STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

California

PART C DUE
February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The 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. Known as Early Start in California, these activities are further supported by the California 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 on Early Intervention (ICC), to ensure the delivery of consistent, high-quality EIS throughout the State of California. California Early Start is one of the nation's largest EIS delivery systems.

The DDS is responsible for the oversight of the Early Start programs, 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 (RCs) and local educational agencies (LEAs) which are tasked with coordinating EIS; and promoting continuous improvement. Additionally, the 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.

California State law stipulates the following eligibility criteria for California Early Start for infants and toddlers' birth to age three: 1) developmental delay, 2) at risk, and 3) established risk. The eligibility threshold for developmental delays for EIS for an infant or toddler is a 25 percent delays in one or more developmental areas. Expressive and Receptive Communication Developmental areas are evaluated as two separate developmental areas. 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.

In July 2022, the California legislature supported permanent and ongoing State general purpose funds to local programs to decrease service coordinator (SC) caseloads by 15.6 percent. In FFY 2024, RCs continued to recruit qualified personnel to meet this caseload ratio requirement. In FFY 2024, the average caseloads decreased from 1:54 in the previous year, to a ratio of 1:48. This decrease in caseloads reflects efforts to meet state requirements for a SC-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, SCs can provide targeted support to ensure Individualized Family Service Plans (IFSPs) are completed within 45 days. Local programs have made gains in meeting this requirement year over year.

From July 1, 2024 to June 30, 2025, 107,948 infants and toddlers in California had IFSPs, totaling 12.14 percent of children under three years old in California. Early Start received over 98,302 referrals, with an average of 8,192 per month, and 99,146 infants and toddlers received services through active IFSPS. The number of infants and toddlers with disabilities and their families enrolled in California's Early Start Program grew by one percent from the previous reporting period.

The DDS provides Part C grant funds, and State general purpose funds to the local Early Start programs. The 21 RCs, established by the California Lanterman Act, and LEAs comprise the local EIS programs across the State of California. The RCs provide fixed points of contact and coordinate early intervention services for infants and toddlers with disabilities and their families. In FFY 2024, the DDS maintained an interagency agreement with CDE to coordinate and provide EIS for infants and toddlers with solely low-incidence disabilities (SLI), including visual impairment, hearing impairment, severe orthopedic impairment, or a combination of these through the LEAs. 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. In some areas of the State, RCs and LEAs coordinate closely and simultaneously provide children and families with services.

To further enhance the support and supervision of California's Early Start program, the DDS continued to refine its organizational structure in FFY 2024. This initiative began in FFY 2022 to ensure that appropriate sections are dedicated to supporting general supervision activities and the reporting requirements of the State Performance Plan (SPP) / Annual Performance Report (APR). These changes included establishing Early Childhood and Youth Services Division and allocating additional resources to support the implementation of Part C of IDEA. This reorganization 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 (TA) on federal and State Part C requirements, data entry into California's data systems, and review of data to ensure comprehensive, accurate, and timely data. 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.

The DDS has, and will continue to, utilize support from various Office of Special Education Programs (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 2024, the DDS actively engaged with national TA 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). In FFY 2024, the DDS sought TA focused on data quality and child outcomes. Throughout the year, the DDS utilized ECTA, DaSy, and CiFR to provide feedback on current processes and guide process improvement. The work with these TA providers resulted in increased understanding of all areas of the system, including increasing accuracy in reporting, refining fiscal oversight and processes, and other areas related to updating our processes and procedures for families and professionals, target areas for documentation for the Differentiated Monitoring and Support Visit, and updating the State Systemic Improvement Plan (SSIP).

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 RCs to track children within every phase of California's Early Start program. Data entries are made manually when children enter and exit early intervention services, 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 demonstrates 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 2024. 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.

The DDS conducts comprehensive reviews of Early Start programs through a two-year monitoring cycle of identified cohorts. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 RCs and the California Department of Education (CDE). A statistically representative sample size is determined for each program based on the number of children served in the previous fiscal year and divided by respective counties. The sample of records reviewed is random and reflective of the population of infant and toddlers served. Additionally, California mandates that the sample includes 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 across California, while also considering geographic distribution. Each cohort is representative of the State, including both urban and rural areas.

During FFY 2023, the DDS assumed monitoring activities for the CDE to include infants and toddlers with Soley Low Incidence (SLI) disabilities receiving services exclusively by LEAs in FFY 2024. This involved developing a plan to align LEAs with current department monitoring practices, informing LEAs of upcoming 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 selecting families residing in the respective regional center catchment areas served by the LEAs. Through subsequent reviews, the DDS verifies the correction of noncompliance on all findings at both the individual and systemic levels 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. Parents may at any time request a due process hearing, participate in a mediation conference, or file a state complaint to resolve disagreements related to Early Start services or allegations of violations of federal or state statute or regulation. An Administrative Law Judge or complaint investigator may identify noncompliance during an investigation or hearing. If noncompliance is identified, the DDS verifies the correction of findings derived from the dispute resolution process to ensure that decisions are implemented at the local level through the RCs or LEAs.

Annually, the DDS reviews each EIS program for adherence to state standards and compliance with IDEA Part C through its Local Determinations process. Each EIS program’s determination is based on an analysis of nine factors, including compliance indicators, monitoring data and findings, correction of noncompliance, submission of valid and reliable data, and dispute resolution data. EIS programs can receive one of four determinations based on this analysis and the scoring of these factors: Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention. Each of the “Needs” categories also has outlined enforcement actions.

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

A statistically representative sample size is identified for each program based on the number of children served in the previous fiscal year, divided by corresponding counties. The sample of records reviewed is random and reflects the population of infants and toddlers served. Additionally, California mandates the sample to include demographic representation of populations within each 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 implementation of the five federally required compliance indicators and nine additional items mandated by the state. They are also required to present individual child records for the sampled number of children as evidence of 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 each child-specific instance of noncompliance, evidence of correction must be provided as soon as possible and no later than one year from the date of the finding.

In accordance 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 reached. The subsequent review is completed after all child-specific noncompliance issues are corrected and actions outlined in the corrective action plan are implemented.

During FFY 2024, the DDS conducted monitoring reviews for 12 Early Start programs, including 11 regional centers and the CDE. In this reporting period, the DDS assumed monitoring responsibilities for the CDE to include infants and toddlers with solely low incidence (SLI) disabilities who receive services exclusively through local educational agencies (LEAs). This includes monitoring of LEA programs, aligning LEAs with current department monitoring practices, informing LEAs of the upcoming monitoring activities, providing comprehensive compliance training, and reviewing sample records for children eligible for the Early Start Program under SLI criteria.

Additionally, the DDS sought technical assistance and support from ECTA and DaSy to implement these monitoring efforts in FFY 2024.

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 for 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 conducts a verification process to substantiate compliance for each item. ESR data monitoring reviews for this SPP/APR submission were based on records of children who utilized services from July 1, 2024, to June 30, 2025.

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

As part of the DDS General Supervision and Monitoring System for Part C, 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 2 Code of Federal Regulations (CFR) §200.329, the 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, the DDS publicly shares each program's monitoring review results by posting related notifications and reports on its website.

The DDS issues any findings of noncompliance identified during the biennial monitoring within 90 days of the exit meeting. It is each program’s responsibility to identify and address any root cause(s) of a finding with its vendored EIS provider, when applicable. For programs with findings of noncompliance, the DDS formally notifies the program in writing. During the correction period, technical assistance (TA) 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. These actions are documented in a Plan of Correction (POC) and submitted to the DDS. Based on the POC, the DDS ensures each program with identified noncompliance has taken the appropriate action to meet the specific regulatory requirements and has addressed the root cause of the noncompliance. Through a subsequent review of records, the 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 full compliance is achieved and verified. Through this process, the DDS confirms that 100 percent compliance has been achieved, and all regulatory requirements have been met.

The findings of noncompliance from state complaints are issued to local programs through the issuance of a complaint determination letter by the DDS within 60 days of receiving the complaint, in accordance with CFR §303.433. The determination letter includes the findings and facts of the conclusion(s), the reasons for the DDS’s final decision, and, when applicable, the findings of noncompliance, the required corrective actions, and deadlines by which the EIS must complete the corrective actions. These corrective actions include a root cause analysis for each finding of noncompliance to determine the actions necessary to achieve compliance. The actions are documented in a POC and submitted to the DDS. Based on the plan of correction, the DDS ensures each program with identified noncompliance takes appropriate action to meet the specific regulatory requirements and address the root cause of noncompliance. The complaint determination letter is also sent to the complainant and includes procedural safeguards.

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).

Following a monitoring review, the DDS considers reviewing additional randomly selected records for pre-finding correction. Criteria considered include, but are not limited to, items with high compliance score, items determined not to be areas of systemic concern, and items that do not contain outstanding individual child-level 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 for the correction 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.**

The DDS employs a system of graduated and progressive requirements and sanctions to ensure correction of identified noncompliance as soon as possible and no 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 initiating targeted State-level TA to support programs in identifying root causes and strategies to achieve 100 percent compliance. Program staff training is also prescribed to build capacity and ensure program practices align with federal and 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 POC which includes a root cause analysis and steps to address and correct the noncompliance. The DDS then conducts subsequent reviews to evaluate whether the POC was effective and if the program is implementing the Part C requirements. If the POC is found ineffective in addressing and correcting areas of noncompliance during the subsequent review, the DDS requires programs to update their policies and procedures and resubmit its POC. To enforce compliance with Part C requirements and verify correction across the program, the DDS may also require programs to submit data and documentation for all children within a sample period to confirm correction of outstanding items.

For programs where noncompliance persisted despite the efforts, the DDS has the authority to withhold or reallocate state and federal funds, reassign resources to support corrective actions, bring the issue to the program’s governing board, implement special contractual provisions, 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.

Annually, the DDS reviews each EIS program for adherence to state standards and compliance with IDEA Part C through its Local Determinations process. Each EIS program's determination is based on an analysis of their performance of nine factors, including compliance indicators, monitoring data and findings, correction of noncompliance, submission of valid and reliable data, and dispute resolution data. EIS programs can receive one of four determinations based on this analysis and scoring of the aforementioned factors: Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention. Each of the "Needs" categories also has outlined enforcement actions.

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 TA to ensure high-quality support to EIS programs throughout California. TA needs are identified through ongoing monitoring activities, direct communication via calls, emails and a dedicated contact system, as well as results from dispute resolution activities, and regular reviews of data in California's data collection systems. This framework enables the DDS to deliver targeted assistance and training aligned with the annual SPP/APR and state monitoring efforts. Such support is essential for helping EIS programs understand compliance and performance requirements and develop effective improvement strategies, ultimately aiming to correct noncompliance and 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 broad range of topics. This support is vital for the prompt and effective delivery of high-quality services within California's early intervention system. The FY 2022 Budget Act funded permanent, full-time IDEA Specialist positions at each of the 21 RCs statewide. These specialists, experts in IDEA provisions, provide essential TA to RC SCs, supporting infants and toddlers with disabilities and their families in accessing necessary early intervention supports and services.

Furthermore, in FFY 2024, the DDS organized a comprehensive five-part Special Education Training for the IDEA Specialists from June 2025 to August 2025. The training covered key topics such as parent and professional trust building, differences between Individualized Education Plans (IEPs) and Section 504 Plans, procedural safeguards and parent's rights, special education assessments, and IEP to service provision by the LEA. The goal was to enhance IDEA specialist's understanding of California's special education system, particularly in supporting families during the transition from Part C to Part B and accessing related services.

