the skillsets of professionals within the field and allowed for more individuals to enter the field and provide early intervention services.

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.

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

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

YES

Number of Parent Members:

14

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.

Throughout FFY 2023, the DDS continued to implement comprehensive strategies to incorporate a wide array of parental perspectives into the work of California's ICC. Quarterly ICC meetings provided a platform for parent members, parent center staff, parents from local and statewide advocacy groups, and individual parents, to engage in data analysis, target setting, and progress evaluation for the Early Start program. The ICC meetings, each focusing on a topic critical to enhancing outcomes, provide parent members—who bring firsthand experience as parents of children with disabilities—with a platform to contribute their unique insights on the development and implementation of improvement strategies.

At the July 2023 ICC meeting, parent members engaged in a comprehensive session led by a Senior Principal Education Researcher from SRI International, where they discussed Indicator 4: Family Outcomes, examining data from 2016 to 2021. The presentation highlighted the significance of data quality, and the challenges posed by low survey response rates, prompting parents to consider solutions for improving response rates and program effectiveness. In October, parent members were included in a session by a Principal Researcher from SRI International on Child Find Indicators 5 and 6,

which focused on target-setting methods and enhancing the identification and services for eligible children.

To further support active participation in the ICC, grantees created local resources with creative incentives, such as funding for meeting attendance, and other participation support costs. Furthermore, in January of 2024, the DDS introduced four two-hour training modules using various instructional formats to prepare community members and parents for ICC engagement. These initiatives reflect the DDS's commitment to empowering families and ensuring diverse community representation in the ICC's decision-making process.

In addition to the ICC, the Department provides funding for 47 regional Family Resource Centers. The centers are staffed by parents who have children with developmental disabilities or delays and provide information and parent-to-parent support. Each Center is unique, reflecting the needs of their community. Family support services are available in many languages and are culturally responsive to the needs of the individual family. The Family Resource Center Network of California (FRCNCA) is a coalition of the 47 Start Family Resource Centers throughout California. They provide opportunities for staff and center directors to attend high-quality professional development and to connect and discuss emerging family and program needs in the Early Start system. The department works with this coalition of centers monthly, at minimum, to seek feedback and input into processes and proposals that California is implementing for the Early Start system.

Additionally, the DDS continued an American Rescue Plan Act-funded pilot initiative to bolster parent engagement within the ICC in FFY 2023. In partnership with the FRCNCA, the goal of this pilot initiative is to train 50 individuals, emphasizing the mentorship of 12 new family members or caregivers, to prepare them for potential ICC service. The "ICC Community Engagement Project," introduced during the July ICC meeting, identified key cultural and linguistic groups to target for ICC effectiveness.

Potential parent members were connected through personalized outreach efforts conducted through the Family Resource Centers, including phone calls, the distribution of flyers, and digital engagement, in the fall of 2023. Local agencies maintained ongoing meetings with grantees of the pilot initiative to encourage planning and the exploration of community representation roles, with particular interest from monolingual families.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

As described in detail above, the DDS conducted various activities in FFY 2023 to increase the capacity of diverse groups of parents to support the development and implementation of activities designed to improve outcomes for infants and toddlers with disabilities and their families. These activities included a pilot initiative focused on increasing parent engagement in ICC meetings. Through a strong partnership with the FRCNCA, the DDS has continued to work toward diversifying parent representation at ICC meetings through personalized outreach efforts, including phone calls, distributing flyers, and digital engagement.

To work toward the shared goal of increasing family participation and promoting diversity among community members who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. Additional activities for increasing the capacity of diverse groups of parents to support improved outcomes of California's Early Start program include webinars and trainings conducted by FRCNCA to help parents increase their understanding of data and target setting related to California's SPP/APR, incentivization for parents to attend and participate in ICC meetings, and the use of data visualizations and charts to provide clarity and, in turn, increase parental input regarding program performance and evaluation. Furthermore, four two-hour training modules using various instructional formats to prepare community members and parents for ICC engagement were introduced in January of 2024.

Lastly, DDS continued to disseminate the Early Start Newsletter in FFY 2023 as an additional mechanism for soliciting input from a diverse group of stakeholders, including parents. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Soliciting Public Input:

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

The DDS solicits public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress at its quarterly Interagency Coordinating Council (ICC) meetings. In compliance with California's Bagley-Keene Open Meeting Act, these meetings are open to the public. Each quarterly ICC meeting spans two days and includes scheduled times for public commentary on both days. Typically attracting over 100 diverse individuals, including members of the public, the DDS accommodates the varied needs of attendees by providing American Sign Language and Spanish interpretation services.

To facilitate comprehensive engagement and feedback, the DDS, during an ICC meeting, presents an overview of the SPP/APR prior to its annual submission. For example, in FFY 2023, the January 2024 meeting included a detailed overview of California's FFY 2022 SPP/APR. Attendees were informed about key terms and the associated performance data, with data visualizations and charts utilized for clarity. After the presentation, public attendees had the opportunity to offer their input, ensuring a broad spectrum of perspectives is considered in the DDS's evaluation and planning processes. In addition, public comment opportunities are advertised on the DDS website at <https://www.dds.ca.gov/initiatives/stakeholder-events/>.

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.

In FFY 2023, the DDS continued to utilize California's ICC as the primary mechanism for making results of target setting, data analysis, development of improvement strategies, and evaluation available to the public. In compliance with California's Bagley-Keene Open Meeting Act, all ICC meetings are accessible to the public. These meetings consistently attract a large audience, often surpassing 100 individuals, which includes voting members, community representatives, and members of the public. The demographic of public attendees is varied, and to cater to diverse needs, the provision of American Sign Language and Spanish interpretation services has become a standard practice at each meeting. For transparency and public accessibility, the DDS publishes all ICC meeting materials, including minutes and recordings, on their website at <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>.

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 DDS publicly posted the FFY 2022 performance of each local program on the targets in the SPP/APR on its website on May 29, 2024, which was within 120 days of submitting California's FFY 2022 APR. All EIS program performance reports are available to the public on the DDS website at <https://www.dds.ca.gov/services/early-start/early-start-local-performance-materials/>. A complete copy of California's FFY 2022 APR is also available to the public on the DDS website at <https://www.dds.ca.gov/services/early-start/state-performance-reports/>.

Intro - Prior FFY Required Actions

While the State has publicly reported on the FFY 2021 (July 1, 2021-June 30, 2022) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information. With its FFY 2023 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2021. In addition, the State must report with its FFY 2023 SPP/APR, how and where the State reported to the public on the FFY 2022 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

Response to actions required in FFY 2022 SPP/APR

At the January 2023 ICC, APR information was presented to the ICC and the public using visuals, including graphs that illustrated performance from FFY 2021 and information that impacted each indicator. This information can be found at https://www.dds.ca.gov/wp-content/uploads/2023/08/January_2023_Meeting_Minutes_Day_1.pdf

Additionally, EIS program performance reports for FFY 2022 are available to the public, with the exception of LEA Transition indicator data. This data is not included due to CDE not completing the necessary monitoring activities to collect data for Transition indicators. EIS program performance reports for FY 2022 are publicly available on the DDS website:

<https://www.dds.ca.gov/services/early-start/early-start-local-performance-materials/>
<https://www.dds.ca.gov/wp-content/uploads/2024/01/Disaggregated-Data-FY2021-Final.pdf>.

At the January 2024 ICC, APR information was presented to the ICC and the public using visuals, including graphs that illustrated performance from FFY 2022 and information that impacted each indicator. This information can be found at <https://www.dds.ca.gov/wp-content/uploads/2024/03/ICCDay1MeetingMinutes20240118-1.pdf>.

Additionally, all EIS program performance reports for FFY 2022 are available to the public on the DDS website at:

<https://www.dds.ca.gov/services/early-start/early-start-local-performance-materials/>
https://www.dds.ca.gov/wp-content/uploads/2024/05/2022_EarlyStartLocalPerformance_20240510.pdf.

Intro - OSEP Response

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

The State's determinations for both 2023 and 2024 were Needs Assistance. Pursuant to Sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 18, 2024 determination letter informed the State that it 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. The State provided the required information.

While the State has publicly reported on the FFY 2022 (July 1, 2022-June 30, 2023) and FFY 2021 (July 1, 2021-June 30, 2022) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by Sections 616(b)(2)(C)(ii)(I) and 642 of the IDEA, those reports do not contain the required information. Specifically, the State did include indicators 8A, 8B, and 8C and reported, "This data is not included due to CDE not completing the necessary monitoring activities to collect data for Transition indicators."

OSEP notes that in its description of how it makes annual determinations of EIS program performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include performance on compliance indicators; valid, reliable and timely data; correction of identified noncompliance; and, other data available to the State about the EIS programs compliance with IDEA, including any relevant audit findings in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of EIS program performance outside of the SPP/APR process.

Intro - Required Actions

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
2005	91.50%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	82.86%	81.36%	89.86%	88.47%	90.13%

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
335	430	90.13%	100%	Not Valid and Reliable	N/A	N/A

Number of documented delays attributable to exceptional family circumstances

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

40

Provide reasons for delay, if applicable.

Delays in the provision of Early Intervention Services (EIS) were identified in 135 of the 430 records reviewed for this indicator. Of the 135 records, 40 records involved documented delays due to exceptional family circumstances including families missing scheduled appointments (3), scheduling difficulties due to inability to contact the family (18), service postponement at the family's request (7), and limited family availability due to work or personal schedule (12). The 55 remaining records noted delays due to personnel-related issues, lack of qualified service providers, lack of service coordinators and insufficient documentation on the reason for delay.

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).

California defines timeliness as: "EIS identified on an infant or toddler's Individualized Family Service Plan (IFSP) starting as soon as possible, but no later than 45 days after the parent(s) provides consent for the service."

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

State monitoring

Describe the method used to select EIS programs for monitoring.

As the lead agency, DDS has the statutory authority to establish and maintain an administrative process to ensure compliance with federal statutes for programs under its jurisdiction, including the statewide system of Part C services for California infants and toddlers with disabilities and their families. DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Provide additional information about this indicator (optional)

To further support efforts to ensure EIS are provided timely, the Department of Developmental Services (DDS), California's lead agency responsible for implementing the state's Part C program, implemented a Quality Incentive Program (QIP) for service providers, pursuant to California Welfare and Institutions Code section 4519.10. The QIP was designed to improve consumer outcomes, service provider performance, and the quality of services. Participating service providers that meet or exceed quality measures developed by the DDS with input from community partners are eligible for incentive payments for the timely provision of services. In FFY 2023 the DDS established "Incentive Payment Processing" and "Conditions for a Provider to Receive Incentive Payments," where incentive payment processing by regional centers must be paid using a contract authorization, with the applicable services associated with a service provider vendor number. Details about the QIP can be found at <https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/>.

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
6	4	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.

The DDS verified four of the six findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. Two remaining findings have not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on January 17, 2023. One finding was issued for seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. However, 100 percent compliance has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements, and 100 percent is achieved on this indicator.

Program 2 was notified of the finding on October 23, 2023. One finding was issued for two noncompliant records. A series of subsequent quarterly

reviews were completed on randomly selected records. However, 100 percent compliance has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements, and 100 percent is achieved on this indicator.

Program 3 was notified of the finding on January 3, 2024. One finding was issued for seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On December 19, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on December 19, 2024.

Program 4 was notified of the finding on October 20, 2023. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On August 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 16, 2024.

Program 5 was notified of the finding on October 18, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 20, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on September 20, 2024.

Program 6 reported noncompliance on October 11, 2023. One finding was issued for the one noncompliant record. The program verified through a subsequent review of data that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services. The program reported that 100 percent compliance was achieved for this indicator. The DDS verified the actions taken by this program and considers this finding closed.

Additionally, there were eleven children at five programs who received services after 45 days from parental consent for IFSP services. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified four of the six findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. Two remaining findings have not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the two children whose services did not occur in a timely manner, received those services, although late, unless the child is no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the eight children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the eleven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The program reported that they verified through review of child data that the one individual child whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program. The DDS verified the actions taken by this program and considers this finding closed.

Additionally, there were eleven children at five programs who received services after 45 days from parental consent for IFSP services. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, Programs 1 and Program 2, have a finding of noncompliance identified in FFY 2022 that has not been verified as corrected as of February 1, 2025. As a result of this continued noncompliance, the DDS required these programs to submit a corrective action plan outlining the steps that will be taken to ensure all services are provided as soon as possible, but no later than 45 days from the date the parent(s) provided consent for IFSP services. Plans included updated policies and procedures to remediate issues related to the delivery of EI services and a records submission of a sample period for all children eligible for services within the programs catchment area. The DDS will complete another subsequent review in March of 2025 to verify that the required actions outlined in the corrective action plans have been implemented, and 100 percent compliance on this indicator is achieved.

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

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

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. 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 noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP 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 section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

1 - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported that delays in the provision of early intervention services (EIS) "were identified in 135 of the 430 records reviewed for this indicator." The State further reported that "of those 135 records, 40 records involved documented delays due to exceptional family circumstances...the 55 remaining records noted delays to personnel reasons." However, the delay in 40 records due to exceptional family circumstances plus the 55 delays due to personnel reasons equal 95 records with delays. Additionally, the State reported in the FFY 2023 SPP/APR Data table that 95 infants and toddlers did not receive the EIS on their IFSPs in a timely manner (430-335=95). Therefore, OSEP could not determine whether the State met its target.

1 - Required Actions

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

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

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
2018	93.81%

FFY	2018	2019	2020	2021	2022
Target>=	88.50%	89.00%	93.81%	93.90%	94.00%
Data	93.81%	94.03%	93.22%	92.99%	93.09%

Targets

FFY	2023	2024	2025
Target >=	94.10%	94.20%	94.30%

Targets: Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family

engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

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	58,201
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	61,664

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
58,201	61,664	93.09%	94.10%	94.38%	Met target	No Slippage

Provide additional information about this indicator (optional).