The DDS also hosts monthly professional development sessions for IDEA Specialists. For example, on May 21, 2025, a session led by a High Quality IEP TA provider focused on the foundations of the IEP development , the principles of the IDEA, and the importance of student participation. This session included a detailed review of transition process from Part C to Part B, eligibility, assessment and the provisions of Free Appropriate Public Education (FAPE). It aimed to strengthen specialists' capacity to support families and facilitate seamless transitions.

IDEA Specialists are key to providing TA and supporting RCs through transition processes, collaborating closely with LEAs to ensure smooth service continuity. More information about their role and work is available here: https://www.dds.ca.gov/wp-content/uploads/2023/01/Individuals-with-Disabilities-Education-Act-Specialists.pdf.

The FFY 2023 APR reflected data that was designated as not valid and reliable on four of six compliance indicators. In addition to calculation errors, there was confusion among staff regarding reporting requirements related to pre-finding corrections of noncompliance, leading to discrepancies in summitted data that were not consistently reflected in EMAPs. To address this, the DDS conducted a comprehensive, audit of all monitoring reports and findings data to verify compliance and ensure data accuracy. Additionally, the DDS received intensive TA to review and improve our data processes. After this thorough review, the DDS confirmed that the corrected data is now valid and reliable. Furthermore, the DDS is addressing these data concerns through strengthened policies and procedures, ongoing staff training, enhanced systems, and stakeholder collaboration to ensure continuous improvement and accurate reporting.

Additionally, to improve Part C Child Outcomes data quality and support EIS programs in reporting requirements, the DDS provided a statewide online training in March of 2025. This session offered an overview of accurate data entry in the ESR system, explained how data impacts the State's determinations, and provided a detailed walkthrough of Child Outcomes data. This training was well-received, with 1,200 participants attending across California, significantly enhancing data understanding and reporting practices statewide.

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 IDEA, and California Code of Regulations, Title 17, Section 56770 and 54342, are required to meet standards of competence for early intervention practice as defined under 34 CFR 303.361(a)(1). To ensure these standards are met, the DDS funded a contract in FFY 2024 with WestEd for the California Early Intervention Technical Assistance Network (CEITAN). CEITAN develops, implements, evaluates, and improves technical assistance and professional development for early intervention professionals statewide, primarily through Early Start Online. Additionally, CEITAN creates products such as the Early Start Neighborhood, the Central Directory of Early Intervention Resources, the Early Start Service Coordination Handbook, and additional resources available via Early Start Online.

During the reporting period, 793 participants completed courses through Early Start Online, engaging in tracked learning activities. The courses include three in the Foundations Series and five in the Skill Base Series. The Skill Base Series addresses development and intervention within specific developmental domains or disability conditions. These courses follow a similar structure across five lessons, each focusing on specific content areas such as communication, sensory processing, social and emotional, cognitive, and adaptive skills. Also available are a Transition from Early Start course and mini courses from the Cultural Humility Series.

In July 2024, all Early Start Online courses were converted to Open Access, making all 14 courses available for independent, on-demand professional development. This format is designed to accommodate professionals who cannot participate in facilitated courses due to professional commitments Additionally, WestEd collaborated with the DDS to revise course content in response to recent legislative changes at the state level. These updates were incorporated into the Foundations Systems, the Foundations Partnering course, and Transition from Early Start courses.

The Early Start Neighborhood, (https://earlystartneighborhood.org/) offers resources to facilitate outreach, child find efforts and promote effective early intervention practices. Throughout FFY 2024, the blog highlighted tools and resources, many of which could be shared with families. Each resource is aligned core knowledge and role-specific competencies from the Early Start Personnel Manual, maintained by the ICC, with relevant competencies listed on each webpage. The DDS, with WestEd's support, provided downloadable resources in 11 languages. In FFY 2024, 30,229 printed copies were ordered and shipped, with resources available in four languages.

During FFY 2024, the Family Resource Center Network of California (FRCNCA), whose staff are certified trainers, conducted two all-state regional trainings, one in October 2024 and another in March 2025, focused on the Standards of Quality for Family Strengthening and Support. These trainings address four key principles: Family Centeredness, Family Strengthening, Community Strengthening, and Evaluation. They aim to enhance capacity across early start Family Resource Centers (FRCs), equipping staff with practices to improve family engagement and support. To date 34 FRC staff and leaders have been certified in these principles, demonstrating a commitment to delivering effective, family-centered services.

Through one-time funding from the American Rescue Plan Act of 2021 (ARPA), California's Early Start program allocated $5 million to RCs. These funds reimbursed EIS providers for training cost and staff time to attend training related to delivering culturally and linguistically responsive, family-centered services, and to promote diversity. Training topics included cultural competency and cultural humility in service delivery, reflective practice and supervision, recognizing Adverse Childhood Experiences (ACEs) and Toxic Stress, recognizing and addressing implicit bias in oneself and in service delivery, supporting inclusive practices, family engagement practices in early intervention, and coursework for degrees and licensure for Speech-Language Pathology, Occupational Therapy, and Physical Therapy. These courses expanded professionals' skills and facilitated entry into the field of early intervention.

The Early Start Partners Symposium (ESPS), an event fostering professional development and cross-system collaboration, was held on July 17-18, 2024. The theme was Start Strong Finish Stronger, emphasizing building on current strengths to expand skills and foster ongoing growth. Keynote speakers included Valerie Williams, Director of the United States Department of Education Office of Special Education Programs, and Sharon Walsh, Governmental Relations Consultant for the Division for Early Childhood of the Council for Exceptional Children. A total of 466 participants attended, with sessions focused on supporting family and professional mental health wellness, engaging diverse communities, federal and state policy updates, and practical strategies for improving services and outcomes.

In FFY 2024, the DDS hosted a Service Coordinator Day, a one-day seminar designed to enhance the skills of Early Start Service Coordinators and managers the day prior to ESPS. The event emphasized fostering community connections, strengthening relationships with the family and multi-disciplinary team members, and supporting shared commitment to equity and inclusion. It highlighted the vital role of SCs in partnering with families and supporting young children with developmental delays or disabilities. Topics included how to handle difficult conversations with families, understanding the role of the service coordinator, and promoting family engagement. Executive leadership from the DDS participated in a question-and-answer session and a panel interview with a family receiving EIS.

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 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

The ICC's operational format during FFY 2024 included three fully virtual quarterly meetings. The remaining meeting adopting a hybrid model to accommodate both in-person and virtual participation. Each meeting focused on different topics: early access (August 2024), child find (October 2024), updates on early intervention (February 2025), and moving forward (April 2025). To gather input on data, improvement strategies, and progress evaluation, the DDS presented California's FFY 2023 SPP/APR at the first ICC meeting in 2025. All meetings included standing agenda items such as updates on caseload and referral data, and discussions on field improvement strategies. Community partners had multiple avenues for public input, including direct comments, Zoom chat, and email.

In FFY 2024, the ICC developed and distributed a survey to identify issues and enhance diverse representation. The results informed the recommendations of the Communications and Outreach Committee's, which included clarifying the ICC's purpose, evaluating outreach materials for inclusivity, empowering current members as champions for underrepresented populations, establishing a mentorship program for new members, and annually reviewing membership demographics. Additionally, the Improving State Systems Committee conducted a survey to gather family and caregiver input on challenges related to COVID-19 and ongoing support needs.

During the July 2024 ICC meeting, the Master Plan for Developmental Disabilities workgroups were first introduced, and attendees were encouraged to access information online. In October 2024, ICC members learned that advisory and constituency groups were developing a new SSIP plan. Members were also invited to join one of the five Master Plan Workgroups. The ICC reviewed and provided feedback on the Transition Guide and in February 2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

At the April 2025 ICC meeting, community partner feedback was collected facilitated discussions and Mentimeter, an interactive tool that allowed anonymous responses. Topics included meeting format, accessibility, public comment process, community outreach, engagement strategies and culturally sensitive practices.

Throughout FFY 2024, the DDS strengthened its partnership with the FRCNCA, a coalition of 47 Early Start FRCs dedicated to providing training, setting standards, and advocating for better policies across California. To further increase family participation and promote diversity at ICC meetings, FRCNCA facilitated watch parties, offered webinars and training sessions on data and target setting related to California's SPP/APR, and hosted support group facilitator trainings for FRC staff.

In collaboration with the University of California Davis, FRCNCA also developed a curriculum for a community navigator certification course. The goal was to build a pipeline of trained and certified community navigators entering the workforce. Families who have worked with Community Navigators report significantly fewer barriers to accessing services.

The DDS also contributed to a statewide effort to develop the Master Plan for Developmental Services, established by the California Health and Human Services (CalHHS) Secretary and released in March 2025. Guided by a 38-member committee that has been meeting monthly since April 2024, the development process includes representatives from all sectors of California's developmental disabilities system, including community members involved in the Early Start program. These workgroups develop recommendations on priority topics identified by the community.

Within the context of the Early Start program, the Master Plan contains specific recommendations to better coordinate supports during the transition from Early Start (Part C), to Special Education (Part B) programs. These include improving training for Early Start staff on transition procedures, gathering family feedback to enhance the transition processes, providing clear guidance to RCs on provisional eligibility, and conducting a gap-analysis of available post-transitioning from Early Intervention services. The plan also proposes strategies to safeguard Early Start funding in case federal resources are reduced or eliminated.

Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

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 2024, the DDS continued implementing comprehensive strategies to incorporate a diverse range of parental perspectives into the work of California's ICC. Quarterly ICC meetings and committee meetings provided valuable platforms 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. Each ICC meeting focused on a topic critical to enhancing outcomes, allowing parent members—who bring firsthand experience as parents of children with disabilities—to share their unique insights on developing and implementing improvement strategies.

During the FFY 2024 ICC meetings, an anonymous, multiple choice poll was used to capture attendee demographics. On average, 24% of attendees identified as a parent or caregiver of children with disabilities or developmental delays. Additionally, 2% identified as individuals with disabilities, 11% as direct service providers, 73% as a professional and 14% as other.

Beyond the ICC, the DDS funds 47 regional FRCs staffed by parents of children with developmental disabilities or delays. These FRCs provide information and parent-to-parent support tailored to their community's needs. Each center offers services in multiple languages and is culturally responsive to the families they serve. The FRCNCA is a coalition representing all 47 FRCs, providing opportunities for staff and center directors to participate in high-quality professional development and to collaborate on emerging family and program needs within the Early Start system. The DDS maintains regular communication, monthly or more frequent, with this coalition to gather feedback and input on processes and proposals related to California's Early Intervention system.

During the reporting year, the State engaged in the creation of the Master Plan for Developmental Services. At the October 2024 ICC Meeting, the DDS encouraged attendees to join one of the five Master Plan workgroups and to invite families not present to participate as well. The DDS also shared goals aimed at improving the intake process, particularly for infants who had been admitted to the Neonatal Intensive Care Unit (NICU) or met criteria for having an established risk condition or high risk for a significant disability. Attendees were invited to provide feedback, and in addition to their input on the presentation, parents shared their personal experiences regarding the evaluation process for determining their children's eligibility under these criteria.

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.

California law established the Disparity Funds Program, which provides annual grants to RCs and community-based organizations to implement strategies aimed at reducing disparities and promoting equity in RC services. In FFY 2024, the DDS awarded funds to two RCs and eight community-based organizations to support projects focusing on infants, toddlers, and their families.

Examples of funded projects include:

- Westside Regional Center launched the Westside Infant-Family Network (WIN) & WRC Collaboration, addressing service for African American and Hispanic families through personalized assistance and collaboration with SCs. Languages served in this project are English and Spanish.

- Central Valley Regional Center expanded its CVRC on Wheels project by deploying bilingual staff to educate and provide support rural families about EIS, with a focus on African America, Native American, and Hispanic communities speaking English or Spanish.
- Acorns to Oak Trees received funding for Harley's Hope Project, which raises awareness of intellectual and developmental disabilities within tribal communities via culturally appropriate outreach events and educational materials in English, American Sign Language, and Spanish.
- Understanding Needed Integration implements the Coaching to Empower (CTEP) project, providing person-centered training program to help African American and Hispanic families enhance self-advocacy and navigate EIS transitions. This project serves American Sign Language, English, Spanish speaking families.
- CBC Education, Inc. leads the Proactive Early Assessment & Resources for Latinos (PEARL) project, empowering Hispanic parents through bilingual workshops on developmental milestones and advocacy skills.
- Support for Families of Children with Disabilities runs Community Connectors, recruiting and training family members across various language groups to provide culturally appropriate outreach, resources, and workshops on navigating RC services, targeting African American, Chinese, Hispanic, and Pacific Islander heritage families.
- Foothill Family Service leads the Early Support, Training and Education for Partners Services - Early STEPS project, delivering accessible early intervention workshops and individualized support in multiple languages, including ASL, Arabic, Cantonese, Mandarin, Farsi, Korean, Spanish, Tagalog, and Vietnamese, to Chinese, African American, Hispanic and Vietnamese families.
- Beyond Blindness Advocacy for People with Disabilities project trains parents on disability rights and service access, building a network of peer advocates among African American, Cambodian, Chamorro, Hawaiian, Hispanic, Native American, Samoan, and Vietnamese communities. Languages served include Chamorro, English, Hawaiian, Khmer, Samoan, Spanish, and Vietnamese.
- All For Kids' Padres Poderosos Parent Leadership & Advocacy Training Program offers workshops in Spanish and coaching to empower parents and caregivers as advocates.
- Cutler Orosi Family Education Center BrightPath Family Empowerment project trains outreach aides to support rural Hispanic families in the Central Valley through personalized workshops in English and Spanish.
- Care Parent Network leads Connecting Traditions and Services: Building for the Future project, hosting consultation clinics to build trust and system navigation skills among primarily Spanish speaking families.

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, development of improvement strategies, and progress evaluation during its quarterly 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 participants, the DDS ensures accessibility by providing American Sign Language and Spanish interpretation services.

To facilitate comprehensive engagement, the DDS presents an overview of the SPP/APR. For example, during the FFY 2024 meetings, the February 2025 meeting included a detailed overview of California's FFY 2023 SPP/APR, utilizing data visualizations and charts for clarity. Attendees then had opportunities to provide input, ensuring a broad spectrum of perspectives informs the DDS's evaluation and planning processes. Public comment opportunities are also advertised on the DDS website: https://www.dds.ca.gov/initiatives/stakeholder-events/.

In FFY 2024, California developed a Master Plan for Developmental Services. The Master Plan for Developmental Services, guided by a 38-member committee that has been meeting monthly since April 2024. Of these members, four of them are ICC community representatives; one has a child under six with developmental disabilities. All committee and workgroup meetings are open to the public and include participation from community members statewide. During FFY 2024, eight public meetings were held. Input from community members contributed to six recommendations in the Master Plan, which the department is considering for future system improvements. Many of these recommendations align with or build upon ongoing DDS initiatives, with scheduled updates to report on progress.

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 2024, the DDS continued to use California's ICC as the primary mechanism for sharing results related to target setting, data analysis, development of improvement strategies, and evaluation. All ICC meetings are accessible to the public and often attract over 100 members, including voting members, community representatives, and members of the public. To accommodate diverse needs, interpretation services in American Sign Language and Spanish are provided at every meeting, with additional languages available upon request. All meeting material, including minutes and records, are published on the DDS's website: 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 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

The DDS publicly posted the FFY 2023 performance of each local program on targets in the SPP/APR on May 29, 2025, within 120 days of submitting California's FFY 2023 APR. All 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 2023 APR is also available at: https://www.dds.ca.gov/services/early-start/state-performance-reports/.

Intro - Prior FFY Required Actions

None

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.

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	91.50%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	81.36%	89.86%	88.47%	90.13%	Not Valid and Reliable

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
376	485	Not Valid and Reliable	100%	87.63%	Did not meet target	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.

49

Provide reasons for delay, if applicable.

Delays in the provision of Early Intervention Services (EIS) were identified in 109 of the 485 records reviewed for this indicator. Of the 109 records, 49 records involved documented delays due to exceptional family circumstances including family illness, families missed scheduled appointments, scheduling difficulties due to inability to contact parent, and family postponement. The 60 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, the Department of Developmental Services (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. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE).

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 within the program's catchment area. The sample of records selected for review is random and reflects the overall population of children served. Additionally, California's sample includes demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for public programs such as MediCal. Early Start program selection for monitoring is cyclical to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

Beginning in FFY 2023, the 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 2024, LEAs were monitored in alignment with current department monitoring practices including, 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 the respective regional center catchment areas that are served by the LEAs.

Provide additional information about this indicator (optional)

To further support efforts to ensure Early Intervention Services (EIS) are provided in a timely manner, the Department of Developmental Services (DDS) 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 overall 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 2024, the DDS established "Incentive Payment Processing" and "Conditions for a Provider to Receive Incentive Payments," which require that incentive payments processed by regional centers be paid using a contract authorization, with applicable services associated with a service provider vendor number. Additional details about the QIP can be found at:https://www.dds.ca.gov/rc/vendor-provider/quality-incentive-program/.

FFY 2023 Report Clarification:

For FFY 2023, the DDS initially reported the incorrect number of children whose services were delayed. The correct number of children whose services were delayed is 95 (versus 135 originally reported for children whose services were delayed). Of the 95 records, 40 records involved delays due to exceptional family circumstances (EFC). The 55 remaining delays were due to administrative reasons. The error in reporting data for FFY 2023 included calculation errors and the omission of records cleared through the pre-finding correction process.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	7	1	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For FFY 2023, eight findings of noncompliance were issued for 50 noncompliant records, and two additional programs resolved five instances of noncompliance through pre-finding correction. The DDS verified correction for seven of the eight findings of noncompliance within one year of the finding. The remaining finding was verified as corrected within 13 months from the date of the finding.

Details of finding corrections include:

- HRC was notified of the finding on March 7, 2024. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On March 6, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 March 6, 2025.

- VMRC was notified of the finding on July 1, 2024. One finding was issued for the six noncompliant records. A subsequent review was completed on randomly selected records. On October 22, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 October 22, 2024.

- RCOC was notified of the finding on May 31, 2024. One finding was issued for the three noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 28, 2025, 100 percent compliance was achieved This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 February 28, 2025.

- NBRC was notified of the finding on August 12, 2024. One finding was issued for the nine noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 16, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 July 16, 2025.

- SDRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A subsequent review was completed on randomly selected records. On November 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 November 14, 2024.

- ACRC was notified of the finding on October 1, 2024. One finding was issued for the 14 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On May 13, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 May 13, 2025.

- ELARC was notified of the finding on August 30, 2024. One finding was issued for the five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 29, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 corrected within 13 months from the date of the finding and closed on September 29, 2025.

- CDE was notified of the finding on December 30, 2024. One finding was issued for the three noncompliant records. A subsequent review was completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 November 7, 2025.

- The five additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, the DDS verified correction for the eight findings of noncompliance within one year. The DDS verified through documentation in the child's records that all children whose services did not occur in a timely manner, received those services, although late.

Details of finding corrections include:

- For HRC, the DDS verified through documentation in the child's records that the six children whose services did not occur in a timely manner, received those services, although late.

- For VMRC, the DDS verified through documentation in the child's records that the six children whose services did not occur in a timely manner, received those services, although late.

• For RCOC, the DDS verified through documentation in the child's records that the three children whose services did not occur in a timely manner, received those services, although late.

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For NBRC, the DDS verified through documentation in the child's records that the nine children whose services did not occur in a timely manner, received those services, although late.

• For SDRC, the DDS verified through documentation in the child's records that the four children whose services did not occur in a timely manner, received those services, although late.

• For ACRC, the DDS verified through documentation in the child's records that the 14 children whose services did not occur in a timely manner, received those services, although late.

• For ELARC, the DDS verified through documentation in the child's records that the five children whose services did not occur in a timely manner, received those services, although late.

• For CDE, the DDS verified through documentation in the child's records that the three children whose services did not occur in a timely manner, received those services, although late.

• The five additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, two programs resolved five instances of noncompliance through the pre-finding correction process.

Details of the pre-finding corrections include:

• During the monitoring review, two noncompliant records were identified for FDLRC. However, before the report was issued, the DDS verified through documentation in the child's records that, although late, the two children received services. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, three noncompliant records were identified for FNRC. However, prior to issuance of the report, the DDS verified through documentation in the child's records that, although late, the three children whose services did not occur in a timely manner, received those services. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	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.*

For FFY 2022, the DDS verified that two of the two remaining findings of noncompliance have been corrected.

Details of finding corrections include:

• GGRC, formerly reported as "Program 1" for FFY 2022, was notified of the finding on January 17, 2023. One finding was issued for the seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On May 15, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 May 15, 2025.

• RCRC, formerly reported as "Program 2" for FFY 2022, was notified of the finding on October 23, 2023. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 14, 2026, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 January 14, 2026.

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

Details of finding corrections include:

• For GGRC, formerly reported as “Program 1” for FY 2022, 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.

• For RCRC, formerly reported as “Program 2” for FFY 2022, 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.

1 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

Refer to section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	93.81%

FFY	2019	2020	2021	2022	2023
Target>=	89.00%	93.81%	93.90%	94.00%	94.10%
Data	94.03%	93.22%	92.99%	93.09%	94.38%

Targets

FFY	2024	2025
Target >=	94.20%	94.30%

Targets: Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

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Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	56,764
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	60,457

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
56,764	60,457	94.38%	94.20%	93.89%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

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	2019	2020	2021	2022	2023
A1	2019	Target>=	49.50%	67.39%	67.50%	67.75%	68.00%
A1	67.39%	Data	67.39%	66.46%	65.93%	65.11%	64.85%
A1 ALL	2019	Target>=	49.50%	67.39%	67.50%	67.75%	68.00%
A1 ALL	67.39%	Data	67.23%	66.07%	65.65%	64.88%	64.58%
A2	2019	Target>=	67.50%	67.00%	67.10%	67.20%	67.30%
A2	67.00%	Data	67.00%	64.98%	64.18%	62.71%	61.52%
A2 ALL	2019	Target>=	67.50%	67.00%	67.10%	67.20%	67.30%
A2 ALL	67.00%	Data	67.22%	65.21%	64.53%	63.02%	61.87%
B1	2019	Target>=	51.50%	76.67%	76.70%	76.80%	76.90%
B1	76.67%	Data	76.67%	75.78%	76.45%	74.47%	73.70%
B1 ALL	2019	Target>=	51.50%	76.67%	76.70%	76.80%	76.90%
B1 ALL	76.67%	Data	75.51%	74.36%	74.95%	73.31%	72.71%
B2	2019	Target>=	54.50%	53.14%	53.24%	53.34%	53.44%
B2	53.14%	Data	53.14%	52.33%	51.27%	49.43%	48.53%
B2 ALL	2019	Target>=	54.50%	53.14%	53.24%	53.34%	53.44%
B2 ALL	53.14%	Data	53.44%	52.64%	51.73%	49.77%	48.96%
C1	2019	Target>=	40.00%	57.90%	58.00%	58.25%	58.50%
C1	57.90%	Data	57.90%	57.02%	56.10%	51.64%	49.82%
C1 ALL	2019	Target>=	40.00%	57.90%	58.00%	58.25%	58.50%
C1 ALL	57.90%	Data	57.67%	56.61%	55.87%	51.60%	49.87%
C2	2019	Target>=	63.50%	60.70%	60.80%	60.90%	61.00%
C2	60.70%	Data	60.70%	59.86%	59.04%	56.97%	55.10%
C2 ALL	2019	Target>=	63.50%	60.70%	60.80%	60.90%	61.00%
C2 ALL	60.70%	Data	60.72%	59.83%	59.14%	57.07%	55.20%