The department engaged in several directives and initiatives to promote awareness and understanding of the program, including the benefits of receiving services in the natural environments to the maximum extent appropriate to meet the target for this indicator. These include:

Early Start Videos: DDS produced the animated video entitled The Story of Max as a guide to the Early Start system through the lens of a family. It places the viewer in the shoes of parents concerned about their child's development and follows them from referral to IFSP development and service delivery in the child's home and in the community. All videos are available in Spanish, Vietnamese, American sign language, and Lengua de Senas Mexicana (Spanish sign language).

Comprehensive System of Personnel Development (CSPD): As part of the CSPD, the Early Start Foundations Institute (ESFI), DDS offered training and technical assistance to Early Start service coordinators, supervisors, managers, local educational agencies, service providers, and family resource center staff. The trainings explore ways of adjusting current practices to work effectively with communities who have traditionally limited referrals to Part C early intervention services, including families who are homeless, families living in poverty, foster families, and Native American families. The training and technical assistance recipients work with local partners to discuss and explore the realities and strategies for implementing Individual Family Service Plans in specific communities, providing services to traditionally underserved groups, including families living in poverty, homeless, Native American, or foster families.

Service Access and Equity Grants (SAE): DDS administers an annual grant using state general-purpose funds to fund targeted efforts to increase service access and equity for the developmental services system. Community-based organizations' participation in the grant program has increased and connected many families with the program. <https://www.dds.ca.gov/rc/disparities/disparity-funds-program/awarded-projects/>

American Rescue Plan Act (ARPA) funds were awarded to a regional center that serves 10 counties, both rural and urban communities, and a large diversity of ethnicities and languages. The pilot project aimed to expand and diversify the Early Start workforce and increase the accessibility of Early Start services for children and families in their 10-county catchment area. Monetary incentives were provided to Early Start providers who hired student interns and/or bilingual clinicians. Providers also received an incentive to provide in-home early intervention services to families who have historically faced barriers to accessing Early Start therapies in natural environments. This regional center offered monetary incentives to new and existing Early Start vendors who provided services to families who live in remote or underserved areas, who needed translation services, and/or who preferred to receive services during non-typical service delivery times (e.g., weekends, evenings, and holidays). The strategies increased access to needed services and support in the natural environment.

Acorns to Oak Trees, a contracted provider to a local program, presented at the October 2023 Interagency Coordinating Council on Early Intervention about the work they have completed both within and outside their community to increase child find efforts, collaboration, and support on tribal lands. By establishing and maintaining relationships between tribal communities and state and county agencies, Acorns to Oak Trees strives to better serve tribal children and families with special needs. Tribal communities are often underserved, and Acorns to Oak Trees seeks to strengthen each tribal community by expanding their village of support by providing them with our culturally tailored programming and therapeutic interventions. This includes a focus on providing services in environments that are natural for this community. DDS provides state funds annually to support this work through our SAE grant process.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

YES

Targets: Description of Stakeholder Input

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Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?

Aggregated Performance Data

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2019	Target>=	49.00%	49.50%	67.39%	67.50%	67.75%
A1	67.39%	Data	66.20%	67.39%	66.46%	65.93%	65.11%
A1 ALL	2019	Target>=	49.00%	49.50%	67.39%	67.50%	67.75%
A1 ALL	67.39%	Data	66.09%	67.23%	66.07%	65.65%	64.88%
A2	2019	Target>=	67.00%	67.50%	67.00%	67.10%	67.20%
A2	67.00%	Data	68.65%	67.00%	64.98%	64.18%	62.71%

A2 ALL	2019	Target \geq	67.00%	67.50%	67.00%	67.10%	67.20%
A2 ALL	67.00%	Data	68.77%	67.22%	65.21%	64.53%	63.02%
B1	2019	Target \geq	51.00%	51.50%	76.67%	76.70%	76.80%
B1	76.67%	Data	76.57%	76.67%	75.78%	76.45%	74.47%
B1 ALL	2019	Target \geq	51.00%	51.50%	76.67%	76.70%	76.80%
B1 ALL	76.67%	Data	75.38%	75.51%	74.36%	74.95%	73.31%
B2	2019	Target \geq	54.00%	54.50%	53.14%	53.24%	53.34%
B2	53.14%	Data	56.07%	53.14%	52.33%	51.27%	49.43%
B2 ALL	2019	Target \geq	54.00%	54.50%	53.14%	53.24%	53.34%
B2 ALL	53.14%	Data	56.20%	53.44%	52.64%	51.73%	49.77%
C1	2019	Target \geq	39.50%	40.00%	57.90%	58.00%	58.25%
C1	57.90%	Data	58.10%	57.90%	57.02%	56.10%	51.64%
C1 ALL	2019	Target \geq	39.50%	40.00%	57.90%	58.00%	58.25%
C1 ALL	57.90%	Data	57.78%	57.67%	56.61%	55.87%	51.60%
C2	2019	Target \geq	63.00%	63.50%	60.70%	60.80%	60.90%
C2	60.70%	Data	63.29%	60.70%	59.86%	59.04%	56.97%
C2 ALL	2019	Target \geq	63.00%	63.50%	60.70%	60.80%	60.90%
C2 ALL	60.70%	Data	63.13%	60.72%	59.83%	59.14%	57.07%

Targets

FFY	2023	2024	2025
Target A1 \geq	68.00%	68.25%	68.50%
Target A1 ALL \geq	68.00%	68.25%	68.50%
Target A2 \geq	67.30%	67.40%	67.50%
Target A2 ALL \geq	67.30%	67.40%	67.50%
Target B1 \geq	76.90%	77.00%	77.10%
Target B1 ALL \geq	76.90%	77.00%	77.10%
Target B2 \geq	53.44%	53.54%	53.64%
Target B2 ALL \geq	53.44%	53.54%	53.64%
Target C1 \geq	58.50%	58.75%	59.00%
Target C1 ALL \geq	58.50%	58.75%	59.00%
Target C2 \geq	61.00%	61.10%	61.20%
Target C2 ALL \geq	61.00%	61.10%	61.20%

Outcome A: Positive social-emotional skills (including social relationships)

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2,537	8.41%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,193	13.90%

Not including at-risk infants and toddlers	Number of children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,879	16.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	7,539	24.99%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	11,020	36.53%

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2,570	8.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,572	14.50%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,884	15.49%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8,140	25.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	11,371	36.06%

Not including at-risk infants and toddlers	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	12,418	19,148	65.11%	68.00%	64.85%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	18,559	30,168	62.71%	67.30%	61.52%	Did not meet target	Slippage

Provide reasons for A2 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 62.71 percent in FFY 2022 to 61.52 percent in FFY 2023.

Factors that contributed to slippage with A2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) the DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage with A2, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

Just at-risk infants and toddlers/All infants and toddlers	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	13,024	20,166	64.88%	68.00%	64.58%	Did not meet target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A	19,511	31,537	63.02%	67.30%	61.87%	Did not meet target	Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
by the time they turned 3 years of age or exited the program							

Provide reasons for A2 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 63.02 percent in FFY 2022 to 61.87 percent in FFY 2023.

Factors that contributed to slippage with A2 AR/ALL include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) The DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,504	4.99%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,951	16.41%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	9,072	30.07%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	9,019	29.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,622	18.64%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1,525	4.84%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,490	17.41%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	9,080	28.79%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	9,615	30.49%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	5,827	18.48%

Not including at-risk infants and toddlers	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	18,091	24,546	74.47%	76.90%	73.70%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	14,641	30,168	49.43%	53.44%	48.53%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	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	18,695	25,710	73.31%	76.90%	72.71%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	15,442	31,537	49.77%	53.44%	48.96%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2,752	9.12%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	6,589	21.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,204	13.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,071	16.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	11,552	38.29%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2,796	8.87%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7,118	22.57%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,215	13.37%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,646	17.90%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	11,762	37.30%

Not including at-risk infants and toddlers	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	9,275	18,616	51.64%	58.50%	49.82%	Did not meet target	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	16,623	30,168	56.97%	61.00%	55.10%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 51.64 percent in FFY 2022 to 49.82 percent in FFY 2023.

Factors that contributed to slippage with C1 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) the DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

Provide reasons for C2 slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 56.97 percent in FFY 2022 to 55.10 percent in FFY 2023.

Factors that contributed to slippage with C2 include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) the DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

Just at-risk infants and toddlers/All infants and toddlers	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	9,861	19,775	51.60%	58.50%	49.87%	Did not meet target	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	17,408	31,537	57.07%	61.00%	55.20%	Did not meet target	Slippage

Provide reasons for C1 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 51.60 percent in FFY 2022 to 49.87 percent in FFY 2023.

Factors that contributed to slippage with C1 AR/ALL include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) the DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

Provide reasons for C2 AR/ALL slippage, if applicable

The DDS is committed to ensuring positive outcomes for children who participate in California's Early Start Program. The DDS has reported a decrease in children documented as functioning within age expectations in the child outcomes area acquisition and use of knowledge and skills from 51.60 percent in FFY 2022 to 55.20 percent in FFY 2023.

Factors that contributed to slippage with C2 AR/ALL include but are not limited to the following: (1) expanding eligibility criteria for children with developmental delay from 33 percent to 25 percent, (2) personnel shortages, and (3) the DDS' decreased capacity to provide training and TA on child outcomes.

To address slippage, the DDS has completed monthly analysis of child outcome indicators by factors that may influence reporting, including but not limited to severity of delays of children, the length of time children are enrolled in California's Early Start Program to facilitate improvement, and data anomalies. The DDS has also met and collaborated with local programs to support data collection, quality, and accuracy. This has included meeting with local programs and community partners to review child outcomes, provide technical assistance, and identify issues at the local level. To further support child outcomes, the DDS has coordinated trainings related to child outcome data for FFY 2024 that will begin in March of 2025.

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
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	54,282
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.	10,461
Number of infants and toddlers with IFSPs assessed	31,537

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

Children were considered comparable to same-aged peers if their functional age in a given developmental domain was within 25 percent of their chronological age. This is calculated by local programs entering progress category data into California's Early Start Report data system.

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

California allows providers to use the most appropriate assessment instrument(s), relevant to the child's needs, for collecting child outcomes data. The state follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends that assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. As a result, providers in California use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life, and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need. Assessment instruments being used in the field to gather data for Indicator 3 include, but are not limited to, the following:

Bayley Scales of Infant and Toddler Development (Bayley)
 Batelle Developmental Inventory (Batelle)
 Hawaii Early Learning Profile (HELP)
 Developmental Assessment of Young Children (DAY-C)
 Infant-Toddler Developmental Assessment (IDA)
 Devereux Early Childhood Assessment (DECA)
 Desired Results Developmental Profile

Provide additional information about this indicator (optional).

During FFY 2023, the DDS utilized support from various OSEP-funded TA centers to improve performance and data collection and analysis, thereby enhancing the quality of early intervention services provided to infants and toddlers with disabilities and their families across California. Throughout the 2023 fiscal year, the DDS actively engaged with national technical assistance centers including, the Early Childhood Technical Assistance (ECTA) Center, the Center for IDEA Early Childhood Data Systems (DaSy), the Center for IDEA Fiscal Reporting (CIFR), and SRI International (SRI). Specifically, in response to the Secretary's direction in its letter regarding California's 2024 Determination, the DDS sought TA focused on data quality and child outcomes. TA calls with DaSy and ECTA occurred monthly from July 2023 through June 2024, resulting in an increased understanding of data quality, completeness, and validity. Two other outcomes of the TA provided to California during the reporting period include (1) the development and implementation of targeted training on child outcomes for service providers and community partners and (2) the provision of guidance on child outcomes data collection via calls with local program administrators via ahead of State-level monitoring engagement.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2019	Target>=	70.00%	70.50%	72.23%	72.50%	72.50%
A	72.23 %	Data	79.60%	72.23%	76.81%	77.66%	78.76%
B	2019	Target>=	80.00%	80.50%	84.33%	84.34%	84.34%
B	84.33 %	Data	83.38%	84.33%	81.57%	82.63%	82.93%
C	2019	Target>=	75.00%	75.50%	83.60%	83.61%	83.61%
C	83.60 %	Data	82.54%	83.60%	78.18%	79.98%	81.06%

Targets

FFY	2023	2024	2025
Target A>=	72.50%	72.50%	72.50%
Target B>=	84.34%	84.34%	84.34%
Target C>=	83.61%	83.61%	83.61%

Targets: Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	10,211
Number of respondent families participating in Part C	893
Survey Response Rate	8.75%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	726
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	891

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	769
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	891
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	744
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	890

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 (A1 divided by A2)	78.76%	72.50%	81.48%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	82.93%	84.34%	86.31%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	81.06%	83.61%	83.60%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

The DDS determines the Family Outcomes Survey (FOS) sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area. The sample size calculations are based on a 95 percent confidence level with an error rate of 6 percent and an estimated return rate of 15 percent. These calculations were selected to create a sample size that not only provides representative data but maintains a low error rate.

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

Response Rate

FFY	2022	2023
Survey Response Rate	11.60%	8.75%

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

The DDS uses the ECTA Center's 'Representativeness Calculator' to examine the representativeness of family outcomes data. This is an Excel-based calculator that uses a statistical formula to determine if two percentages (i.e., percent of surveys received versus percent of families in the target population) should be considered different from each other. The user enters the values by subgroup and the calculator computes the statistical significance of the difference between the two percentages and highlights significant differences. The calculator uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90 percent confidence intervals for each indicator (significance level = .10).

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.

Representativeness was analyzed using the Early Childhood Technical Assistance (ECTA) Center's Representativeness Calculator to determine if responses were representative based on ethnicity, gender, and program location.