Targets

FFY	2024	2025
Target A1 >=	68.25%	68.50%
Target A1 ALL >=	68.25%	68.50%
Target A2 >=	67.40%	67.50%
Target A2 ALL >=	67.40%	67.50%
Target B1 >=	77.00%	77.10%
Target B1 ALL >=	77.00%	77.10%
Target B2 >=	53.54%	53.64%
Target B2 ALL >=	53.54%	53.64%
Target C1 >=	58.75%	59.00%
Target C1 ALL >=	58.75%	59.00%
Target C2 >=	61.10%	61.20%

Target C2 ALL >=	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	2,341	7.17%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,193	12.85%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	5,013	15.36%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8,501	26.05%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	12,580	38.56%

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	2,370	6.91%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	4,638	13.53%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	5,015	14.63%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	9,302	27.14%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	12,953	37.79%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	13,514	20,048	64.85%	68.25%	67.41%	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	21,081	32,628	61.52%	67.40%	64.61%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	14,317	21,325	64.58%	68.25%	67.14%	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	22,255	34,278	61.87%	67.40%	64.93%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
years of age or exited the program							

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	1,302	3.99%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,128	15.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	9,229	28.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	10,406	31.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	6,563	20.11%

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	1,330	3.88%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5,746	16.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	9,236	26.94%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	11,180	32.62%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	6,786	19.80%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	19,635	26,065	73.70%	77.00%	75.33%	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	16,969	32,628	48.53%	53.54%	52.01%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	20,416	27,492	72.71%	77.00%	74.26%	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	17,966	34,278	48.96%	53.54%	52.41%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
turned 3 years of age or exited the program							

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	2,547	7.81%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	6,965	21.35%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,571	14.01%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	5,832	17.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	12,713	38.96%

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	2,591	7.56%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	7,584	22.12%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	4,580	13.36%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	6,523	19.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	13,000	37.93%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	10,403	19,915	49.82%	58.75%	52.24%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	18,545	32,628	55.10%	61.10%	56.84%	Did not meet target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	11,103	21,278	49.87%	58.75%	52.18%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	19,523	34,278	55.20%	61.10%	56.95%	Did not meet target	No Slippage

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	62,381
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.	10,841
Number of infants and toddlers with IFSPs assessed.	34,278

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 Fourth Edition (Bayley IV)

Batelle Developmental Inventory (BDI)

Hawaii Early Learning Profile (HELP)

Developmental Assessment of Young Children Second Edition (DAYC-2)

Infant-Toddler Developmental Assessment (IDA)

Devereux Early Childhood Assessment (DECA)

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2019	Target>=	70.50%	72.23%	72.50%	72.50%	72.50%
A	72.23%	Data	72.23%	76.81%	77.66%	78.76%	81.48%
B	2019	Target>=	80.50%	84.33%	84.34%	84.34%	84.34%
B	84.33%	Data	84.33%	81.57%	82.63%	82.93%	86.31%
C	2019	Target>=	75.50%	83.60%	83.61%	83.61%	83.61%
C	83.60%	Data	83.60%	78.18%	79.98%	81.06%	83.60%

Targets

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

Targets: Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

The ICC's operational format during FFY 2024 included three fully virtual quarterly meetings. The remaining meeting adopting a hybrid model to accommodate both in-person and virtual participation. Each meeting focused on different topics: early access (August 2024), child find (October 2024), updates on early intervention (February 2025), and moving forward (April 2025). To gather input on data, improvement strategies, and progress evaluation, the DDS presented California's FFY 2023 SPP/APR at the first ICC meeting in 2025. All meetings included standing agenda items such as updates on caseload and referral data, and discussions on field improvement strategies. Community partners had multiple avenues for public input, including direct comments, Zoom chat, and email.

In FFY 2024, the ICC developed and distributed a survey to identify issues and enhance diverse representation. The results informed the recommendations of the Communications and Outreach Committee's, which included clarifying the ICC's purpose, evaluating outreach materials for inclusivity, empowering current members as champions for underrepresented populations, establishing a mentorship program for new members, and annually reviewing membership demographics. Additionally, the Improving State Systems Committee conducted a survey to gather family and caregiver input on challenges related to COVID-19 and ongoing support needs.

During the July 2024 ICC meeting, the Master Plan for Developmental Disabilities workgroups were first introduced, and attendees were encouraged to access information online. In October 2024, ICC members learned that advisory and constituency groups were developing a new SSIP plan. Members were also invited to join one of the five Master Plan Workgroups. The ICC reviewed and provided feedback on the Transition Guide and in February 2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

At the April 2025 ICC meeting, community partner feedback was collected facilitated discussions and Mentimeter, an interactive tool that allowed anonymous responses. Topics included meeting format, accessibility, public comment process, community outreach, engagement strategies and culturally sensitive practices.

Throughout FFY 2024, the DDS strengthened its partnership with the FRCNCA, a coalition of 47 Early Start FRCs dedicated to providing training, setting standards, and advocating for better policies across California. To further increase family participation and promote diversity at ICC meetings, FRCNCA facilitated watch parties, offered webinars and training sessions on data and target setting related to California's SPP/APR, and hosted support group facilitator trainings for FRC staff.

In collaboration with the University of California Davis, FRCNCA also developed a curriculum for a community navigator certification course. The goal was to build a pipeline of trained and certified community navigators entering the workforce. Families who have worked with Community Navigators report significantly fewer barriers to accessing services.

The DDS also contributed to a statewide effort to develop the Master Plan for Developmental Services, established by the California Health and Human Services (CalHHS) Secretary and released in March 2025. Guided by a 38-member committee that has been meeting monthly since April 2024, the development process includes representatives from all sectors of California's developmental disabilities system, including community members involved in the Early Start program. These workgroups develop recommendations on priority topics identified by the community.

Within the context of the Early Start program, the Master Plan contains specific recommendations to better coordinate supports during the transition from Early Start (Part C), to Special Education (Part B) programs. These include improving training for Early Start staff on transition procedures, gathering family feedback to enhance the transition processes, providing clear guidance to RCs on provisional eligibility, and conducting a gap-analysis of available post-transitioning from Early Intervention services. The plan also proposes strategies to safeguard Early Start funding in case federal resources are reduced or eliminated.

Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	10,176
Number of respondent families participating in Part C	742
Survey Response Rate	7.29%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	648
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	741
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	667
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	742
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	650
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	741

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	81.48%	72.50%	87.45%	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)	86.31%	84.34%	89.89%	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)	83.60%	83.61%	87.72%	Met 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	2023	2024
Survey Response Rate	8.75%	7.29%

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 (52.3 percent), followed by White families (15.8 percent), Asian families (7.1 percent), Black/African American families (4.3 percent), more-than-one race families (2.2 percent), American Indian families (0.21 percent) and Native Hawaiian families (0.14 percent). Race and ethnicity data was not available for 17.98 percent of the Early Start population.

The results of the ECTA calculator show that data received is not representative of families with ethnicity of Hispanic, White, Asian, Black/African American, American Indian, Native Hawaiian, or 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 five identified regions of California.

Representativeness by language:

The distribution of language shows English completed surveys account for 88.11 percent, Spanish at 9.96 percent, and 1.52 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, it's 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 the DDS on ways to make data collection more family friendly.

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 FOS among Early Start program participants. Efforts include the 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, 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 FY 2021-22, 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 promotes the FOS on social media and available listserves. 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, decreasing the number of questions, and sending the survey to some families via email. 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 7.10 percent, which is a decrease compared to the previous year's rate of 1.65 percent. Approximately 66.45 percent of survey respondents completed the survey electronically, while the remaining 33.56 percent chose to complete the survey on paper.

Response rate by ethnicity:

The DDS' survey analysis shows Hispanic had the highest response rate at 39.09 percent, followed by white families at 35.08 percent, Asian families at 20.30 percent, more than one race at 15.19 percent and Black or African American families at 2.49 percent. The response rate for families identified as Native Hawaiian or Pacific Islander was 0.14 percent and for Native American or Native Alaskan was 1.38 percent. In 2.49 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 7.1 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 (8.24 percent), while the lowest response rate was found in the Central California region (5.32 percent). The response rates in the Bay Area, Los Angeles, and Southern California areas ranged from 7.03 percent to 7.44 percent.

Response rate by gender:

The response rate for families of male children participating in Early Start was 63.54 percent. The response rate for families of female children participating in Early Start was 36.46 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 2024, 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

None

4 - OSEP Response

4 - Required Actions

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

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	1.09%

FFY	2019	2020	2021	2022	2023
Target >=	1.09%	1.09%	1.09%	1.10%	1.10%
Data	1.11%	0.98%	1.11%	1.10%	1.22%

Targets

FFY	2024	2025
Target >=	1.11%	1.11%

Targets: Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

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2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

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Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	5,445
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	403,878

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
5,445	403,878	1.22%	1.11%	1.35%	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.

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 mandated a standardized intake process for individuals seeking supports from the larger developmental disability service system and infants and toddlers referred for Early Start Services. According to Welfare and Institution Code Section 4435.1(f), the Department must establish a standardized intake procedures. Currently, the Department is working with local programs, families and individuals served, and community partners to develop these standard procedures.

Through the DDS' Regional Center Performance Measures initiative, the 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 CFR, Section 303.302(b). This includes unhoused children and families, children in foster care, and Native American children and families residing on tribal lands.

Two initiatives aimed at child find efforts for children aged birth to three were funded through the Department of Developmental Services' (DDS) Service Access and Equity (SAE) Grant. One of the SAE Grant funded projects, CVRC on Wheels, aims to educate and provide support to underserved families in rural areas on Early Start services available to them. address core reasons why Black, Native American, and Hispanic families may not access services, such as trust issues, geographic barriers, and lack of access to technology for grandparents who may serve as primary caregivers. Through community outreach this initiative works to close gaps in the system for children and families loving in rural areas in Central CA. This initiative provides outreach in both English and Spanish.

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)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2018	3.47%

FFY	2019	2020	2021	2022	2023
Target >=	2.70%	3.47%	3.47%	3.48%	3.48%
Data	3.76%	3.34%	4.03%	4.44%	4.97%

Targets

FFY	2024	2025
Target >=	3.49%	3.49%

Targets: Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

The ICC's operational format during FFY 2024 included three fully virtual quarterly meetings. The remaining meeting adopting a hybrid model to accommodate both in-person and virtual participation. Each meeting focused on different topics: early access (August 2024), child find (October 2024), updates on early intervention (February 2025), and moving forward (April 2025). To gather input on data, improvement strategies, and progress evaluation, the DDS presented California's FFY 2023 SPP/APR at the first ICC meeting in 2025. All meetings included standing agenda items such as updates on caseload and referral data, and discussions on field improvement strategies. Community partners had multiple avenues for public input, including direct comments, Zoom chat, and email.

In FFY 2024, the ICC developed and distributed a survey to identify issues and enhance diverse representation. The results informed the recommendations of the Communications and Outreach Committee's, which included clarifying the ICC's purpose, evaluating outreach materials for inclusivity, empowering current members as champions for underrepresented populations, establishing a mentorship program for new members, and annually reviewing membership demographics. Additionally, the Improving State Systems Committee conducted a survey to gather family and caregiver input on challenges related to COVID-19 and ongoing support needs.

During the July 2024 ICC meeting, the Master Plan for Developmental Disabilities workgroups were first introduced, and attendees were encouraged to access information online. In October 2024, ICC members learned that advisory and constituency groups were developing a new SSIP plan. Members were also invited to join one of the five Master Plan Workgroups. The ICC reviewed and provided feedback on the Transition Guide and in February 2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

At the April 2025 ICC meeting, community partner feedback was collected facilitated discussions and Mentimeter, an interactive tool that allowed anonymous responses. Topics included meeting format, accessibility, public comment process, community outreach, engagement strategies and culturally sensitive practices.

Throughout FFY 2024, the DDS strengthened its partnership with the FRCNCA, a coalition of 47 Early Start FRCs dedicated to providing training, setting standards, and advocating for better policies across California. To further increase family participation and promote diversity at ICC meetings, FRCNCA facilitated watch parties, offered webinars and training sessions on data and target setting related to California's SPP/APR, and hosted support group facilitator trainings for FRC staff.

In collaboration with the University of California Davis, FRCNCA also developed a curriculum for a community navigator certification course. The goal was to build a pipeline of trained and certified community navigators entering the workforce. Families who have worked with Community Navigators report significantly fewer barriers to accessing services.

The DDS also contributed to a statewide effort to develop the Master Plan for Developmental Services, established by the California Health and Human Services (CalHHS) Secretary and released in March 2025. Guided by a 38-member committee that has been meeting monthly since April 2024, the development process includes representatives from all sectors of California's developmental disabilities system, including community members involved in the Early Start program. These workgroups develop recommendations on priority topics identified by the community.

Within the context of the Early Start program, the Master Plan contains specific recommendations to better coordinate supports during the transition from Early Start (Part C), to Special Education (Part B) programs. These include improving training for Early Start staff on transition procedures, gathering family feedback to enhance the transition processes, providing clear guidance to RCs on provisional eligibility, and conducting a gap-analysis of available post-transitioning from Early Intervention services. The plan also proposes strategies to safeguard Early Start funding in case federal resources are reduced or eliminated.

Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	60,457
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	1,246,727

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
60,457	1,246,727	4.97%	3.49%	4.85%	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.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.43%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	87.46%	91.55%	78.64%	85.08%	93.26%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
369	485	93.26%	100%	89.07%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Federal Fiscal Year (FFY) 2024 data shows that 89.07% percent of Individualized Family Service Plans (IFSP) meetings were held within the required 45-day timeline, following initial evaluation and assessment. This represents slippage from FFY 2023, which had a compliance rate of 93.26% percent. The slippage is due to several administrative factors, including limited provider availability, provider language capabilities, personnel shortages among service providers and service coordinators, scheduling challenges with families and providers, and lack of appropriate documentation on the reasons for delay in convening IFSP meeting within the 45-day timeline.

To address this decline, the Department of Developmental Services (DDS) has provided targeted technical assistance and support to local programs facing challenges in meeting this requirement. Additionally, the DDS continues to enhance staff development and capacity through California's Comprehensive System of Personnel Development.

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.

63

Provide reasons for delay, if applicable.

Delays in the initial evaluation, assessment, and initial Individualized Family Services Plan (IFSP) meetings were identified in 116 of the 485 records reviewed for this indicator. Of the 116 records with untimely IFSP meetings, 63 involved documented delays due to exceptional family circumstances, including family illness, families missed scheduled appointments, inability to contact parent, and postponement requested by family. The 53 remaining records noted delays due to personnel-related issues, staff 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, the Department of Developmental Services (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. The DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE).

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 within the program's catchment area. The sample of records selected for review is random and reflects the overall population of children served. Additionally, California's sample includes demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for public programs such as MediCal. Early Start program selection for monitoring is cyclical to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

Beginning in FFY 2023, the 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 2024, LEAs were monitored in alignment with current department monitoring practices including, 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 the respective regional center catchment areas that are served by the LEAs.

Provide additional information about this indicator (optional).

FFY 2023 Report Clarification

For FFY 2023, the DDS initially reported the incorrect number of delays for children whose IFSP meetings were delayed beyond the 45-day timeline. The correct number of children whose IFSP meetings were delayed is 81 (versus 79 originally reported for children whose IFSP were delayed). Of the 81 records, 52 records involved delays due to exceptional family circumstances (EFC). The 29 remaining records with delays were due to administrative reasons. The error in reporting data for FFY 2023 included calculation errors and the omission of records cleared through the pre-finding correction process.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For FFY 2023, three findings of noncompliance were issued, and six additional programs resolved noncompliance through pre-finding correction process. The three findings issued account for 15 of 29 instances of noncompliance, while the remaining 14 instances of noncompliance were resolved through a pre-finding correction process. The DDS verified correction for three of the three findings of noncompliance within one year of the finding.

Details of finding corrections include:

• RCOC was notified of the finding on April 8, 2024. One finding was issued for nine 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 meetings 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.

• ACRC was notified of the finding on October 1, 2024. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 30, 2025, 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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 30, 2025.

• CDE was notified of the finding on December 30, 2024. One finding was issued for one noncompliant record. A subsequent review was completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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 November 7, 2025.

• The 14 additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, the DDS verified correction for the three findings of noncompliance within one year of the finding.

Details of finding corrections include:

• For RCOC, the DDS verified through documentation in the child's records that the nine children whose IFSP meeting did not occur in a timely manner were held, although late.

• For ACRC, 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.

• For CDE, 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.

• The 14 additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, six programs resolved 14 instances of noncompliance through the pre-finding correction process.

Details of the pre-finding corrections include:

• During the monitoring review, two noncompliant records were identified for FDLRC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for these two children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, one noncompliant record was identified for FNRC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for this child. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, four noncompliant records were identified for VMRC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for these four children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, two noncompliant records were identified for NBRC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for these two children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, two noncompliant records were identified for ELARC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for these two children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, three noncompliant records were identified for KRC. However, before the report was issued, the DDS verified through documentation in the child's records that the IFSP meeting was held, although late, for these three children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	9	8	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.*

FFY 2022 Report Clarification

For FFY 2022, the DDS initially reported the incorrect number of delays for children whose IFSP meetings were delayed beyond the 45-day timeline. The correct number of children whose IFSP meetings were delayed is 138 (versus 129 originally reported for children whose IFSP were delayed). Of the 138 records, 58 records involved delays due to exceptional family circumstances (EFC). The correct number of noncompliant records is 80 versus 74. The error in reporting data for FFY 2022 (71) and FFY 2023 (74) included calculation errors and the omission of records cleared through the pre-finding correction process.

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 2, 2026.

Details of finding corrections include:

• SARC, formerly reported as “Program 1” for FY 2022, was notified of the finding on September 27, 2022. One finding was issued for eleven 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 meetings 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 March 3, 2023.

• GGRC, formerly reported as “Program 2” for FY 2022, 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 2, 2026. 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.

• TCRC, formerly reported as “Program 3” for FY 2022, 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 meetings 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.

• SGPRC, formerly reported as “Program 4” for FY 2022, 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 meetings 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.

• RCRC, formerly reported as “Program 5” for FY 2022, 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 meetings 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.

• IRC, formerly reported as “Program 6” for FY 2022, 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 meetings 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 August 6, 2024.

• WRC, formerly reported as “Program 7” for FY 2022, was notified of the finding on October 18, 2023. One finding was issued for eleven 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 meetings 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.

• CVRC, formerly reported as “Program 8” for FY 2022, 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 meetings 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.

• CDE, formerly reported as “Program 9” for FY 2022, was notified of the finding on October 11, 2023. One finding was issued for one noncompliant record. A series of subsequent quarterly reviews were completed on randomly selected records and 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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.

Details of pre-finding correction include:

For FFY 2022, two programs resolved six instances of noncompliance through the pre-finding correction process.

• During the monitoring review, three noncompliant records were identified for NLACRC. However, before the report was issued, the DDS verified through documentation in the child’s records that the IFSP meeting was held, although late, for these three children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, three noncompliant records were identified for RCEB. However, before the report was issued, the DDS verified through documentation in the child’s records that the IFSP meeting was held, although late, for these three children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

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

Details of finding corrections include:

• For SARC, formerly reported as “Program 1” for FY 2022, the DDS verified through documentation in the child’s records that the eleven children whose IFSP meeting did not occur in a timely manner were held, although late.

• For GGRC, formerly reported as “Program 2” for FY 2022, 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.

• For TCRC, formerly reported as “Program 3” for FY 2022, 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.

• For SGPRC, formerly reported as “Program 4” for FY 2022, 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.

• For RCRC, formerly reported as “Program 5” for FY 2022, 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.

• For IRC, formerly reported as “Program 6” for FY 2022, 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.

• For WRC, formerly reported as “Program 7” for FY 2022, the DDS verified through documentation in the child’s records that the eleven children whose IFSP meeting did not occur in a timely manner were held, although late.

• For CVRC, formerly reported as “Program 8” for FY 2022, 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.

• For CDE, formerly reported as “Program 9” for FY 2022, 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.

• The six additional records with noncompliance were resolved through pre-finding correction.

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, GGRC, formerly reported as “Program 2” for FY 2022, has continued noncompliance identified in FFY 2022 that has not been verified as corrected as of February 2, 2026. As a result of this longstanding noncompliance, the DDS required GGRC to submit a corrective action plan outlining the steps that will be taken to ensure that the initial evaluation, assessment, and IFSP meeting are held within the 45-day timeline. The DDS reviewed GGRC’s updated policies and procedures, as well as their comprehensive staff training plan, which included a structured approach to staff development and quality assurance to ensure sustained compliance and continuous system improvement. A series of subsequent quarterly reviews were completed on randomly selected records. The DDS will complete another subsequent review in March of 2026 to verify that the required actions outlined in the

corrective action plan have been implemented, and 100 percent compliance on this indicator is achieved. In addition, the DDS has established bi-weekly check-ins with GGRC and on October 27, 2025, briefed GGRC's Board of Directors on the urgent need to address compliance issues related to this indicator.

7 - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

Refer to section above related to the Correction of Findings of Noncompliance Identified in FFY 2022 and in FFY 2023.

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.71%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	89.16%	89.38%	90.43%	90.85%	Not Valid and Reliable

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
428	485	Not Valid and Reliable	100%	94.02%	Did not meet target	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.

28

Provide reasons for delay, if applicable.

Delays in IFSPs with transition steps and services were identified for 57 of the 485 records reviewed for this indicator. Of the 57 records, 28 records involved documented delays due to exceptional family circumstances which included challenges with contacting the parent to schedule the IFSP with transition steps and services, child or family illness, or families missing scheduled meetings. The 29 remaining records noted delays due to lack of staff oversight, personnel shortages, and insufficient documentation on the 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, the Department of Developmental Services (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. The DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE).

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 within the program's catchment area. The sample of records selected for review is random and reflects the overall population of children served. Additionally, California's sample includes demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for public programs such as MediCal. Early Start program selection for monitoring is cyclical to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

Beginning in FFY 2023, the 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 2024, LEAs were monitored in alignment with current department monitoring practices including, 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 the respective regional center catchment areas that are served by the LEAs.

Provide additional information about this indicator (optional).