Representativeness by ethnicity:

The distribution of families in Early Start shows the following: Hispanic families had the highest percentage in Part C (46.67 percent), followed by White families (19.5 percent), Asian families (7.34 percent), more-than-one race families (6.89 percent), Black/African American families (4.12 percent) American Indian families (0.34 percent) and Native Hawaiian families (0.16 percent). Race and ethnicity data was not available for 14.89 percent of the Early Start population.

The results of the ECTA calculator show that data received is not representative of families with ethnicity of African American or Black, Asian, White, Hispanic, and families of more than one race.

Representativeness by geographic/program location:

The Early Start program determines the sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area.

The results of the ECTA calculator survey responses were determined to not be representative of the families within each of the 5 identified regions of California.

Representativeness by language:

The distribution of language shows English completed surveys account for 85.57 percent, Spanish at 13 percent, and 1.1 percent not English or Spanish

The ECTA calculator results show that English is representative of families participating in Part C, while Spanish and Not English or Spanish was 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.

The DDS will continue to implement strategies to increase the overall response rate and representativeness of responses with the collection tool, Family Outcomes Survey (FOS). Clear communication about the FOS, which includes articulating the purpose of the survey, its importance to survey participants and their communities, and emphasizing the value of the participant's perspective, has been and will continue to be promoted with local programs and family resource centers (FRCs) that support this data collection. In addition to efforts described in the Introduction to increase awareness of traditionally underrepresented communities (e.g. Tribal communities), the DDS will explore creating content (videos, brochures, etc.) that will highlight experiences and images of families from these communities. The DDS is also considering additional design strategies such as simplifying the wording of the survey, eliminating repetitiveness in survey questions, and decreasing the overall number of questions on the survey. The DDS will also look at how survey results can be shared with families in a more engaging way, especially noting any specific changes made based on participant feedback. Additionally, the DDS will request that local programs and FRCs provide families with a reminder to complete the survey using their local websites, newsletters, and social media outlets. These partners are encouraged to provide feedback to DDS on ways to make data collection more family friendly.

California is exploring avenues to build the capacity of the ICC, in part through analyzing data to understand the evolving demographic of young families in the state. Throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to engage and contribute during ICC meetings actively and meaningfully. Other efforts include Service Access & Equity (SAE) Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively. These FFY 2023 activities were executed to increase the capacity of diverse groups of parents to support the development and implementation of activities designed to improve outcomes for infants and toddlers with disabilities and their families. These activities included a pilot initiative focused on increasing parent engagement in ICC meetings. Through a strong partnership with the Family Resource Center Network of California (FRCNCA), the DDS has continued to work towards building capacity for all community partners as well as diversify parent representation at ICC meetings through personalized outreach efforts, including phone calls, distributing flyers, and digital engagement.

The DDS also completed a presentation at the June 6, 2024, Family Resource Center Network of California's (FRCNCA) Strategic Leadership roundtable on Family Outcomes. Statewide performance, local performance, statewide response rates, and local response rates were reviewed with this leadership group. Local performance was also shared and discussed in detail. Additionally, From July 1, 2023, to June 30, 2024; the DDS also presented to 10 regional centers on the methodology and data collected for prior fiscal year on family outcomes. The presentation included review of local performance on family outcomes, family outcome response rates at the local level, and year over year performance comparisons.

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 DDS is proactively enhancing the distribution and engagement strategies for the Family Outcome Survey (FOS) among Early Start program participants. Efforts include the introduction of an online completion option and the development of an online data collection tool through agency collaboration. The DDS aims to heighten stakeholder involvement by clearly communicating the survey's purpose and the significance of family input, promoting the FOS through local programs, family resource centers (FRCs), and at Interagency Coordinating Council meetings.

To further increase response rate, the DDS will continue to mail bilingual surveys with a cover letter emphasizing the importance of feedback. Since FY2021-22, these letters include a Quick Response (QR) code and a website link for easy access. The survey is available in eight languages to cater to diverse linguistic needs, and families have the option to return the survey by mail or email. A reminder postcard is sent one week after the initial mailing to improve response rates.

Families needing language support can contact the DDS directly via a dedicated phone line or email, where they receive assistance in their primary language. To boost survey completion, the DDS partners with FRCs, which use their platforms to remind families to participate. The DDS also shares FOS results with local programs to inform practices and policies that affect family outcomes.

Looking ahead, the DDS is considering simplifying the survey language, reducing redundancy, and decreasing the number of questions. The DDS also plans to create supporting content with examples and images that reflect traditionally under-represented populations and explore ways to share survey results with families more engagingly, highlighting changes made based on their feedback.

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.

California's overall survey response rate this year was 8.75 percent, which is a decrease compared to the previous year's rate of 2.85 percent.

Approximately 58.98 percent of survey respondents completed the survey electronically, while the remaining 41.02 percent chose to complete the survey on paper.

Response rate by ethnicity:

The DDS' survey analysis shows Hispanic had the highest response rate at 43.45 percent, followed by white families at 34.49 percent, Asian families at 16.01 percent, more than one race at 14.22 percent and Black or African American families at 2.8 percent. The response rate for families identified as Native Hawaiian or Pacific Islander was 0.13 percent and for Native American or Native Alaskan was 0.9 percent. In 1.68 percent of returned surveys, families identified their ethnicity as 'other'. Response rates for Hispanic, white, Asian, and more and one race were above the statewide overall return rate of 8.5 percent, while response rates for Black or African American, Native Hawaiian, Native American or Native Alaskan and other race were below the statewide overall return rate.

Response rate by program location:

The Early Start program determines the FOS sample size required to produce valid results for each region by calculating a statistically representative sample size for each region based on the total number of families participating in California's Early Start program. Local programs are sorted into five regions to ensure the sample includes children and families from throughout the state. The five identified regions are: Northern California, Bay Area, Central California, Southern California and the Los Angeles area. The response rate for the Northern California was the highest (9.9 percent), while the lowest response rate was found in the Central California region (6.25 percent). The response rates in the Bay Area, Los Angeles, and Southern California areas ranged from 8.87 percent to 9.58 percent.

Response rate by gender:

The response rate for families of male children participating in Early Start was 61.70 percent. The response rate for families of female children participating in Early Start was 38.30 percent.

There is an indication of nonresponse bias since response rates for families of Hispanic, Black or African American, and Native Hawaiian or Pacific Islander families were below the statewide overall return rate. Historically, African Americans have had the lowest response rates compared to other ethnicities. To address this, increased outreach efforts with Hispanic and Black or African American communities began by partnering with FRCs and local programs to enhance awareness of the survey, identify additional languages that the survey should be made available in, and most significantly, identify and address reasons for an inability or unwillingness of these communities to participate in the survey. During FFY 2023, the DDS increased communication with the ICC, local programs, SSIP partners, community partners and FRCs on the importance of the FOS, dates of survey dissemination, and assistance available for families completing the survey.

Provide additional information about this indicator (optional).

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

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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	1.09%

FFY	2018	2019	2020	2021	2022
Target >=	0.84%	1.09%	1.09%	1.09%	1.10%
Data	0.63%	1.11%	0.98%	1.11%	1.10%

Targets

FFY	2023	2024	2025
Target >=	1.10%	1.11%	1.11%

Targets: Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start

Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

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 birth to 1 with IFSPs	5,057
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	06/25/2024	Population of infants and toddlers birth to 1	415,125

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
5,057	415,125	1.10%	1.10%	1.22%	Met target	No Slippage

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

California conducts a comprehensive monthly analysis and review of caseload counts statewide to assess trends and ensure equitable identification of eligible children for early intervention services. These caseload counts include referrals, children with active IFSPs, and children exiting California's Early Start program. This analysis includes but is not limited to, evaluating referrals and children with IFSPs by ethnicity, language, geographic regions, and program catchment areas. By examining these demographic factors, the State identifies potential disparities in child count rates to ensure that all children, regardless of background, have access to Part C services. Additionally, the State's analysis incorporates a review of year-to-year and month-to-month trends. This longitudinal approach allows for targeted follow-up with programs that may be underperforming in identifying and referring children to the Early Start Program. By tracking caseload count rates over time, the State can develop targeted strategies to address gaps, assess whether outreach and identification efforts are improving, and take corrective action at the programmatic level as needed.

The results of the analysis supported the following:

In partnership with the Association of Regional Center Agencies (ARCA), the DDS has begun developing a standardized intake process for statewide implementation. One of the primary benefits of this standardized intake process is that it will simplify access to the program for marginalized communities, including migrant families. In the Developmental Services Budget Trailer Bills, AB 121 (Chapter 44, Statutes of 2023) and SB 138 (Chapter 192, Statutes of 2023), amendments were amended to mandate a standardized intake process for children referred for Early Start Services. According to Welfare and Institution Code Section 4435.1(f), the Department must establish a standardized intake procedure that meets the requirements and timelines outlined in Welfare and Institutions Code Section 4642 by January 1, 2025. By June 30, 2025, regional centers will be required to report quarterly to the Department, within the limitations of current data systems, on the number of assessments conducted and the time taken to determine eligibility. Currently, the Department is working with local programs and community partners to develop these standard procedures.

Through the DDS' Regional Center Performance Measures initiative, DDS developed incentives for local programs to enhance Early Start Child Find and Identification activities. The goal of these measures was to identify children who may be eligible for Early Start services more aggressively and evaluate and enroll them in a timely manner. This began with the development of a Child Find Plan and the reporting of related activities. Starting with FFY 2022, local programs submitted Child Find Plans for their respective catchment areas and began implementing these plans throughout FFY 2023. The plans outlined strategies to address and target underrepresent populations prioritized in the federal code for Early Intervention as defined in 34 Code of Federal Regulations, Section 303.302(b). This includes unhoused children and families, children in foster care, and Native American children and families residing on tribal lands.

Through the American Rescue Plan Act funding for Part C (ARPA), the Department invested in Culturally and Linguistically Sensitive Child Find and Outreach Activities. Two pilot programs were initiated that targeted underserved children with developmental delays or disabilities to refer and enroll eligible children in early intervention services. Early intervention staff conducted free developmental screenings, emphasizing outreach to families who

are homeless or hesitant to access Early Start services due to various concerns, including immigration status. Early intervention staff also provided training to community partners on providing resource and referral connections, and how to identify, screen, and refer children to early intervention services appropriately.

Two additional initiatives aimed at child find efforts for children aged birth to one were funded through the Department of Developmental Services' (DDS) Service Access and Equity (SAE) Grant. One of the SAE Grant funded projects, Parenting Black Babies, aims to address core reasons why Black families may not access services, such as trust issues, geographic barriers, lack of access to technology for grandparents who may serve as primary caregivers, and the placement of Black babies in foster care. Through community outreach and the development of online resources, this initiative works to close gaps in the system for Black babies. Additionally, this project seeks to reduce the disparity in diagnosis and access to early intervention services by targeting three groups: parents, hospitals/pediatricians, and regional centers. Parents receive welcome baskets containing Kente Cloth quilts and resource information about the Parenting Black Babies project and regional centers. The project includes planning meetings with hospital administrators to review referral policies and develop action plans. It also collaborates with regional centers to coordinate referral processes with medical partners.

The second SAE Grant funded project, Acorns to Oak Trees, is a project focused on improving child find activities for tribal populations. The project's primary goal is to enhance the Child Find system by increasing public awareness of intellectual and developmental disabilities (IDD) within tribal communities, universities, and healthcare providers through the Harley's Hope Project and by assisting Native families in navigating resources for their loved ones with IDD. Its goal is to increase the cultural competency of early intervention staff providing services to tribal children, ensuring they understand the values and cultures of the tribes they serve. The organization works to build trusting relationships with tribal communities and to improve education and outreach efforts related to child find activities for tribal communities.

Provide additional information about this indicator (optional)

California has invested significant funds in the past three fiscal years, resulting in a higher percentage of infants and toddlers (aged birth to one) being served in the Early Start program. These efforts include:

Statutory changes in FFY 2022 lowered the criteria for developmental delay from 33 percent to 25 percent; the communication domain was separated into two distinct categories (expressive and receptive language); and Fetal Alcohol Syndrome was identified as a risk factor for developmental delays, to increase efforts to identify at-risk children.

Early Start Program Materials: DDS, with support from its contractor (WestEd) continued to develop Early Start outreach materials in several formats, including printed materials, videos, online courses, and website postings. Resources have been made available online to Early Start families in a variety of languages including English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese. In FFY 2023, DDS distributed more than 58,000 copies of Early Start materials to regional centers, providers, childcare facilities, Family Resource Centers, and other agencies. The most frequently requested brochure was "Reasons for Concern," which helps families recognize potential delays in their child's development. The "Family Introduction to Early Start" is another publication that was shared with Early Start families. Throughout the reporting period, this brochure was shared in English (7,550 copies), Spanish (3,800 copies), Chinese (500 copies), and Vietnamese (400 copies). Additionally, the "Early Start Family Resource Center" brochure was also frequently requested (7,100 copies in English and 5,050 copies in Spanish). The "Early Start Community Infographic" was also a frequently requested resource for families in FFY 2023. This infographic is a visual representation of the Early Start system and resources available to families. This document was distributed in English (4,450 copies), Spanish (2,700 copies), and Chinese (550 copies). The handout "Early Start Referral Guide," which is designed to support families engaging in the Early Start referral process, was distributed in English (6,250 copies) and Spanish (4,800 copies).

In addition, booklets such as "A Family Introduction to California Early Start for Infants and Toddlers with Disabilities and Their Families," and "Parents Rights: An Early Start Guide for Families." These booklets were made available to families in English, Spanish, Arabic, Hmong, Korean, Russian, Tagalog, Vietnamese, and Chinese, online and in hard copy. This resource is available on the DDS website: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/publications/>. Hard copies can be obtained at no cost via the Early Start Neighborhood: <https://earlystartneighborhood.org/product/family-introduction-to-early-start-brochure/>

The Parents' Rights: An Early Start Guide for Families has been updated and posted for families:

<https://earlystartneighborhood.org/resources/resources-for-outreach-child-find-and-education/family-orientation-materials/> This booklet provides in-depth information to parents and other interested parties about procedural safeguards available to ensure services are provided in a manner appropriate to the child's needs and the concerns of the family. Federal and State citations accompany the information to allow the reader to refer to specific language found in the law.