FFY 2023 Report Clarification:

For FFY 2023, the DDS initially reported the incorrect number of delays for children whose IFSPs with transition steps and services were completed at least 90 days prior to the child's third birthday. The correct number of children whose IFSPs with transition steps and services included delays is 55 (versus 51 originally reported for children whose IFSPs with transition steps and services were delayed). Of the 55 records, 33 records involved delays due to exceptional family circumstances (EFC). The 22 remaining delays were due to administrative reasons. The error in reporting data for FFY 2023 included calculation errors and the omission of records cleared through the pre-finding correction process.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For FFY 2023, five findings of noncompliance were issued for 18 noncompliant records, and three additional programs resolved four instances of noncompliance through pre-finding correction. The DDS verified correction for five of the five findings of noncompliance within one year of the finding.

Details of finding corrections include:

- VMRC was notified of the finding on July 1, 2024. One finding was issued for the one noncompliant record. 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 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 October 22, 2024.

- NBRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed 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 for this indicator. Consequently, the finding was closed on November 18, 2024.

- ACRC was notified of the finding on October 1, 2024. One finding was issued for the ten noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 18, 2025, 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 February 18, 2025.

- ELARC was notified of the finding on August 30, 2024. One finding was issued for the one noncompliant record. A series of subsequent quarterly reviews were completed 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 for this indicator. Consequently, the finding was closed on November 18, 2024.

- CDE was notified of the finding on December 30, 2024. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 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 November 7, 2025.

- The four additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, five findings of noncompliance were issued for 18 noncompliant records, and three additional programs resolved four instances of noncompliance through pre-finding correction. The DDS verified correction for five of the five findings of noncompliance within one year of the finding.

Details of finding corrections include:

- For VMRC, the DDS verified through documentation in the child’s records that the one child whose IFSP meeting with transition steps and services was held, although late.

- For NBRC, the DDS verified through documentation in the child’s records that the four children whose IFSP meetings with transition steps and services were held, although late.

- For ACRC, the DDS verified through documentation in the child’s records that the ten children whose IFSP meetings with transition steps and services were held, although late.

- For ELARC, the DDS verified through documentation in the child’s records that the one child whose IFSP meeting with transition steps and services was held, although late.

- For CDE, the DDS verified through documentation in the child’s records that the two children whose IFSP meetings with transition steps and services were held, although late.

- The four additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, three programs resolved four instances of noncompliance through the pre-finding correction process.

Details of the pre-finding corrections include:

• For FDLRC, one noncompliant record was identified. However, before the report was issued, the DDS verified through documentation in the child's records that this one child whose IFSP meeting with transition steps and services was held, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• For HRC, two noncompliant records were identified. However, before the report was issued, the DDS verified through documentation in the child's records that the two children whose IFSP meetings with transition steps and services were held, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• For SDRC, one noncompliant record was identified. However, before the report was issued, the DDS verified through documentation in the child's records that this one child whose IFSP meeting with transition steps and services was held, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

For FFY 2022, the DDS verified that the one remaining finding of noncompliance identified was corrected.

Details of finding correction include:

RCRC, formerly reported as "Program 3" for FY 2022, was notified of the finding on October 23, 2023. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 16, 2025, 100 percent compliance was achieved. This subsequent review verified that IFSPs 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 October 16, 2025.

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

For FFY 2022, the DDS verified that the one remaining finding of noncompliance was corrected within one year of the finding.

Details of finding correction include:

For RCRC, formerly reported as "Program 3" for FY 2022, 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.

8A - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

Refer to section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

8A - OSEP Response

8A - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	85.37%	81.94%	91.49%	90.40%	89.49%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
451	485	89.49%	100%	92.99%	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.

Provide reasons for delay, if applicable.

Delays in notification to the Local Educational Agencies (LEA) were identified in 34 of 485 records reviewed for this indicator. The 34 delays were attributed to a range of factors, including personnel shortages and administrative issues between regional centers and LEAs.

Describe the method used to collect these data.

The DDS collects data for this indicator by completing comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. The DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE) during FFY 2024. Regarding notification to the State Educational Agency (SEA): Monthly, the 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, the Department of Developmental Services (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. The DDS conducts comprehensive Early Start program reviews via a two-year monitoring cycle of identified cohorts. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE).

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 within the program's catchment area. The sample of records selected for review is random and reflects the overall population of children served. Additionally, California's sample includes demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for public programs such as MediCal. Early Start program selection for monitoring is cyclical to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

Beginning in FFY 2023, the 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 2024, LEAs were monitored in alignment with current department monitoring practices including, 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 the respective regional center catchment areas that are served by the LEAs.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	5	1	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For FFY 2023, the DDS issued six findings of noncompliance, and four additional programs resolved through the pre-finding correction process. The six findings issued account for 36 of 45 instances of noncompliance, while the remaining nine instances of noncompliance were resolved through the pre-finding correction process. The DDS verified correction for five of the six findings of noncompliance within one year of issuance. The remaining finding was subsequently corrected within 23 months.

Details of finding corrections include:

• FDLRC was notified of the finding on March 7, 2024. One finding was issued for eleven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 7, 2024.

• HRC was notified of the finding on March 7, 2024. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On December 20, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 December 20, 2024.

• RCOC was notified of the finding on May 31, 2024. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 8, 2026, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 January 8, 2026.

• NBRC was notified of the finding on August 12, 2024. One finding was issued for four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 18, 2024.

• SDRC was notified of the finding on August 12, 20244. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 14, 2024.

• CDE was notified of the finding on December 30, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 7, 2025.

• The nine additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, the DDS verified correction for the six findings of the individual cases of noncompliance within one year of the finding.

Details of finding corrections include:

• For FDLRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for seven children whose notification did not occur in a timely manner. The other four children whose notification did not occur and are no longer within the jurisdiction of the Early Start program.

• For HRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the six children whose notification did not occur in a timely manner.

• For RCOC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the six children whose notification did not occur in a timely manner.

• For NBRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the four children whose notification did not occur in a timely manner.

• For SDRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the five children whose notification did not occur in a timely manner.

• For CDE, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the four children whose notification did not occur in a timely manner.

• The nine additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, four programs resolved nine instances of noncompliance through the pre-finding correction process.

Details of the pre-finding corrections include:

• For VMRC, two noncompliant records was identified. However, before the report was issued, the DDS verified through documentation in the child's records that the two children whose notification to the LEA occurred, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• For ACRC, two noncompliant records was identified. However, before the report was issued, the DDS verified through documentation in the child's records that the two children whose notification to the LEA occurred, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• For ELARC, four noncompliant records was identified. However, before the report was issued, the DDS verified through documentation in the child's records that the four children whose notification to the LEA occurred, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• For KRC, one noncompliant record was identified. However, before the report was issued, the DDS verified through documentation in the child's records that for this one child whose notification to the LEA occurred, although late. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

Refer to section above related the Correction of Findings of Noncompliance Identified in FFY 2023.

8B - OSEP Response

8B - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.86%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	81.56%	87.40%	79.92%	83.02%	Not Valid and Reliable

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
349	485	Not Valid and Reliable	100%	93.09%	Did not meet target	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.

80

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.

28

Provide reasons for delay, if applicable.

Delays in transition conferences were identified for 56 of the 485 records reviewed for this indicator. Of the 56 records, 28 records involved documented delays due to exceptional family circumstances which included challenges contacting the parent to schedule the transition conference, child or family illness, or families missing scheduled meetings. The 28 remaining records noted delays due to administrative oversight, lack of local educational agencies (LEA) availability, and personnel/staff shortages.

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, the Department of Developmental Services (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. During FFY 2024, the DDS conducted 12 monitoring reviews of Early Start programs, including 11 regional centers and the California Department of Education (CDE).

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 within the program's catchment area. The sample of records selected for review is random and reflects the overall population of children served. Additionally, California's sample includes demographic representation of populations within a program's catchment area, encompassing primary language, ethnicity, residence type, and eligibility for public programs such as MediCal. Early Start program selection for monitoring is cyclical to ensure consistent oversight throughout California, while also considering geographic distribution. Each cohort is representative of California, with both urban and rural areas.

Beginning in FFY 2023, the DDS assumed monitoring activities for the CDE to include infants and toddlers with solely low incidence (SLI) disability receiving services exclusively by local educational agencies (LEAs). In FFY 2024, LEAs were monitored in alignment with current department monitoring practices including, 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 the respective regional center catchment areas that are served by the LEAs.

Provide additional information about this indicator (optional).

FFY 2023 Report Clarification:

For FFY 2023, the DDS initially reported the incorrect number of children whose transition conference was delayed. The correct number of children whose transition conference was delayed is 118 (versus 114 originally reported for children whose transition conference was delayed). Of the 118

records with untimely transition conferences, 50 (versus 55 originally reported) were attributable to the parents not providing approval for the conference, 31 (versus 32 originally reported) were due to exceptional family circumstances (EFC), and the remaining 37 (versus the 28 originally reported or the 27 previously reported in the data table) were due to administrative reasons. The error in reporting data for FFY 2023 included calculation errors and the omission of records cleared through the pre-finding correction process.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	5	0	1

FFY 2023 Findings of Noncompliance Verified as Corrected

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

For FFY 2023, six findings of noncompliance were issued, and three additional programs resolved noncompliance through pre-finding correction. The six findings issued account for 28 of 37 instances of noncompliance, while the remaining nine instances of noncompliance were resolved through a pre-finding correction. The DDS verified correction for five of the six findings of noncompliance issued within one year of the finding. The remaining finding has not yet been verified as corrected as of February 2, 2026.

Details of finding corrections include:

• HRC was notified of the finding on March 7, 2024. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 15, 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 October 15, 2024.

• NBRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed 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.

• ACRC was notified of the finding on October 1, 2024. One finding was issued for the 10 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 7, 2025, 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 7, 2025.

• ELARC was notified of the finding on August 30, 2024. One finding was issued for the three noncompliant records. A series of subsequent quarterly reviews were completed 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.

• CDE was notified of the finding on December 30, 2024. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 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 7, 2025.

• RCOC was notified of the finding on May 31, 2024. One finding was issued for three 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 2, 2026. 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.

• The nine additional records with noncompliance were resolved through pre-finding correction.

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

For FFY 2023, the DDS verified correction for the six findings of noncompliance within one year of the finding.

Details of finding corrections include:

• For HRC, 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.

•

For NBRC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the four children whose transition conference did not occur in a timely manner.

• For ACRC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the 10 children whose transition conference did not occur in a timely manner.

• For ELARC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the three children whose transition conference did not occur in a timely manner.

• For CDE, 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.

• For RCOC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the three children whose transition conference did not occur in a timely manner.

• The nine additional records with noncompliance were resolved through pre-finding correction.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

As noted above, RCOC have findings of noncompliance identified in FFY 2023 that have not been verified as corrected as of February 2, 2026. As a result of this continued noncompliance, the DDS has required the program 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 2026 to verify that the required actions outlined in the corrective actions plan have been implemented, and 100 percent compliance on this indicator is achieved.

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

For FFY 2023, three programs resolved nine instances of noncompliance through the pre-finding correction process.

Details of the pre-finding corrections include:

• During the monitoring review, three noncompliant records were identified for FDLRC. However, before the report was issued, the DDS verified through documentation in the child's records that the transition conference was held, although late for these three children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, four noncompliant records were identified for VMRC. However, before the report was issued, the DDS verified through documentation in the child's records that the transition conference was held, although late for these four children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

• During the monitoring review, two noncompliant records were identified for SDRC. However, before the report was issued, the DDS verified through documentation in the child's records that the transition conference was held, although late for these two children. Prior to issuance of the report, and no later than 90-days following the initial monitoring review, the DDS verified noncompliance through the pre-finding correction process. The pre-finding correction process included a subsequent review of records demonstrating that the program is correctly implementing the regulatory requirements, and that 100 percent compliance was achieved for this indicator. Therefore, no finding was issued.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	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 that two of the two remaining findings of noncompliance identified in FFY 2022 were corrected.