Early Childhood Information Packet: DDS released an Early Start information packet for families. The packet provides an overview of the regional center system for any person seeking or receiving Early Intervention Services under the California Early Intervention Services Act. The information packet serves as a resource guide for families with information on parent rights and contact information for responsible parties within the California system. The packets are available in multiple languages that include English, Spanish, Korean, Simplified Chinese, Tagalog, and Vietnamese. The packet can be found at: <https://www.dds.ca.gov/consumers/new-information-packet/>.

Early Start Videos: DDS has several videos to support families in accessing Part C services. These videos include both animated stories as well as family testimonials on their experiences of receiving Part C services through California's Early Start Program. An animated video, "The Story of Max," serves as a guide to understanding and navigating the Early Start system. It places the viewer in the shoes of parents who are concerned about their child's development and follows them from referral to IFSP development and start of services. Links to these videos can be found on the DDS website and YouTube at: <https://www.youtube.com/watch?v=VMCj9SCtEU0>.

DDS, in collaboration with community partners, also developed a series of testimonials from families who received early intervention services through Early Start to encourage other families with eligible infants and toddlers with developmental delays and/or disabilities to enroll in the program and, therefore, exceed Indicators 5 and 6 targets. These videos were distributed through California's quarterly ICC meetings, the Early Start Newsletter, and other events/outreach efforts held at the local level throughout FFY 2023. Links to these videos can be found on the DDS website and at the following link: <https://vimeo.com/showcase/9593012>.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the *EDFacts* 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	3.47%

FFY	2018	2019	2020	2021	2022
Target >=	2.20%	2.70%	3.47%	3.47%	3.48%
Data	3.47%	3.76%	3.34%	4.03%	4.44%

Targets

FFY	2023	2024	2025
Target >=	3.48%	3.49%	3.49%

Targets: Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

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engagement within black and tribal communities, respectively.

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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 birth to 3 with IFSPs	61,664
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	06/25/2024	Population of infants and toddlers birth to 3	1,241,485

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
61,664	1,241,485	4.44%	3.48%	4.97%	Met target	No Slippage

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

California conducts a comprehensive monthly analysis and review of caseload counts statewide to assess trends and ensure equitable identification of eligible children for early intervention services. These caseload counts include referrals, children with active IFSPs, and children exiting California's Early Start program. This analysis includes but is not limited to, evaluating referrals and children with IFSPs by ethnicity, language, geographic regions, and program catchment areas. By examining these demographic factors, the State identifies potential disparities in child count rates to ensure that all children, regardless of background, have access to Part C services. Additionally, the State's analysis incorporates a review of year-to-year and month-to-month trends. This longitudinal approach allows for targeted follow-up with programs that may be underperforming in identifying and referring children to the Early Start Program. By tracking caseload count rates over time, the State can develop targeted strategies to address gaps, assess whether outreach and identification efforts are improving, and take corrective action at the programmatic level as needed.

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Provide additional information about this indicator (optional).

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<https://earlystartneighborhood.org/resources/resources-for-outreach-child-find-and-education/family-orientation-materials/> This booklet provides in-depth information to parents and other interested parties about procedural safeguards available to ensure services are provided in a manner appropriate to the child's needs and the concerns of the family. Federal and State citations accompany the information to allow the reader to refer to specific language found in the law.

Early Childhood Information Packet: DDS released an Early Start information packet for families. The packet provides an overview of the regional center system for any person seeking or receiving Early Intervention Services under the California Early Intervention Services Act. The information packet serves as a resource guide for families with information on parent rights and contact information for responsible parties within the California system. The packets are available in multiple languages that include English, Spanish, Korean, Simplified Chinese, Tagalog, and Vietnamese. The packet can be found at: <https://www.dds.ca.gov/consumers/new-information-packet/>.

Early Start Videos: DDS has several videos to support families in accessing Part C services. These videos include both animated stories as well as family testimonials on their experiences of receiving Part C services through California's Early Start Program. An animated video, "The Story of Max," serves as a guide to understanding and navigating the Early Start system. It places the viewer in the shoes of parents who are concerned about their child's development and follows them from referral to IFSP development and start of services. Links to these videos can be found on the DDS website and YouTube at: <https://www.youtube.com/watch?v=VMCj9SCtEU0>.

DDS, in collaboration with community partners, also developed a series of testimonials from families who received early intervention services through Early Start to encourage other families with eligible infants and toddlers with developmental delays and/or disabilities to enroll in the program and, therefore, exceed Indicators 5 and 6 targets. These videos were distributed through California's quarterly ICC meetings, the Early Start Newsletter, and other events/outreach efforts held at the local level throughout FFY 2023. Links to these videos can be found on the DDS website and at the following link: <https://vimeo.com/showcase/9593012>.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	90.43%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	78.21%	87.46%	91.55%	78.64%	85.08%

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
351	430	85.08%	100%	93.26%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

50

Provide reasons for delay, if applicable.

Delays in the initial evaluation, assessment, and initial Individualized Family Services Plan (IFSP) were identified in 79 of the 430 records reviewed for this indicator. Of the 79 records with untimely IFSPs, 50 involved documented delays due to exceptional family circumstances, including child or family illness (7), families missing scheduled appointments (14), scheduling difficulties due to inability to contact the family (15), and family's limited availability (11), postponement requested by family (2) and (1) one due to natural disaster. The 29 remaining records noted delays due to personnel issues, staffing shortages, and lack of documentation regarding reason for delay.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

As the lead agency, DDS has the statutory authority to establish and maintain an administrative process to ensure compliance with federal statutes for programs under its jurisdiction, including the statewide system of Part C services for California infants and toddlers with disabilities and their families. DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Provide additional information about this indicator (optional).

To further support efforts to ensure EIS are provided timely, the Department of Developmental Services (DDS), California's lead agency responsible for implementing the state's Part C program, implemented Regional Center Performance Measures (RCPM) workgroup consisting of representatives from all aspects of California's developmental disabilities services system to develop performance incentives and measures to promote improvements in consumer outcomes and regional center performance. The RCPM workgroup identified six focus areas, with one specific to the provision of EIS by the Early Start program. Each focus area has one or more performance measures with clearly identified outcomes and corresponding performance targets and incentives. The Early Start performance measure addressed in the directive incentivizes completion of the evaluation, assessment, and initial IFSP meeting within 45 calendar days from the receipt of the referral. In FFY 2023, the departments determined that 16 local programs met this performance measure. Details about the performance measures can be found at: https://www.dds.ca.gov/wp-content/uploads/2022/12/Regional_Center_Performance_Measures_Early_Start_Timely_Access_12132022.pdf

Additional efforts to ensure the initial IFSPs are completed timely, in California, include the amendment of the state's government code to require an average service coordinator-to-consumer ratio of 1 to 40 for all children enrolled in Early Start, birth through age five (children ages three and four are served under the Lanterman Developmental Disabilities Services Act). The reduction in caseload is intended to improve access and service delivery for consumers in underserved and diverse communities, including non-white, non-English speaking, hearing impaired, and other populations preapproved by the DDS. With smaller caseloads, specially trained service coordinators can provide targeted support to ensure IFSPs are completed within 45 days. In FFY 2023, regional centers continued to identify additional personnel to meet this caseload ratio requirement, and state averages currently have caseloads at 1:54.

Through one of the pilot programs funded by the American Rescue Plan Act (ARPA) funds, providers received an incentive to provide in-home early intervention services to families who have historically faced barriers to accessing Early Start therapies. These strategies ensured all children have timely access to needed services and support. One regional center staff person shared, "In our 10-county catchment area, we have urban areas and very remote country areas, and also parts of our catchment area that are underserved." They added, "It's important that Early Start therapies happen as soon as possible because there's just so much development going on for young children that the sooner we can get these services in place, the more successful they will be". Additionally, incentives were offered to vendors who hired clinicians who were bilingual. These efforts led to increased awareness of regional center services, deepened relationships with early intervention providers, and an expanded and diversified network of providers. Another staff member commented, "Having services available in so many languages removes one of the barriers for families to get the help they need. Families now can really understand what the therapist is saying to them and are able to practice those skills more fully [with their child]."

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
9	8	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.

The DDS verified eight of the nine findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on September 27, 2022. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On March 3, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly

implementing the regulatory requirements, and that 100 percent was achieved for this indicator. Consequently, the finding was closed on March 3, 2023.

Program 2 was notified of the finding on January 17, 2023. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. However, 100 percent has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements and 100 percent compliance is achieved on this indicator.

Program 3 was notified of the finding on March 27, 2023. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 29, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on September 29, 2023.

Program 4 was notified of the finding on October 18, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 5 was notified of the finding on October 23, 2023. One finding was issued for four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 22, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on October 22, 2024.

Program 6 was notified of the finding on January 3, 2024. One finding was issued for one noncompliant record. A series of subsequent quarterly reviews were completed on randomly selected records. On August 6, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for the child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 10, 2024.

Program 7 was notified of the finding on October 18, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 1, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 1, 2024.

Program 8 was notified of the finding on October 18, 2023. One finding was issued for 27 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 17, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved this indicator. Consequently, the finding was closed on October 17, 2024.

Program 9 reported noncompliance on October 11, 2023. One finding was issued for one noncompliant record. The program verified through a subsequent review of data that the IFSP meeting was held for any child whose IFSP meeting did not occur in a timely manner, although late. The program reported that 100 percent compliance was achieved for this indicator. The DDS verified the actions taken by this program and considers this finding closed.

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

The DDS verified eight of the nine findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the 11 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the eight children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the five children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the six children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the four children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The DDS verified through documentation in the child's records that the one child whose IFSP meeting did not occur in a timely manner was held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 7: The DDS verified through documentation in the child's records that the 11 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 8: The DDS verified through documentation in the child's records that the 27 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 9: The program reported that they verified through review of child data that the one child whose IFSP meeting did not occur in a timely manner

were held, although late, unless the child was no longer within the jurisdiction of the Early Start program. The DDS verified the actions taken by this program and considers this finding closed.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, Program 2 has noncompliance has a finding of noncompliance identified in FFY 2022 that has not been verified as corrected as of February 1, 2025. As a result of this continued noncompliance, the DDS required program 2 to submit a corrective action plan outlining the steps that will be taken to ensure that the initial evaluation, assessment, and initial IFSP are completed within the 45-day timeline. Plans included updated policies and procedures to remediate issues related to the delivery of EI services and a records submission of a sample period for all children eligible for services within the programs catchment area. The DDS will complete another subsequent review in March of 2025 to verify that the required actions outlined in the corrective action plan have been implemented, and 100 percent compliance on this indicator is achieved.

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

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. 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 noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP 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 section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

7 - OSEP Response

OSEP cannot determine if the State verified that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, in the FFY 2022 APR the State reported that 71 infants and toddlers did have an initial IFSP meeting conducted within Part C's 45-day timeline. However, in the FFY 2023 APR, the State reported that it verified the correction of 74 noncompliant records. The State did not explain the discrepancy.

7 - Required Actions

The State did not explain the discrepancy between the number of instances of noncompliance reported in its FFY 2022 SPP/APR and the number of instances of noncompliance identified in FFY 2022 and reported verified as corrected in its FFY 2023 SPP/APR submission. The State must provide an explanation in the FFY 2024 SPP/APR.

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the nine findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with noncompliance identified in FFY 2022 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	85.71%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	81.65%	89.16%	89.38%	90.43%	90.85%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FY 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

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
373	428	90.85%	100%	Not Valid and Reliable	N/A	N/A

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.

33

Provide reasons for delay, if applicable.

Delays were identified in 51 of the 428 records reviewed for this indicator. Among the 51 records with untimely transition steps and services, 33 were attributable to exceptional family circumstances, which included child or family illness or family emergency (2), families missing scheduled appointments (6), challenges in scheduling due to an inability to contact the family (15), service postponement at the family's request (3), and limited family availability because of work or personal schedules (7). The remaining 18 records indicated delays resulting from staffing shortages, a lack of staff oversight, and administrative complications in coordinating with the Local Educational Agency (LEA).

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

State monitoring

Describe the method used to select EIS programs for monitoring.

As the lead agency, DDS has the statutory authority to establish and maintain an administrative process to ensure compliance with federal statutes for programs under its jurisdiction, including the statewide system of Part C services for California infants and toddlers with disabilities and their families. DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Provide additional information about this indicator (optional).

In addition, the twenty-one regional centers across California continued to staff permanent, full-time IDEA Specialist positions, funded through a Budget Act enacted by the DDS in FFY 2022. These specialists, well-versed in federal regulations under IDEA, provide technical assistance to service coordinators supporting infants and toddlers with disabilities and their families in accessing early intervention supports and services. IDEA Specialists are crucial to California's TA system, aiding regional centers in the process of transitioning from Early Start to Part B services and collaborating with LEAs to ensure smooth transitions. Further information about IDEA Specialists and their role within California's early intervention system can be found at: <https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf>.

Throughout FFY 2023, the DDS provided ongoing professional development for IDEA Specialists to support families transitioning from Part C to Part B services and in navigating special education. This included a two-day Special Education Law Training on March 20-21, 2024, which focused on the IDEA, its regulations, and the IEP process. Additionally, DDS offered monthly professional development sessions, such as the May 17, 2024, workshop by the California Early Childhood Special Education (CalECSE) Network on Part C transition requirements, interagency agreements, and effective collaboration strategies between regional centers and LEAs.

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
6	4	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 DDS verified the correction of four of the six findings of noncompliance identified in FFY 2022 within one year of issuing the finding. One of the findings was verified as corrected within 13 months from the date of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on November 23, 2022. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On May 5, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSPs with transition steps and services were completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on May 3, 2023.

Program 2 was notified of the finding on October 18, 2023. One finding was issued for the one noncompliant record. A subsequent quarterly review was conducted on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to the child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 3 was notified of the finding on October 23, 2023. One finding was issued for six noncompliant records. A series of quarterly reviews were conducted on randomly selected records. However, 100 percent has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements and 100 percent compliance is achieved on this indicator.

Program 4 was notified of the finding on January 3, 2024. One finding was issued for three noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On July 10, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 6, 2024.

Program 5 was notified of the finding on October 20, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved with this indicator. Consequently, the finding was closed on November 18, 2024.

Program 6 was notified of the finding on October 18, 2023. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose IFSP meetings with transition steps and services were held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified the correction of four of the six findings of noncompliance identified in FFY 2022 within one year of issuing the finding. One of the findings was verified as corrected within 13 months from the date of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the eight children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 2: The DDS reviewed documentation in the child's record and determined that notification was provided to the LEA, however, due to scheduling conflicts with the family and district, that an IFSP with transition steps and services was not completed. The child was no longer in the jurisdiction of the Early Start program at the time of the subsequent review.

Program 3: The DDS verified through documentation in the child's records that the six children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program. This finding has not yet been verified as corrected as of February 1, 2025.

Program 4: The DDS verified through subsequent documentation in the child's records that the three children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 5: The DDS verified through subsequent documentation in the child's records that the 11 children whose IFSP meetings with transition steps

and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 6: The DDS verified through subsequent documentation in the child's records that the five children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8 A finding was not issued as there was an open finding in FFY2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose IFSP meetings with transition steps and services were held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, Programs 3 has a finding of noncompliance identified in FFY 2022 that has not been verified as corrected as of February 1, 2025. As a result of this continued noncompliance, the DDS required the program to submit a corrective action plan outlining the steps that will be taken to complete IFSPs with transition steps and services at least 90 days prior to the child's third birthday. The DDS will complete another subsequent review of this program in March of 2025 to verify that the required actions outlined in the corrective actions plan have been implemented, and 100 percent compliance on this indicator is achieved.

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	2	2	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The DDS verified that that the two remaining findings of noncompliance identified in FFY 2021 were corrected.

Program 1 was notified of the finding on May 23, 2022. One finding was issued for 12 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On August 23, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSPs with transition steps and services were completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 23, 2024.

Program 2: As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY 2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

The DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE and pursued its general supervision responsibilities. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements and the monitoring process.

Despite enforcement activities, it was demonstrated that CDE would not be able to monitor and collect data. Consequently, DDS took over the responsibilities for monitoring the LEAs that provide services to infants and toddlers with solely low incidence disabilities going forward, thus closing the finding.

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

The DDS verified that that the remaining finding of noncompliance identified in FFY 2021 was corrected.

Program 1: As reported in the FFY 2022 APR, the DDS verified that ten of twelve individual children whose IFSP with transition steps and services was late, had an IFSP with transition steps and services, although late. The remaining two children were outside the jurisdiction of the Early Start program.

Program 2: As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY

2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

On November 13, 2023, the DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE through various general supervision activities for indicator C8 in FFY 2023. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements and the monitoring process.

For FFY 2023, the DDS gathered data for all compliance indicators through a comprehensive monitoring of 40 LEAs. Consequently, due to the inclusion of FFY 2023 data for all compliance indicators at 40 LEAs, the finding issued to the CDE on November 13, 2023, for failure to collect and report FFY 2021 APR/SPP data was closed on December 30, 2024.

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 remaining two 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 section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

8A - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported that delays "were identified in 51 of the 428 records reviewed for this indicator." However, the State reported in the FFY 2023 SPP/APR Data table that 55 children exiting Part C did not have an IFSP with timely transition steps and services (428-373=55). Therefore, OSEP could not determine whether the State met its target.

8A - Required Actions

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

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

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	92.86%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	86.83%	85.37%	81.94%	91.49%	90.40%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
383	428	90.40%	100%	89.49%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

The 45 records indicating delays in notification to Part B can be attributed to a range of factors. These include, but are not limited to, personnel shortages and vacancies, increased referrals affecting system capacity, and administrative issues between regional centers and LEAs.

Describe the method used to collect these data.

DDS collects data for this indicator by completing comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. Regarding notification to the State Educational Agency (SEA): Monthly, DDS informs the California Department of Education (CDE), which is California's Lead Agency for Part B, about children who may be eligible for Part B services. This notification occurs at least 90 days before each child's third birthday.

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

NO

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

State monitoring

Describe the method used to select EIS programs for monitoring.

As the lead agency, DDS has the statutory authority to establish and maintain an administrative process to ensure compliance with federal statutes for programs under its jurisdiction, including the statewide system of Part C services for California infants and toddlers with disabilities and their families. DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Provide additional information about this indicator (optional).

In addition, the twenty-one regional centers across California continued to staff permanent, full-time IDEA Specialist positions, funded through a Budget Act enacted by the DDS in FFY 2022. These specialists, well-versed in federal regulations under IDEA, provide technical assistance to service coordinators supporting infants and toddlers with disabilities and their families in accessing early intervention supports and services. IDEA Specialists are crucial to California's TA system, aiding regional centers in the process of transitioning from Early Start to Part B services and collaborating with LEAs to ensure smooth transitions. Further information about IDEA Specialists and their role within California's early intervention system can be found at: <https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf>.

Throughout FFY 2023, the DDS provided ongoing professional development for IDEA Specialists to support families transitioning from Part C to Part B services and in navigating special education. This included a two-day Special Education Law Training on March 20-21, 2024, which focused on the IDEA, its regulations, and the IEP process. Additionally, DDS offered monthly professional development sessions, such as the May 17, 2024, workshop by the California Early Childhood Special Education (CalECSE) Network on Part C transition requirements, interagency agreements, and effective collaboration strategies between regional centers and LEAs.

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
4	4	0	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 DDS verified the correction of all four findings of noncompliance identified in FFY 2022 within one year of issuing the finding.

Program 1 was notified of the finding on September 27, 2022. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 26, 2023, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 26, 2023.

Program 2 was notified of the finding on November 23, 2022. One finding was issued for 10 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 17, 2023, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 17, 2023.

Program 3 was notified of the finding on January 3, 2024. One finding was issued for six noncompliant records. A subsequent quarterly review was completed on randomly selected records. On July 10, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 6, 2024.

Program 4 was notified of the finding on October 18, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were 13 children at six programs whose notification to the LEA and SEA did not occur in a timely manner. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified the correction of all four of the findings of noncompliance identified in FFY 2022 within one year of issuing the finding.

Program 1: The DDS verified that notification occurred, although late, for eight individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified that notification occurred, although late, for 10 individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified that notification occurred, although late, for six individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified that notification occurred, although late, for six individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were 13 children at six programs whose notification to the LEA and SEA did not occur in a timely manner. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

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

Findings of Noncompliance Verified as Corrected

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

The DDS verified the correction of the one remaining finding of noncompliance identified in FFY 2021.

Program 1:

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY 2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

The DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE and pursued its general supervision responsibilities. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements and the monitoring process.

Despite enforcement activities, it was demonstrated that CDE would not be able to monitor and collect data. Consequently, DDS took over the responsibilities for monitoring the LEAs that provide services to infants and toddlers with solely low incidence disabilities going forward, thus closing the finding.

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

The DDS verified the correction of the one remaining finding of noncompliance identified in FFY 2021.

Program 1:

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY 2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

The DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE and pursued its general supervision responsibilities. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements and the monitoring process.

Despite enforcement activities, it was demonstrated that CDE would not be able to monitor and collect data. Consequently, DDS took over the responsibilities for monitoring the LEAs that provide services to infants and toddlers with solely low incidence disabilities going forward, thus closing the finding.

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 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 section above related the Correction of Findings of Noncompliance Identified in FFY 2021.

8B - OSEP Response

8B - Required Actions

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	92.86%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	84.31%	81.56%	87.40%	79.92%	83.02%

Targets

FFY	2023	2024	2025
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

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
314	428	83.02%	100%	Not Valid and Reliable	N/A	N/A

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

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

55

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

32

Provide reasons for delay, if applicable.

Delays were identified in 114 of the 428 records reviewed for this indicator. Among the 114 records with untimely transition conferences, 55 were attributable to the parent not providing approval for the conference. Of the remaining 59 records, 31 had delays with the transition conference due to exceptional family circumstances, which included child or family illness or emergency (3), families missing scheduled appointments (2), scheduling difficulties due to an inability to contact the family (15), service postponement at the family's request (8), and limited family availability due to work or personal schedules (3). The remaining 28 records indicated delays caused by staffing shortages, and administrative issues in coordinating with the Local Educational Agency (LEA).

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

State monitoring

Describe the method used to select EIS programs for monitoring.

As the lead agency, DDS has the statutory authority to establish and maintain an administrative process to ensure compliance with federal statutes for programs under its jurisdiction, including the statewide system of Part C services for California infants and toddlers with disabilities and their families. DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. DDS conducted 11 monitoring reviews of Early Start programs, including 10 regional centers and the California Department of Education (CDE) during FFY 2023. A statistically representative sample size is identified for each program, based on the number of children served by the program in the previous fiscal year and divided by corresponding counties. The sample of records reviewed is random and reflects the population of infant and toddlers served. Additionally, California mandates that the sample to include demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for state service programs. Programs are selected for review through a rotational process to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

During FFY 2023, DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities receiving services exclusively by local educational agencies (LEAs) in FFY 2023. This involved supervising the CDE and programs, developing a strategic plan to align LEAs with current department monitoring practices, informing LEAs of the monitoring activities, providing comprehensive compliance training, and conducting a monitoring review of sample records for children eligible for California's Early Start Program through SLI eligibility. The method used to identify records for SLI children involved utilizing the statistical sampling methodology mentioned above and identifying families that reside in respective regional center catchment areas of 40 LEAs across the state.

Provide additional information about this indicator (optional).

In addition, the twenty-one regional centers across California continued to staff permanent, full-time IDEA Specialist positions, funded through a Budget Act enacted by the DDS in FFY 2022. These specialists, well-versed in federal regulations under IDEA, provide technical assistance to service coordinators supporting infants and toddlers with disabilities and their families in accessing early intervention supports and services. IDEA Specialists are crucial to California's TA system, aiding regional centers in the process of transitioning from Early Start to Part B services and collaborating with

LEAs to ensure smooth transitions. Further information about IDEA Specialists and their role within California's early intervention system can be found at: <https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf>.

Throughout FFY 2023, the DDS provided ongoing professional development for IDEA Specialists to support families transitioning from Part C to Part B services and in navigating special education. This included a two-day Special Education Law Training on March 20-21, 2024, which focused on the IDEA, its regulations, and the IEP process. Additionally, DDS offered monthly professional development sessions, such as the May 17, 2024, workshop by the California Early Childhood Special Education (CalECSE) Network on Part C transition requirements, interagency agreements, and effective collaboration strategies between regional centers and LEAs.

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
7	3	2	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.

The DDS verified the correction of three of the seven findings of noncompliance identified in FFY 2022 within one year. One of the findings was verified as corrected within 13 months from the date of the finding and another was verified as corrected 14 months from the date of the finding. The remaining findings has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on November 23, 2022. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On February 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on February 14, 2024.

Program 2 was notified of the finding on January 17, 2023. One finding was issued for eight noncompliant records. A subsequent quarterly review was conducted on randomly selected records. On May 31, 2023, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on May 31, 2023.

Program 3 was notified of the finding on October 18, 2023. One finding was issued for two noncompliant records. A subsequent quarterly review was conducted on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 4 was notified of the finding on October 23, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. However, 100 percent compliance has not yet been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the requirements and 100 percent compliance is achieved on this indicator.

Program 5 was notified of the finding on January 3, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. However, 100 percent compliance has not yet been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the requirements and 100 percent compliance is achieved on this indicator.

Program 6 was notified of the finding on October 20, 2023. One finding was issued for 12 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on November 18, 2024.

Program 7 was notified of the finding on October 18, 2023. One finding was issued for 12 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose transition conference was held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified the correction of three of the seven findings of noncompliance identified in FFY 2022 within one year. One of the findings was verified as corrected within 13 months from the date of the finding and another was verified as corrected 14 months from the date of the finding. The remaining findings has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the 11 children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the eight children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the two children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the six children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the six children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the 12 children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 7: The DDS verified through documentation in the child's records that the transition conference was held, although late, for the 12 children whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose transition conference was held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, Programs 4 and 5 have findings of noncompliance identified in FFY 2022 that have not been verified as corrected as of February 1, 2025. As a result of this continued noncompliance, the DDS has required these programs to submit a corrective action plan outlining the steps that will be taken to complete transition conferences at least 90 days prior to the child's third birthday. The DDS will complete another subsequent review of this program in March of 2025 to verify that the required actions outlined in the corrective actions plan have been implemented, and 100 percent compliance on this indicator is achieved.

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	2	2	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The DDS verified that the two remaining findings of noncompliance identified in FFY 2021 were corrected.

Program 1 was notified of the finding on May 23, 2022. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On August 23, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed August 23, 2024.

Program 2:

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY 2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

The DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE and pursued its general supervision responsibilities. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements

and the monitoring process.

Despite enforcement activities, it was demonstrated that CDE would not be able to monitor and collect data. Consequently, DDS took over the responsibilities for monitoring the LEAs that provide services to infants and toddlers with solely low incidence disabilities going forward, thus closing the finding.