Details of finding corrections include:

• GGRC, formerly reported as "Program 2" for FY 2022, was notified of the finding on January 17, 2023. One finding was issued for the eight noncompliant records. A series of subsequent quarterly reviews were completed 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 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.

• RCRC, formerly reported as “Program 4” for FY 2022, was notified of the finding on October 23, 2023. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 16, 2025, 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 demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on October 16, 2025.

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

The DDS verified correction for the two remaining findings of individual cases of noncompliance within one year of the finding.

Details of finding corrections include:

• For GGRC, formerly reported as “Program 2” for FY 2022, 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.

• For RCRC, formerly reported as “Program 4” for FY 2022, 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.

8C - Prior FFY 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.

Response to actions required in FFY 2023 SPP/APR

Refer to section above related the Correction of Findings of Noncompliance Identified in FFY 2022.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2023 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

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

9 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	9
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	3
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	2

Targets: Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

The ICC's operational format during FFY 2024 included three fully virtual quarterly meetings. The remaining meeting adopting a hybrid model to accommodate both in-person and virtual participation. Each meeting focused on different topics: early access (August 2024), child find (October 2024), updates on early intervention (February 2025), and moving forward (April 2025). To gather input on data, improvement strategies, and progress evaluation, the DDS presented California's FFY 2023 SPP/APR at the first ICC meeting in 2025. All meetings included standing agenda items such as updates on caseload and referral data, and discussions on field improvement strategies. Community partners had multiple avenues for public input, including direct comments, Zoom chat, and email.

In FFY 2024, the ICC developed and distributed a survey to identify issues and enhance diverse representation. The results informed the recommendations of the Communications and Outreach Committee's, which included clarifying the ICC's purpose, evaluating outreach materials for inclusivity, empowering current members as champions for underrepresented populations, establishing a mentorship program for new members, and annually reviewing membership demographics. Additionally, the Improving State Systems Committee conducted a survey to gather family and caregiver input on challenges related to COVID-19 and ongoing support needs.

During the July 2024 ICC meeting, the Master Plan for Developmental Disabilities workgroups were first introduced, and attendees were encouraged to access information online. In October 2024, ICC members learned that advisory and constituency groups were developing a new SSIP plan. Members were also invited to join one of the five Master Plan Workgroups. The ICC reviewed and provided feedback on the Transition Guide and in February 2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

At the April 2025 ICC meeting, community partner feedback was collected facilitated discussions and Mentimeter, an interactive tool that allowed anonymous responses. Topics included meeting format, accessibility, public comment process, community outreach, engagement strategies and culturally sensitive practices.

Throughout FFY 2024, the DDS strengthened its partnership with the FRCNCA, a coalition of 47 Early Start FRCs dedicated to providing training, setting standards, and advocating for better policies across California. To further increase family participation and promote diversity at ICC meetings, FRCNCA facilitated watch parties, offered webinars and training sessions on data and target setting related to California's SPP/APR, and hosted support group facilitator trainings for FRC staff.

In collaboration with the University of California Davis, FRCNCA also developed a curriculum for a community navigator certification course. The goal was to build a pipeline of trained and certified community navigators entering the workforce. Families who have worked with Community Navigators report significantly fewer barriers to accessing services.

The DDS also contributed to a statewide effort to develop the Master Plan for Developmental Services, established by the California Health and Human Services (CalHHS) Secretary and released in March 2025. Guided by a 38-member committee that has been meeting monthly since April 2024, the development process includes representatives from all sectors of California's developmental disabilities system, including community members involved in the Early Start program. These workgroups develop recommendations on priority topics identified by the community.

Within the context of the Early Start program, the Master Plan contains specific recommendations to better coordinate supports during the transition from Early Start (Part C), to Special Education (Part B) programs. These include improving training for Early Start staff on transition procedures, gathering family feedback to enhance the transition processes, providing clear guidance to RCs on provisional eligibility, and conducting a gap-analysis of available post-transitioning from Early Intervention services. The plan also proposes strategies to safeguard Early Start funding in case federal resources are reduced or eliminated.

Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

Historical Data

Baseline Year	Baseline Data
2005	55.00%

FFY	2019	2020	2021	2022	2023
Target>=	85.00%	80.00%			
Data	100.00%	85.71%	40.00%	100.00%	71.43%

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3	2	9	71.43%		55.56%	N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

There will be an increase in the percentage of families that report early intervention has helped them help their child develop and learn.

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

YES

Provide a description of the system analysis activities conducted to support changing the SiMR.

In 2024, Early Start engaged a series of meetings to discuss a review of SSIP progress and to discuss potential changes to the plan to address current needs across the program. The first SSIP cycle occurred from FFY 2015 to 2020 with a two-year extension. The original State-identified Measurable Result (SiMR) was the child outcome summary statement 1-A: “There will be significant growth in social-emotional outcomes for all children aged 0 to 2.” The original SSIP began robustly with meaningful statewide participation. However, in subsequent years, the DDS did not make meaningful updates to the SSIP improvement strategies, leading to some stagnation.

The DDS also experienced some challenges implementing the plan as originally designed. Measuring the strategies’ impact on the SIMR was difficult because outcome gains could not be directly attributed to the improvement activities. For the SSIP itself, implementation had waned, the evidence-based strategies were not effectively monitored, and fidelity data were not adequately collected. Also, it was determined that the evaluation plan was inadequate to measure improvement towards the SiMR targets. As a result, an advisory group consisting of individuals served by California’s regional centers, service providers, vendors, and local and state staff, convened to discuss revising the SSIP, first in 2022 and subsequently in 2024. The system analysis was initiated in March 2024 with the data analysis and infrastructure analysis. Stakeholder meetings began soon after.

Early Start conducted the broad data analysis and the DDS infrastructure analysis in 2024 as part of the required Phase I SSIP activities. With stakeholders, the DDS analyzed child and family outcomes data within the broader early childhood context in California. Participants examined California’s performance on each child and family outcome over time, in comparison to the national data, and across local programs. TA resources assisted with this. Participants also considered statewide factors (such as other state and regional initiatives and priorities) that have affected service provision and family participation in recent years. These analyses enabled participants to identify the DDS’s strengths related to child and family outcomes and recognize where growth is needed.

Participants realized that the DDS has data challenges related to both sets of outcomes, particularly relating to data quality and reliability. The challenges related to child outcomes were enough to discourage the use of a child outcome for the SiMR. Participants were also reluctant to select a child outcome because the DDS had improved in this area over time. Instead, stakeholders and the DDS recognized that families have faced significant challenges in recent years, and focusing the SSIP on improving family outcomes (as defined by IDEA) made practical sense. They also recognized that California has struggled to improve families’ perceptions of Early Start’s ability to support them, making a family outcome an area for growth for the program.

As a result of the data analysis and discussion, stakeholders and DDS representatives recommended changing the SiMR from a child outcome to a family outcome. Additional in-depth analysis and consideration of children’s and families’ needs, as well as the DDS program’s needs, context, and capacity, led participants to select indicator 4C (helping the family help their children develop and learn) as the SiMR.

Following the data analyses, Early Start conducted an infrastructure analysis with stakeholder participation. Staff and stakeholders conducted a broad analysis to assess the capacity of the current state system to support improvement strategies and determine capacity to support and promote the SiMR. Participants reviewed Early Start’s systems and processes in the following areas: Governance, Monitoring and Accountability, Fiscal, Data Collection, Technical Assistance, Cross-Cutting efforts, and Professional Development, all in the context of the DDS at large. The group found that:

- With regard to the governance structure, there are generally only guidelines or recommendations for Early Start service delivery, including no statewide required assessments and no statewide required evidence-based practices.
- Implementation of Early Start Personnel Manual (ESPM) principles and competencies vary across the 21 regional center catchment areas, making assessment of performance difficult.
- Definitions/criteria for evidence-based practices are unclear, and no specific evidence-based practices are required or approved for implementation at a statewide level.
- Qualifications for personnel varied across subsystems and across agencies.

As a result of the initial infrastructure analysis, participants recognized that work needs to be done to improve practices to support families. Suggested improvements included setting specific performance requirements and personnel qualifications, standardizing assessment tools (i.e., having one to three comprehensive assessment tools), and implementing consistent evidence-based practices with specific observable/measurable procedures to monitor fidelity.

In summary, stakeholders approved changing the SiMR from “Significant growth in social-emotional outcomes for all children aged 0 to 2” to “There will be an increase in the percentage of families that report early intervention has helped them help their child develop and learn” to focus Early Start’s improvement work on supporting families’ role in the development of their child(ren).

Please list the data source(s) used to support the change of the SiMR.

The DDS and stakeholders reviewed data on the 3 Child Outcomes and 3 Family Outcomes:

- Child Outcome A: Positive Social-Emotional Skills
- Child Outcome B: Acquisition and Use of Knowledge and Skills
- Child Outcome C: Use of Appropriate Behaviors to Meet Needs
- Family Outcome A: Know Their Rights
- Family Outcome B: Effectively Communicate Child's Needs
- Family Outcome C: Help Their Children Develop and Learn

The sources of these data are the same as described for the Part C SPP/APR Indicators 3 and 4. These are a state database of child records for child outcomes (indicator 3) and the Early Start family outcomes survey for family outcomes (indicator 4).

Provide a description of how the State analyzed data to reach the decision to change the SiMR.

The DDS analyzed data with stakeholders to consider whether to change the SiMR and how. To help participants in public discussions consider where a new SSIP had the potential to affect the most change, the DDS SSIP leadership team prepared data for analysis by generating comparisons of:

a. The DDS' achievement in each child and family outcome over time (since FFY 2020)

b. The DDS' achievement compared to national trends on each outcome since FFY 2011

c. Outcome achievement at the regional and population subgroup levels

In addition, information was shared and discussed on the DDS's and regions' data quality challenges related to data collection and preparation for child and family outcomes that could affect the SiMR's measurement over time. Some of these challenges included the family outcomes survey response rate and the completeness of child outcomes data. Discussions also considered the DDS's capacity for making data quality improvements in the short term.

Please describe the role of stakeholders in the decision to change the SiMR.

In 2022, the DDS SSIP Advisory Group recommended that the DDS intensify its work on the SSIP or make changes based on the lack of attention it had received since 2020. New leadership at Early Start heeded this recommendation and began work in late 2023 to update or revise the SSIP.

The DDS was open to either keeping the SiMR and updating the SSIP or adopting a new SiMR and plan. To help make this decision, the DDS convened a series of meetings with stakeholders. The public engagement plan included extended discussion with an invited advisory group and targeted conversations with specific constituencies. We consulted three groups of constituents in separate meetings (to reduce potential conflict and increase trust): parents, advocates, and family resource center partners in one; regional centers and service providers in the second; and, in the third, state agency and higher education representatives (including CDE). Several meetings (multiple rounds with the advisory group and constituents) were held from April to August, with additional advisory group meetings later.

As a result of these discussions about the outcome data trends, data quality challenges, and infrastructure capacity and opportunities, stakeholders overwhelmingly recommended changing the SiMR from a child outcome to a family outcome. The DDS welcomed and followed this recommendation and developed a new proposed SiMR. Stakeholders affirmed the proposed SiMR in May 2024, when the majority of stakeholders (in the advisory group and among constituents) voted on the new goal for the SSIP. In June 2024, constituents argued this was the best choice because: 1) a child's outcomes depend on family engagement and participation; 2) providers' practices impact families first, so with a family focused intervention, the measurement would be closer to the intervention; and 3) families need support and the SSIP focus could draw program and public attention to their needs.