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

The DDS verified that the two remaining findings of noncompliance identified in FFY 2021 were corrected.

Program 1: As reported in the FFY 2022 APR, the DDS verified that the 11 individual children whose transition conference did not occur in a timely manner was held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2:

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not report the required compliance data for indicator C8 in FFY 2021. The CDE indicated that it did not complete the necessary monitoring activities to collect data for this indicator.

The DDS issued a finding to the CDE for not collecting or reporting required data following three written notifications of failure to meet agreed upon deliverables stipulated in the IA. This finding triggered a temporary freeze of operational support funding to the CDE, a renegotiation of the IA, and relieved the CDE, in the interim, of its data collection responsibility for all compliance indicators (C1, C7, C8a, C8b and C8c).

The DDS implemented critical enforcement actions with CDE and pursued its general supervision responsibilities. These enforcement actions include, 1) developing and implementing a plan to align local educational agencies (LEAs) with current monitoring practices, 2) informing LEAs that the DDS will be conducting the necessary monitoring activities in coordination with CDE, and 3) providing comprehensive training to LEAs on compliance requirements and the monitoring process.

Despite enforcement activities, it was demonstrated that CDE would not be able to monitor and collect data. Consequently, DDS took over the responsibilities for monitoring the LEAs that provide services to infants and toddlers with solely low incidence disabilities going forward, thus closing the finding.

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 two 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 section above related the Correction of Findings of Noncompliance Identified in FFY 2022 and FFY 2021.

8C - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported 32 documented delays attributable to exceptional family circumstances. However, when reporting on the reasons for delay, the State reported, "Of the remaining 59 records, 31 had delays with the transition conference due to exceptional family circumstances...The remaining 28 records indicated delays caused by staffing shortages, and administrative issues in coordinating with the Local Educational Agency (LEA)." Additionally, the State's FFY 2023 SPP/APR Data table reflects 27 noncompliant records. Therefore, OSEP could not determine whether the State met its target.

8C - Required Actions

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

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

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.

This indicator is not applicable because the State does not follow Part B due process procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

The State did not provide valid and reliable data for this indicator. These data are not valid and reliable because the State reported in its Section 618 dispute resolution data that it adopted Part B due process procedures and reported 20 resolution meetings (applicable ONLY for states using Part B due process hearing procedures). However, the State reported in its FFY 2023 SPP/APR submission, "This indicator is not applicable because the State does not follow Part B due process procedures." This indicator is only not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA. Therefore, OSEP could not determine whether the State met its target.

9 - Required Actions

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

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 EDFacts 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

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	7
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	1
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	4

Targets: Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

Historical Data

Baseline Year	Baseline Data
2005	55.00%

FFY	2018	2019	2020	2021	2022
Target>=	85.00%	85.00%	80.00%		
Data	87.50%	100.00%	85.71%	40.00%	100.00%

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1	4	7	100.00%		71.43%	N/A	N/A

Provide additional information about this indicator (optional)

The State reported fewer than ten mediations held in FFY 2023 and is not required to meet its targets until any fiscal year in which ten or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 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)?

Increase the percentage of infants and toddlers with disabilities in California who will substantially increase their rate of growth in positive social-emotional skills (including social relationships) by the time they exit the early intervention program.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

https://www.dds.ca.gov/wp-content/uploads/2019/02/EarlyStart_TheoryofAction_20190205.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
2019	67.39%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	68.00%	68.25%	68.50%

FFY 2023 SPP/APR Data

Number of children who substantially increased their rate of growth in social-emotional development by the time they turned 3 years of age or exited the program	All children except those who have positive social emotional skills at a level comparable to same-aged peers	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
12,418	19,148	65.20%	68.00%	64.85%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

Data for this indicator is gathered by the Department of Developmental Services (DDS) and the California Department of Education (CDE). DDS' Early Start Report system captures federally required data elements for children assessed in all child outcome areas. Assessments are conducted by regional

center-contracted providers and results are submitted to the 21 regional centers for data entry into Early Start Report system. CDE's data is gathered via the Desired Results Developmental Profile and includes all infants and toddlers with solely low incidence disabilities assessed in all child outcome areas.

Numerator: # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)

Denominator: # 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)

Data collected for the State Identified Measurable Result (SiMR) includes infants and toddlers who entered early intervention below age expectations in social and emotional development and substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Specifically, these are children who made greater than expected growth by taking child outcomes progress category (c) plus the number of infants and toddlers reported category (d)) divided by the number of infants and toddlers reported in progress category (a) plus the number of infants and toddlers reported in progress category (b) plus the number of infants and toddlers reported in progress category (c) plus the number of infants and toddlers reported in progress category (d) times 100.

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

Data regarding child outcomes are, at a minimum, gathered at the initial Individualized Family Service Plan (IFSP) and at the exit from the DDS's Early Start Report (ESR) for all children eligible for early intervention services. The Early Start Report (ESR) is the primary means for collecting information related to the performance of the state and regional centers with respect to meeting the federal and state requirements of the Part C Early Start Program. This ESR was designed specifically to meet the state and regional centers' need for objective data to measure the extent to which Early Start is achieving its desired child outcomes and complying with applicable federal and state laws. Regional Centers are required to provide the data collected from the assessment tool on the functional age of each child at initial IFSP and exit from the early start program. The ESR data system calculates each child's progress category based on the child's functional age at entry and exit and generates an on-demand report that the department uses to verify accuracy, completeness, and review of program improvement. The DDS also analyzes this data as part of measuring progress towards the SiMR.

The DDS does not require providers use a specific assessment instrument(s) for collecting social-emotional child outcomes data. Instead, the DDS follows the Division for Early Childhood's (DEC) recommendations for assessment. DEC recommends assessment materials and strategies be appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social, and emotional characteristics. Providers use a variety of assessment methods, including observation, interviews, and reviews of records to gather information from multiple sources, including the child's family and other significant individuals in the child's life and obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community. The provider delivering services to the child selects the assessment instrument to administer based on need.

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

NO

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

YES

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

During the reporting period for FFY 2023, the DDS continued to engage with technical assistance partners to examine the quality of the child outcomes data. This team found that the state data trends are not in line with national trends, particularly for rates of children in progress categories (a) and (e). To understand why more children than expected are assigned these progress categories and related data concerns, DDS has begun a root cause analysis. Some initial findings point to the use of multiple assessment tools by local programs, inconsistent training on the purpose and process of outcome assessment, lower than expected outcome completion rates, and the rules built into the ESR data system to calculate outcomes for children at entry and exit, possibly causing issues with accuracy and reliability. The DDS partnered with technical assistance providers to pinpoint areas for enhancement in training, business rules, and assessments. This collaboration led to DDS meeting with programs to offer technical support, including a review of federal requirements and local program data that impact quality. Consequently, DDS has scheduled trainings concentrating on data entry into the state's data system and child outcomes.

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

NO

Section B: Implementation, Analysis and Evaluation

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

<https://www.dds.ca.gov/services/early-start/state-systemic-improvement-plan-ssip/>

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

NO

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

No infrastructure improvement strategies were implemented in FFY 2023 due to Stakeholder input on the direction of the future of the SSIP.

The current SSIP for 2023 was initially developed in 2014. It showed promise but did not produce the projected results. California's SSIP performance over time is described in prior SPP/APR submissions located on the OSEP website (<https://sites.ed.gov/idea/spp-apr-letters>). The evaluation and SiMR trends demonstrated that the Evidence Based Practices (EBPs) adopted through the SSIP had difficulty improving the SiMR. As previously stated, there were problems with certain sites' implementation of the EBPs, the state's ability to track fidelity, and a lack of robustness in the original design.

With input from technical assistance providers, OSEP, the Early Start community, the ICC, and the SSIP taskforce, the DDS agreed with suggestions to revise the SSIP. After re-examining state and local data through a comprehensive data analysis in spring 2024, a new SiMR was recommended by stakeholders. Through public engagement, data analysis, and infrastructure analysis, the DDS has selected a new SiMR focusing on family outcomes. In

collaboration with technical assistance providers, community partners, and a contracted vendor to support these efforts, the DDS will revise the SSIP to target specific EBPs for implementation and update the evaluation plan to monitor providers' fidelity to implementation of those EBPs and their impact on the SiMR.

The DDS will be evaluating whether the tentative infrastructure and EBP improvement strategies lead to improvements in the SiMR, which has not yet been precisely defined. The new evaluation plan will be developed by June 2025 at the latest.

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 data were collected on outcomes of infrastructure improvements because of the state's plans to modify the SSIP.

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

NO

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

The DDS will gather and analyze data and collect stakeholder feedback to determine what infrastructure improvement strategies will be implemented as part of the new SSIP to achieve the selected SiMR. This may include increasing family engagement in the IFSP design and practices and system improvements that we anticipate will lay the groundwork for improving family outcomes.

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

The state is in the process of revising the SSIP, the state is currently not strategically implementing any EBPs under the 2014 SSIP. However, individual regional centers continue to independently implement EBPs to support social-emotional development in children.

Provide a summary of each evidence-based practice.

As mentioned above, the state is not currently strategically implementing any EBPs at this time as part of the SSIP.

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.

As mentioned above, the state is not currently strategically implementing any EBPs at this time as part of the SSIP.

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

The DDS did not survey local programs regarding fidelity of EBP implementation strategies during this reporting period.

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.

As the SSIP is being revised, no additional data have been collected. The DDS has previously been able to collect information from its regional centers about the practices/approaches that have been adopted but has encountered difficulty in collecting data to evaluate the fidelity of implementation of the practices. In the new SSIP, the DDS will be implementing a rigorous method to gather fidelity data for any new EBP's that are adopted.

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

As stated above, the SSIP is being revised and will focus on a new SiMR. New EBPs are being researched to improve family outcomes as part of this new process. Though a specific EBP has not been selected at this time, over the coming months, we will use Stakeholder input, data, and research to choose one or more EBPs that best support the new SSIP and improvement in the SiMR. It is very likely that Early Start will implement a family coaching model that will be piloted and then scaled up across California. The IFSP will also be altered to be more family focused, with more consistent family-directed assessments implemented as part of the overall assessment process to incorporate families more firmly into the IFSP process.

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

NO

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

For 2024, the DDS will shift focus of the SSIP based on feedback from Advisory and Constituency Groups regarding the current needs of children and families in California. The family coaching model will be selected as the primary EBP and will be implemented throughout California over time. The IFSP will also be revised to prioritize family involvement, incorporating more consistent family-directed assessments into the overall evaluation and assessment process. This approach aims to strengthen the role of families in the IFSP process.

To support this work, the DDS plans to make infrastructure improvements, such as developing State Leadership teams. These teams will assist in creating and supporting professional development for those providing Early Start Services based on the selected EPB. Additionally, collaboration with regional centers will be established to enhance these efforts.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In FFY 2023, the State Interagency Coordinating Council (ICC) continued to function as the primary mechanism for soliciting broad stakeholder engagement. The ICC exists, pursuant to federal regulations, to provide the DDS with advice and assistance on the implementation of the early intervention program. The ICC promotes and enhances the coordinated family-centered service system for infants and toddlers, ages birth to 3 years, who have or are at risk for having a disability, and their families. Members of the ICC are appointed by the Governor, and community representatives are appointed by the ICC chairperson to participate in discussions and formulation of policy recommendations to assist the ICC in fulfilling its role. Community representatives also provide the ICC with ethnic diversity, geographical representation, a wide range of expertise, and overall community involvement.

The ICC's operational format throughout the reporting period for FFY 2023 included one fully virtual quarterly meeting, while the remaining three adopted a hybrid approach, accommodating participants both virtually and in-person. Each quarterly ICC meeting was focused on a different topic related to improving outcomes: family outcomes in July 2023, child find and outreach in October 2023, family-guided intervention in January 2024, and language development in April 2024. To specifically solicit input on target setting, analyzing data, developing improvement strategies, and evaluating progress, the DDS provided an overview of California's FFY 2022 SPP/APR at the ICC meeting held in January of 2024. Additionally, each ICC meeting included standing agenda items in which the DDS shared updates, including Early Start caseload and referral data, and community partners discussed improvement strategies being developed and/or implemented in the field.

At the July 2023 ICC meeting, a Senior Principal Education Researcher from SRI International discussed Indicator C4: Family Outcomes, explaining its background, reporting methods, and measurement criteria. The presentation covered statewide and regional center data from 2016 to 2021, data quality, implications of sampling, and the impact of a low survey response rate. Future steps for DDS were outlined, including further analysis to identify respondents and non-respondents of the surveys, strategies to boost response rates, collaboration with technical assistance centers, and using data to enhance program effectiveness. Later, at the October 2023 ICC meeting, a Principal Researcher from SRI International presented on Child Find Indicators 5 and 6 for children aged birth to one and birth to three, respectively. This included an overview of target-setting methods, a review of California's data from 2018 to 2021, a comparison with states that have similar eligibility criteria, and strategies for ICC members to help improve the identification and services for eligible children.

In addition, throughout the reporting period for FFY 2023, California continued to implement a variety of activities focused on building the capacity of a diverse group of parents to support implementation activities designed to improve outcomes. One example is the "Increasing and Diversifying Parent Voices in the ICC" project, which provides training to individuals from underrepresented communities to assist them in understanding the Early Start Program as a statewide system for early intervention and empower them to actively and meaningfully engage and contribute during ICC meetings. Other efforts include Service Access & Equity Awarded Projects such as "Parenting Black Babies" and "Harley's Hope Project," which strive to increase family engagement within black and tribal communities, respectively.

In FFY 2023, DDS continued its strong partnership with the Family Resource Centers Network of California (FRCNCA), a coalition of 47 Early Start Family Resource Centers who provide trainings, set standards, and unite their voices to advocate for better policies across the state of California. To work toward the shared goal of increasing family participation and promoting diversity among members of the community who attend ICC meetings, FRCNCA hosted watch parties to support and encourage input from parents representing diverse backgrounds. FRCNCA also provided webinars and trainings to help parents increase their understanding of data and target setting related to California's SPP/APR.

An additional mechanism for soliciting feedback from a diverse group of stakeholders in FFY 2023 was DDS' continued dissemination of the Early Start Newsletter. Distributed quarterly to families, regional centers, and service providers, the newsletter offers updates on Early Start initiatives, announces public meetings, invites public comment, and shares resources and relevant materials. Available in English and Spanish, the newsletter is also accessible through social media and can be found on the DDS website at: <https://www.dds.ca.gov/services/early-start/early-start-publications-resources-and-program-guidance/online-resources/>.

Lastly, California's early intervention program is part of a statewide effort to create a Master Plan that improves service rates, accessibility, quality, and equity in developmental services for individuals with disabilities. The Master Plan for Developmental Services Committee, established by the California Health and Human Services (CalHHS) Secretary, is charged with delivering a comprehensive plan by March 2025. Stakeholder engagement is integral to this work, with opportunities for ongoing input through email, roundtable discussions, or public comments at committee and workgroup meetings. Further details on the Master Plan are available on the CalHHS website at: <https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#committee-workgroups>.

The DDS has worked to gather a diverse array of stakeholders to support the SSIP. A new Advisory group has been established that includes parents of children in Early Start, Regional Center employees, Family Resource Center leads, early intervention practitioners, Local Educational Agency team members, representatives from the Department of Developmental Services, and others. DDS has also sought input from three strategic Constituency groups: Group A, consisting of Parents and Advocates; Group B, Regional Center employees and Service Providers; and Group C, State Agency employees and Community Partners. The DDS has welcomed additional members as individuals have been suggested. These groups represented various backgrounds, including an American Indian tribal member, a member of the Deaf community, and those of Black, Indian, Asian, and Hispanic ethnicities. Parents of both past and current Early Start clients are involved, and their children exhibit a range of delays and disabilities. The members also vary in age and gender and in reside in both rural and urban settings from across the state.

Several meetings have been held to gather feedback on the revisions to the SSIP. Discussions included whether the SSIP should remain the same or if it should adopt new goals that better align with the needs of parents and children in California's Early Start program. These groups provided insight into the steps necessary to create and implement a new SSIP, the potential barriers to consider, and the current challenges faced by Early Start families in California.

So far, the groups have contributed input and feedback on the Theory of Change, which Evidence-Based Practices that DDS should consider, the design of the State Leadership Team, infrastructure challenges and opportunities, as well as the contextual considerations to ensure the plan is reasonable and feasible. To date, there have been five meetings of the Advisory Group and three meetings for each of the Constituency Groups, with more scheduled for the future.

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

The DDS has worked to enhance the capacity of diverse groups of parents and other stakeholders in the SSIP Advisory and Constituency groups. A key principle in selecting members for these groups was to ensure of voices representing different experiences and backgrounds. Detailed emails regarding meeting information were sent out, followed by reminder emails prior to each meeting. For some members, personal phone calls were made to invite or remind them about these opportunities. New members have been added based on recommendations, especially when individuals from specific groups or backgrounds, who could provide valuable feedback, were not yet included.

Each meeting follows a careful structured agenda. A PowerPoint presentation is given provided, offering background on each issue while encouraging feedback and questions. Meetings consists of several key discussions, with engaging questions posed to best involve stakeholders. All feedback from stakeholders is documented, and detailed notes are compiled. Both the PowerPoint and the meeting notes are accessible on the DDS SSIP website, which will be accessible to all group members and the public.

In the next reporting period, a new State Leadership Team will be formed, comprising of current members and others from the community who play crucial roles in implementing the new SSIP. Regular meetings will be scheduled to make important decisions regarding tasks such as pilot site selections, the future of the IFSP template, data collection, and other relevant issues.

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

NO

Additional Implementation Activities

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

To make this happen, the state will:

1. Map out a management and implementation plan
2. Designate an implementation team and State Leadership Team
3. Develop a data collection system to support the evaluation and fidelity
4. Create an IFSP template and assessment process to support family engagement
5. Choose pilot sites that will best support fidelity and implementation
6. Provide training on the selected EBP
7. Closely monitor the roll out for barriers or challenges
8. Meet with the State Leadership Team on a consistent basis to continue to receive feedback from a comprehensive and culturally diverse group of experts

By taking these steps, the State expects the following outcomes:

1. A comprehensive culturally diverse plan targeted towards families, providers, and community agencies specific to supporting families receiving early start services support their child's learning and growth.
2. An IFSP template and practices that elevate family engagement and a family directed assessment process.
3. An EBP chosen, and a strategy created for how that EBP will be successfully implemented in California.
4. Pilot sites selected that promote the goal of supporting family efforts to engage their children in daily activities by adopting and implementing family coaching practices.

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

The DDS will develop an implementation plan that includes choosing pilot sites, attempting to attain funding, creating buy-in, choosing fidelity measurements, collecting data for the ongoing evaluation, and planning for scale-up. The SSIP (including plans to monitor fidelity to implementation) and the associated evaluation plan will be fully developed by summer 2025. Implementation will begin prior to June 30, 2025.

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

Due to budget issues, we anticipate being able to only support up to 2 pilot sites. We expect implementation to go slowly based on a lack of staffing.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

The State did not 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. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

The State did not explain how its infrastructure improvement strategies support system change necessary for: (a)achievement of the SiMR; (b)sustainability of systems improvement efforts; and/or (c) scale up. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

The State did not summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. In the FFY2023 SPP/APR, the State must address all components of this Indicator.

Response to actions required in FFY 2022 SPP/APR

As stated above, no infrastructure improvement strategies were implemented in FFY 2023 due to Stakeholder input on the direction of the future of the SSIP.

The current SSIP for 2023 was initially developed in 2014. It showed promise but did not produce the projected results. California's SSIP performance over time is described in prior SPP/APR submissions located on the OSEP website (<https://sites.ed.gov/idea/spp-apr-letters>). The evaluation and SiMR trends demonstrated that the Evidence Based Practices (EBPs) adopted through the SSIP had difficulty improving the SiMR. As previously stated, there were problems with certain sites' implementation of the EBPs, the state's ability to track fidelity, and a lack of robustness in the original design.

With input from technical assistance providers, OSEP, the Early Start community, the ICC, and the SSIP taskforce, the DDS agreed with suggestions to revise the SSIP. After re-examining state and local data through a comprehensive data analysis in spring 2024, a new SiMR was recommended by stakeholders. Through public engagement, data analysis, and infrastructure analysis, the DDS has selected a new SiMR focusing on family outcomes. In collaboration with technical assistance providers, community partners, and a contracted vendor to support these efforts, the DDS will revise the SSIP to target specific EBPs for implementation and update the evaluation plan to monitor providers' fidelity to implementation of those EBPs and their impact on the SiMR. The DDS will be evaluating whether the tentative infrastructure and EBP improvement strategies lead to improvements in the SiMR, which has not yet been precisely defined. The new evaluation plan will be developed by June 2025 at the latest. Also, no data were collected on outcomes of

infrastructure improvements because of the state's plans to modify the SSIP.

As outlined above, the state is in the process of revising the SSIP, the state is currently not strategically implementing any EBPs under the 2014 SSIP. However, individual regional centers continue to independently implement EBPs to support social-emotional development in children.

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- a. # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 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

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

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 are 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	71.88%

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
6	0	4	0	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).

Not Applicable

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*:

For those findings identified through the state's monitoring review process for Indicator 1, the DDS verified four of the six findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. Two remaining findings have not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on January 17, 2023. One finding was issued for seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. However, 100 percent compliance has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements, and 100 percent is achieved on this indicator.

Program 2 was notified of the finding on October 23, 2023. One finding was issued for two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. However, 100 percent compliance has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements, and 100 percent is achieved on this indicator.

Program 3 was notified of the finding on January 3, 2024. One finding was issued for seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On December 19, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on December 19, 2024.

Program 4 was notified of the finding on October 20, 2023. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On August 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 16, 2024.

Program 5 was notified of the finding on October 18, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 20, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on September 20, 2024.

Program 6 reported noncompliance on October 11, 2023. One finding was issued for the one noncompliant record. The program verified through a subsequent review of data that the Early Start program provided all services identified on the IFSP as soon as possible but no later than 45 days from parental consent for IFSP services. The program reported that 100 percent compliance was achieved for this indicator. The DDS verified the actions taken by this program and considers this finding closed.

Additionally, there were eleven (11) children at five programs who received services after 45 days from parental consent for IFSP services. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified four of the six findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. Two remaining findings have not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the two children whose services did not occur in a timely manner, received those services, although late, unless the child is no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the eight children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the 11 children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The program reported that they verified through review of child data that the one individual child whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program. The DDS verified the actions taken by this program and considers this finding closed.

Additionally, there were eleven (11) children at five programs who received services after 45 days from parental consent for IFSP services. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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
9	0	8	0	1

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).

Not Applicable

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*:

For those findings identified through the state's monitoring review process for Indicator 7, the DDS verified eight of the nine findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on September 27, 2022. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On March 3, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent was achieved for this indicator. Consequently, the finding was closed on March 3, 2023.

Program 2 was notified of the finding on January 17, 2023. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. However, 100 percent has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements and 100 percent compliance is achieved on this indicator.

Program 3 was notified of the finding on March 27, 2023. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 29, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on September 29, 2023.

Program 4 was notified of the finding on October 18, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 5 was notified of the finding on October 23, 2023. One finding was issued for four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 22, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on October 22, 2024.

Program 6 was notified of the finding on January 3, 2024. One finding was issued for one noncompliant record. A series of subsequent quarterly reviews were completed on randomly selected records. On August 6, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for the child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 10, 2024.

Program 7 was notified of the finding on October 18, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 1, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 1, 2024.

Program 8 was notified of the finding on October 18, 2023. One finding was issued for 27 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 17, 2024, 100 percent compliance was achieved. This subsequent review verified that the IFSP meeting was held, although late for any child whose IFSP meeting did not occur in a timely manner, demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on October 17, 2024.

Program 9 reported noncompliance on October 11, 2023. One finding was issued for one noncompliant record. The program verified through a subsequent review of data that the IFSP meeting was held for any child whose IFSP meeting did not occur in a timely manner, although late. The program reported that 100 percent compliance was achieved for this indicator. The DDS verified the actions taken by this program and considers this finding closed.

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

For those findings identified through the state's monitoring review process for Indicator 7, the DDS verified eight of the nine findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the 11 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the eight children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the five children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the six children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the four children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The DDS verified through documentation in the child's records that the one child whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 7: The DDS verified through documentation in the child's records that the 11 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 8: The DDS verified through documentation in the child's records that the 27 children whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 9: The program reported that they verified through review of child data that the one child whose IFSP meeting did not occur in a timely manner were held, although late, unless the child was no longer within the jurisdiction of the Early Start program. The DDS verified the actions taken by this program and considers this finding closed.

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
6	0	4	0	2

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).

Not Applicable

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:

For those findings identified through the state's monitoring review process for Indicator 8a, the DDS verified the correction of four of the seven findings of noncompliance identified in FFY 2022 within one year of issuing the finding. One of the findings was verified as corrected within 13 months from the date of the finding. The remaining two findings have not yet been verified as corrected as of February 1, 2025.

The DDS verified the correction of four of the six findings of noncompliance identified in FFY 2022 within one year of issuing the finding. One of the findings was verified as corrected within 13 months from the date of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on November 23, 2022. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On May 5, 2023, 100 percent compliance was achieved. This subsequent review verified that the IFSPs with transition steps and services were completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on May 3, 2023.

Program 2 was notified of the finding on October 18, 2023. One finding was issued for the one noncompliant record. A subsequent quarterly review was conducted on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to the child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 3 was notified of the finding on October 23, 2023. One finding was issued for six noncompliant records. A series of quarterly reviews were

conducted on randomly selected records. However, 100 percent has not been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the regulatory requirements and 100 percent compliance is achieved on this indicator.

Program 4 was notified of the finding on January 3, 2024. One finding was issued for three noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On July 10, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 6, 2024.

Program 5 was notified of the finding on October 20, 2023. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved with this indicator. Consequently, the finding was closed on November 18, 2024.

Program 6 was notified of the finding on October 18, 2023. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that an IFSP with transition steps and services was completed at least 90 days prior to each child's third birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose IFSP meetings with transition steps and services were held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

For those findings identified through the state's monitoring review process for Indicator 8a, the DDS verified the correction of four of the six findings of noncompliance identified in FFY 2022 within one year of issuing the finding. One of the findings was verified as corrected within 13 months from the date of the finding. The remaining finding has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the eight children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 2: The DDS reviewed documentation in the child's record and determined that notification was provided to the LEA, however, due to scheduling conflicts with the family and district, that an IFSP with transition steps and services was not completed. The child was no longer in the jurisdiction of the Early Start program at the time of the subsequent review.

Program 3: The DDS verified through documentation in the child's records that the six children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program. This finding has not yet been verified as corrected as of February 1, 2025.

Program 4: The DDS verified through subsequent documentation in the child's records that the three children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 5: The DDS verified through subsequent documentation in the child's records that the 11 children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

Program 6: The DDS verified through subsequent documentation in the child's records that the five children whose IFSP meetings with transition steps and services were held, although late or were outside the jurisdiction of the Early Start program.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose IFSP meetings with transition steps and services were held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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
4	0	4	0	0

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).

Not Applicable

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*:

For those findings identified through the state's monitoring review process for Indicator 8b, the DDS verified the correction of all four findings of noncompliance identified in FFY 2022 within one year of issuing the finding.

Program 1 was notified of the finding on September 27, 2022. One finding was issued for eight noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 26, 2023, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 26, 2023.