In August 2024 the advisory group discussed how Early Start might enact change in the SiMR and better support families. Over time, the following four new improvement strategies were identified by the DDS and recommended by stakeholders:

1. Implement high quality family-directed assessments,
2. Develop high quality IFSPs,
3. Implement family coaching universally and consistent with recommended practice, and
4. Monitor progress validly and consistently

Through the SSIP, the DDS would also establish the infrastructure to ensure that these strategies would be successful in the short and long terms.

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

YES

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

The DDS follows an approved Family Outcomes Survey (FOS) random sampling plan that determines the FOS sample size required to produce valid results for each region by calculating a statistically representative sample size across five identified regions in California, each of which contains several local programs. The five 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.?

In recent years, the response rate has ranged between seven and twelve percent, though it is higher or lower in some regions. This response rate means that only a subset of all children receiving EI services are included in the SiMR calculation.

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

YES

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

Because the SSIP is new, the theory of action (referred to as a theory of change in California) is also entirely new.

If

Early Start 1) Improves conditions and incentives for providing high quality EI, and 2) Builds its infrastructure to support high quality implementation and data analysis in support of the four improvement strategies,

Then

Programs and staff will 1) Uniformly conduct high quality family-directed assessments, 2) Develop high quality IFSPs, 3) Implement family coaching universally and consistent with recommended practice, and 4) Monitor progress validly and consistently.

Then

More families receiving early intervention will help their children develop and learn

And

Children will demonstrate better outcomes.

The new SSIP theory of change was developed with stakeholder input in the fall of 2024 and finalized in early 2025. The first step toward implementation was to establish a state leadership team and state advisory group. The State worked to identify potential members in spring 2025 and began outreach.

Please provide a link to the current theory of action.

https://www.dds.ca.gov/wp-content/uploads/2026/01/PartC_SSIP_Revision_TheoryOfChange.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
2024	87.72%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	87.72%	87.73%

FFY 2024 SPP/APR Data

Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
650	741	64.85%	87.72%	87.72%	N/A	N/A

Provide the data source for the FFY 2024 data.

Data for this indicator are collected from the Family Outcomes Survey (FOS) distributed to families that participated in Part C during the reporting period (FFY 2024). The FOS distribution follows an approved FOS random sampling plan that determines the FOS sample size required to produce valid results for each region by calculating a statistically representative sample size across five identified regions in California: Northern California, Bay Area, Central California, Southern California and the Los Angeles area.

Numerator: number of families that responded to Part C FOS questions #12-17 with either a “4-very helpful” or “5-extremely helpful,” reporting that early intervention has helped the family help their child develop and learn.

Denominator: total number of families that completed and submitted the FOS or returned the FOS back to the DDS.

Calculation: The number 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 number of respondent families participating in Part C, multiplied by 100.

In addition, in January 2026 the DDS met with ICC participates and members of the public on setting data targets for SSIP. The DDS presented the statewide data collected for the FOS for Family Outcome C: Help Their Children Develop and Learn in the reporting period FFY 2024. Through the SSIP data target setting meeting, the DDS was successful in setting data targets with ICC and the public's input for FFY 2024 and FFY 2025.

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

Data regarding family outcomes is gathered by the DDS through the distribution of the Family Outcomes Survey (FOS) to families that have participated in Part C in the reporting period FFY 2024. The DDS distributes the survey through the U.S. Postal mail to a randomly selected sample of participating families statistically represented by five California regions. The survey includes two options for families to respond, through the return of a paper survey in a prepaid envelope or by accessing the survey online through an enclosed Quick Response (QR) code. The survey data are stored in the online platform FORM.com and the system calculates and compiles each survey response (paper responses are entered into the database by state personnel). The survey responses generate an interactive data dashboard that provides each program with demographic and geographic survey results.

Annually, the DDS analyzes these data to measure family outcomes for SPP/APR Indicator 4. Going forward, it will analyze these data to measure progress towards the SiMR.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.dds.ca.gov/wp-content/uploads/2026/01/DRAFT_SSIP_EvaluationPlan_20260126.pdf

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

YES

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

The new evaluation plan lists the outcomes that will be monitored and achieved for the new SSIP, aligning with the new improvement strategies. New outcomes are included at this time for only two of the four strategies: implementing high quality family-directed assessments and high quality IFSPs with family-directed goals.

In summary:

New short-term outcomes focus on professional development: creating training content, training all staff at pilot sites within the required timeframe, and ensuring trainees understand and can apply the content.

New intermediate outcomes focus on high quality application of guidance and training in the evaluation and IFSP processes and fidelity to implementation.

New long-term outcomes focus on improving evaluation and IFSP outcomes and family satisfaction.

The design and implementation of the second two strategies are on hold until the first two are fully implemented. The evaluation plan will be updated to include outcomes for the third and fourth strategies in the near future.

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

Because the SSIP is entirely new, the evaluation plan was also updated.

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

In FFY 2024, the DDS began work on building the foundational infrastructure to support two of the four improvement strategies, all of which have both infrastructure and evidence-based practice elements. The four strategies are:

1) Uniformly conduct high quality family-directed assessments,

2) Develop high quality IFSPs that include family goals,

3) Implement family coaching universally and consistent with recommended practice, and

4) Monitor progress validly and consistently.

The SSIP leadership team developed implementation plans for the family-directed assessment strategy (the FDA strategy) and the improved IFSPs strategy in April 2025. Soon after, the SSIP leadership team began mapping out the activity team members and initiated the process of researching best practices for designing and using FDAs and high quality IFSPs.

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 short or intermediate outcomes were achieved during the reporting period.

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

YES

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

The DDS began work on the new SSIP, which includes infrastructure improvements across four improvement strategies. Because of the newness of the SSIP, no outcomes were achieved in FFY 2024.

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

In FFY 2025 and 2026, the DDS will begin to implement the first two improvement strategies to improve local programs' implementation of family-directed assessments and high quality IFSPs that incorporate family-oriented goals, among other things. A substantial portion of these strategies involve infrastructure improvements.

Initially, the DDS will revise its plan to update timeframes for implementation. The DDS SSIP leadership team and implementation team will be identified and begin meeting. Pilot sites will be selected and local implementation teams will be developed and supported.

Strategy One:

The DDS implementation team will research other states' family-directed assessment processes, procedures, guidance, documentation, and training content, then begin to frame out what FDAs will look like in California. Stakeholders and local implementation teams will be involved in the planning and review process.

Once FDAs have been defined in the California context, the SSIP leadership team will develop guidance and prepare professional development content and delivery methods. Pilot site staff will participate initially. Based on the first trainings, content and methods may be revised.

Once local staff are trained on FDAs and the processes for documenting and monitoring fidelity to practice, local staff will begin implementing the recommended practices. Local implementation teams will guide and monitor local staff in processes and practices.

Strategy Two:

The same process will be implemented for improving IFSPs. The FDA improvements will be implemented first, so the timeframe for strategy two depends on the completion of the first steps of strategy one. The DDS intends to begin implementation by the middle of 2027 with research and PD design.

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

None were implemented.

Provide a summary of each evidence-based practice.

None were implemented. In the future, the DDS intends that the third improvement strategy will focus on implementing family coaching practices. Family coaching is a well-recognized evidence-based practice. The DDS has not yet selected which approach or model it will implement, but some options include:

Coaching in Natural Learning Environments (M'Lisa Shelden and Dathan Rush)- This practice focuses on building the caregiver's capacity to enhance the child's development using everyday interactions and activities. Practitioners support caregivers during EI visits by joining family activities and coaching caregivers as they practice using intervention strategies with their children. Practitioners also facilitate reflection with the caregiver, provide feedback on the caregiver's efforts, and plan with families for what to do to encourage development between visits. (https://fipp.ncdhhs.gov/publications-products/case-publications/casecollections)

Family-Guided Routines-Based Intervention and Caregiver Coaching (FGRBI) (Julianne Woods and colleagues)- FGRBI and Caregiver Coaching is an approach to early intervention services and supports that integrates family-centered practice, adult learning, coaching, and feedback with evidence-based intervention on functional and meaningful outcomes in everyday routines and activities. FGRBI and caregiver coaching promote the ability of early intervention providers to coach caregivers to engage their young children in learning as they participate in everyday routines and activities that are meaningful to them. (http://fgrbi.com/)

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

The DDS expects that family coaching will impact the SiMR by changing provider practices to improve parent/caregiver and child outcomes. By coaching families in best practices in their natural environment and routines that help them help their children develop and learn, families and children will thrive.

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

No data have been collected yet.

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

N/A

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

N/A

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.

California Early Start has adopted a new SSIP and the prior plan is no longer being implemented.

Section C: Stakeholder Engagement

Description of Stakeholder Input

In FFY 2024, the State Interagency Coordinating Council (ICC) continued to serve as the primary platform for engaging a broad range of community partners. Established under federal regulations, the ICC provides the DDS with advice and assistance on the implementation of the early intervention program. Its mission is to promote and strengthen a coordinated, family-centered service system for infants and toddlers (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, with community representatives selected by the ICC chairpersons. These members bring diverse perspectives, including ethnic diversity, geographic representation, expertise, and overall community involvement. All ICC meetings offer interpretation in Spanish and American Sign Language. In October 2024, the annual Family Outcomes Survey was distributed to community partners and announced at the ICC meeting. This provided families with an opportunity to share feedback about their experiences and help shape program improvements.

The ICC's operational format during FFY 2024 included three fully virtual quarterly meetings. The remaining meeting adopting a hybrid model to accommodate both in-person and virtual participation. Each meeting focused on different topics: early access (August 2024), child find (October 2024), updates on early intervention (February 2025), and moving forward (April 2025). To gather input on data, improvement strategies, and progress evaluation, the DDS presented California’s FFY 2023 SPP/APR at the first ICC meeting in 2025. All meetings included standing agenda items such as updates on caseload and referral data, and discussions on field improvement strategies. Community partners had multiple avenues for public input, including direct comments, Zoom chat, and email.

In FFY 2024, the ICC developed and distributed a survey to identify issues and enhance diverse representation. The results informed the recommendations of the Communications and Outreach Committee’s, which included clarifying the ICC’s purpose, evaluating outreach materials for inclusivity, empowering current members as champions for underrepresented populations, establishing a mentorship program for new members, and annually reviewing membership demographics. Additionally, the Improving State Systems Committee conducted a survey to gather family and caregiver input on challenges related to COVID-19 and ongoing support needs.

During the July 2024 ICC meeting, the Master Plan for Developmental Disabilities workgroups were first introduced, and attendees were encouraged to access information online. In October 2024, ICC members learned that advisory and constituency groups were developing a new SSIP plan. Members were also invited to join one of the five Master Plan Workgroups. The ICC reviewed and provided feedback on the Transition Guide and in February 2025, members received an in-depth overview of the FFY 2023 APR report, the Differentiated and Monitoring Support process, and the progress made toward project goals.

At the April 2025 ICC meeting, community partner feedback was collected facilitated discussions and Mentimeter, an interactive tool that allowed anonymous responses. Topics included meeting format, accessibility, public comment process, community outreach, engagement strategies and culturally sensitive practices.

Throughout FFY 2024, the DDS strengthened its partnership with the FRCNCA, a coalition of 47 Early Start FRCs dedicated to providing training, setting standards, and advocating for better policies across California. To further increase family participation and promote