Program 2 was notified of the finding on November 23, 2022. One finding was issued for 10 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 17, 2023, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on July 17, 2023.

Program 3 was notified of the finding on January 3, 2024. One finding was issued for six noncompliant records. A subsequent quarterly review was completed on randomly selected records. On July 10, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on August 6, 2024.

Program 4 was notified of the finding on October 18, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA and SEA notification occurred at least 90 days prior to each child's birthday, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance was achieved for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were 13 children at six programs whose notification to the LEA and SEA did not occur in a timely manner. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

For those findings identified through the state's monitoring review process for Indicator 8b, the DDS verified the correction of all four of the findings of noncompliance identified in FFY 2022 within one year of issuing the finding.

Program 1: The DDS verified that notification occurred, although late, for the eight individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified that notification occurred, although late, for the ten individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified that notification occurred, although late, for the six individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified that notification occurred, although late, for the six individual children whose notification to the LEA and SEA did not occur in a timely manner, unless the child was no longer within the jurisdiction of the Early Start program.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were 13 children at six programs whose notification to the LEA and SEA did not occur in a timely manner. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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
7	0	3	0	4

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).

Not Applicable

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*:

For those findings identified through the state's monitoring review process for Indicator 8c, the DDS verified the correction of three of the seven findings of noncompliance identified in FFY 2022 within one year. One of the findings was verified as corrected within 13 months from the date of the finding and another was verified as corrected 14 months from the date of the finding. The remaining findings has not yet been verified as corrected as of February 1, 2025.

Program 1 was notified of the finding on November 23, 2022. One finding was issued for 11 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On February 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on February 14, 2024.

Program 2 was notified of the finding on January 17, 2023. One finding was issued for eight noncompliant records. A subsequent quarterly review was conducted on randomly selected records. On May 31, 2023, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on May 31, 2023.

Program 3 was notified of the finding on October 18, 2023. One finding was issued for two noncompliant records. A subsequent quarterly review was conducted on randomly selected records. On January 16, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on January 16, 2024.

Program 4 was notified of the finding on October 23, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. However, 100 percent compliance has not yet been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the requirements and 100 percent compliance is achieved on this indicator.

Program 5 was notified of the finding on January 3, 2023. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. However, 100 percent compliance has not yet been achieved as of February 1, 2025. The DDS will continue to complete quarterly reviews of subsequent records to ensure that the program is correctly implementing the requirements and 100 percent compliance is achieved on this indicator.

Program 6 was notified of the finding on October 20, 2023. One finding was issued for 12 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on November 18, 2024.

Program 7 was notified of the finding on October 18, 2023. One finding was issued for 12 noncompliant records. A series of subsequent quarterly reviews were conducted on randomly selected records. On April 29, 2024, 100 percent compliance was achieved. This subsequent review verified that the transition conference was held, although late, for any child whose transition conference did not occur in a timely manner, unless the child was no longer within the jurisdiction, demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on April 29, 2024.

As required by California Government Code (GC) 95008 (a), the California Department of Education (CDE) is responsible for administering services and programs for infants and toddlers with solely low incidence disabilities, including vision, hearing, and severe orthopedic impairments, as well as any combination of these conditions. In addition, GC requires that the DDS and CDE have an interagency agreement (IA) that ensures alignment with IDEA, Part C and collects and reports SPP/APR data to the DDS. The CDE did not collect or report the required compliance data for indicator C8. A finding was not issued as there was an open finding in FFY 2021 and enforcement actions are underway.

Additionally, there were seven (7) children at three programs whose transition conference was held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

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

The DDS verified the correction of three of the seven findings of noncompliance identified in FFY 2022 within one year. One of the findings was verified as corrected within 13 months from the date of the finding and another was verified as corrected 14 months from the date of the finding. The remaining findings has not yet been verified as corrected as of February 1, 2025.

Program 1: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 2: The DDS verified through documentation in the child's records that the two children whose services did not occur in a timely manner, received those services, although late, unless the child is no longer within the jurisdiction of the Early Start program.

Program 3: The DDS verified through documentation in the child's records that the seven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 4: The DDS verified through documentation in the child's records that the eight children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 5: The DDS verified through documentation in the child's records that the eleven children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program.

Program 6: The program reported that they verified through review of child data that the 74 individual children whose services did not occur in a timely manner, received those services, although late, unless the child was no longer within the jurisdiction of the Early Start program. The DDS verified the actions taken by this program and considers this finding closed.

Additionally, there were seven (7) children at three programs whose transition conference was held, although late. DDS determined that the EIS programs were eligible to correct through the pre-finding correction process. Through an additional review of records, DDS verified that the Early Start program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator.

Optional for FFY 2023, 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 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
32	0	23	0	9

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
23	32		100%	Not Valid and Reliable	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	28.13%
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Provide additional information about this indicator (optional)

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).	32
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)	23
3. Number of findings <u>not</u> verified as corrected within one year	9

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	9
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	3
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	
7. Number of findings <u>not</u> yet verified as corrected	6

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.

12 - OSEP Response

OSEP cannot determine whether the data are valid and reliable. The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2022 related to the 45-day timeline because it did not report that it verified correction of those findings, consistent with the requirements in OSEP QA 23-01. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2022: (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.

The State has established baseline for this indicator using data from FFY 2023, but OSEP cannot accept that baseline data because it cannot determine whether the State's FFY 2023 data are valid and reliable, as noted above.

12 - Required Actions

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

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

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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

Name:

Maricris Acon

Title:

Part C Coordinator and Deputy Director, Children, Adolescents and Young Adult Services Division

Email:

maricris.acon@dds.ca.gov

Phone:

(916) 654-2250

Submitted on:

04/22/25 8:10:13 PM

Determination Enclosures

RDA Matrix

California

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
35.42%	Needs Intervention

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	3	37.50%
Compliance	18	6	33.33%

2025 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2023 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	31,537
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	54,282
Percentage of Children Exiting who are Included in Outcome Data (%)	58.1
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

(b) Data Anomalies: Anomalies in your State's FFY 2023 Outcomes Data

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

(a) Data Comparison: Comparing your State's 2023 Outcomes Data to other States' 2023 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	64.85%	61.52%	73.70%	48.53%	49.82%	55.10%
FFY 2022	65.11%	62.71%	74.47%	49.43%	51.64%	56.97%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2025: Part C."

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	Not Valid and Reliable	NO	0
Indicator 7: 45-day timeline	93.26%	NO	1
Indicator 8A: Timely transition plan	Not Valid and Reliable	NO	0
Indicator 8B: Transition notification	89.49%	YES	1
Indicator 8C: Timely transition conference	Not Valid and Reliable	YES	0
Indicator 12: General Supervision	Not Valid and Reliable	NO	0
Timely and Accurate State-Reported Data	86.84%		1
Timely State Complaint Decisions	94.44%		1
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:
<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2023 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2023 Outcomes Data (C3) and the total number of children your State reported in its FFY 2023 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2023 in the State's FFY 2023 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2023 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2019 – FFY 2022 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2023 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

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

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

Expected Range of Responses for Each Outcome and Category, FFY 2023

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.52	3.25	-1.74	4.77
Outcome B\ Category a	1.34	2.98	-1.64	4.32
Outcome C\ Category a	1.25	2.62	-1.37	3.87

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	8.87	6.69	42.19
Outcome A\ Category c	21.76	13.64	-5.52	49.04
Outcome A\ Category d	26.56	9.69	7.17	45.94
Outcome A\ Category e	25.72	15.93	-6.14	57.59
Outcome B\ Category b	26.16	9.47	7.23	45.1
Outcome B\ Category c	30.12	12.97	4.17	56.07
Outcome B\ Category d	30.25	8.17	13.92	46.59
Outcome B\ Category e	12.12	8.46	-4.79	29.04
Outcome C\ Category b	21.94	9.15	3.64	40.24
Outcome C\ Category c	23.99	13.89	-3.8	51.77
Outcome C\ Category d	32.49	8.51	15.48	49.51
Outcome C\ Category e	20.33	14.99	-9.66	50.31

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	31,537
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	2,537	4,193	4,879	7,539	11,020
Performance (%)	8.41%	13.90%	16.17%	24.99%	36.53%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	1,504	4,951	9,072	9,019	5,622
Performance (%)	4.99%	16.41%	30.07%	29.90%	18.64%
Scores	0	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2,752	6,589	4,204	5,071	11,552
Performance (%)	9.12%	21.84%	13.94%	16.81%	38.29%
Scores	0	1	1	1	1

	Total Score
Outcome A	4
Outcome B	4
Outcome C	4
Outcomes A-C	12

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

This score represents how your State's FFY 2023 Outcomes data compares to other States' FFY 2023 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2023

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	46.08%	34.56%	54.67%	27.46%	53.10%	33.55%
90	80.98%	70.42%	82.41%	58.27%	84.63%	73.68%

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	64.85%	61.52%	73.70%	48.53%	49.82%	55.10%
Points	1	1	1	1	0	1

Total Points Across SS1 and SS2	5
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2023 data to your State's FFY 2022 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2022) is compared to the current year (FFY 2023) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2023 and FFY 2022 summary statements.

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

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

$\text{Sqrt}[(\text{FFY2022\%} * (1-\text{FFY2022\%})) / \text{FFY2022N} + (\text{FFY2023\%} * (1-\text{FFY2023\%})) / \text{FFY2023N}]$ = Standard Error of Difference in Proportions

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

Difference in proportions /standard error of the difference in proportions = z score

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2= statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	14,988	65.11%	19,148	64.85%	-0.25	0.0052	-0.4858	0.6271	NO	1
SS1/Outcome B: Knowledge and Skills	19,548	74.47%	24,546	73.70%	-0.77	0.0042	-1.8236	0.0682	NO	1
SS1/Outcome C: Actions to meet needs	14,482	51.64%	18,616	49.82%	-1.81	0.0055	-3.2749	0.0011	YES	0
SS2/Outcome A: Positive Social Relationships	24,250	62.71%	30,168	61.52%	-1.19	0.0042	-2.8366	0.0046	YES	0
SS2/Outcome B: Knowledge and Skills	24,247	49.43%	30,168	48.53%	-0.90	0.0043	-2.0810	0.0374	YES	0
SS2/Outcome C: Actions to meet needs	24,250	56.97%	30,168	55.10%	-1.87	0.0043	-4.3647	<.0001	YES	0

Total Points Across SS1 and SS2	2
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Your State's Performance Change Score	0
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Data Rubric
California

FFY 2023 APR (1)

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

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

APR Score Calculation

Subtotal	9
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	14

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/31/24	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.1111111) =	19.00

Indicator Calculation

A. APR Grand Total	14
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	33.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	0.8684
E. Indicator Score (Subtotal D x 100) =	86.84

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.1111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.1111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED Facts Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

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

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

Dispute Resolution**IDEA Part C****California****Year 2023-24****Section A: Written, Signed Complaints**

(1) Total number of written signed complaints filed.	40
(1.1) Complaints with reports issued.	36
(1.1) (a) Reports with findings of noncompliance.	30
(1.1) (b) Reports within timelines.	34
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	4

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	18
(2.1) Mediations held.	7
(2.1) (a) Mediations held related to due process complaints.	1
(2.1) (a) (i) Mediation agreements related to due process complaints.	1
(2.1) (b) Mediations held not related to due process complaints.	6
(2.1) (b) (i) Mediation agreements not related to due process complaints.	4
(2.2) Mediations pending.	1
(2.3) Mediations not held.	10

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	20
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	20
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	7
(3.2) (a) Decisions within timeline.	6
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	13

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

California

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 18, 2025

Honorable Pete Cervinka
Acting Director
California Department of Developmental Services
P.O. Box 944202
Sacramento, CA 94244

Dear Acting Director Cervinka:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that California needs intervention in implementing the requirements of Part C of the IDEA. This determination is based on the totality of California's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

California's 2025 determination is based on the data reflected in California's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for California and consists of:

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

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2025: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for California.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of California's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access California's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that California is required to take. The actions that California is required to take are in the "Required Actions" section of the indicator.

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

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

- (1) California's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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

(4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, the Department has determined that California needs intervention in implementing the requirements of Part C of IDEA. The Department identifies a State as needing intervention under IDEA Part C if its RDA Percentage is less than 60%. California's RDA Percentage is 35.42%. The major factors contributing to California's 2025 Needs Intervention determination are the State's data not being valid and reliable on four compliance elements, and the State's RDA score of zero on a results element. In the 2025 Part C Results Matrix, the State received a score of zero on one of the child performance data elements (i.e., comparing the State's FFY 2023 data to the State's FFY 2022 data). This means that the State's FFY 2023 child outcome results data were low when compared to the State's own FFY 2022 child outcomes data. In the 2025 Part C Compliance Matrix, the State received a score of zero for Indicator 1 (timely service provision), Indicator 8A (timely transition plan), Indicator 8C (timely transition conference), and Indicator 12 (general supervision) because its data were not valid and reliable.

Pursuant to Sections 616(d)(2)(B) and 642 of the IDEA and 34 C.F.R. § 303.703(b)(2), a State that is determined to be "needs intervention" or "needs substantial intervention" and does not agree with this determination, may request an opportunity to meet with the Assistant Secretary to demonstrate why the Department should change the State's determination. To request a hearing, submit a letter to Diana Diaz-Harrison, the Acting Assistant Secretary for the Office of Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202 within 15 days of the date of this letter. The letter must include the basis for your request for a change in California's determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, California must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in California on the targets in the SPP/APR as soon as practicable, but no later than 120 days after California's submission of its FFY 2023 SPP/APR. In addition, California must:

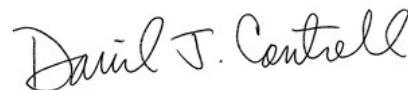
- (1) review EIS program performance against targets in California's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement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

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

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

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator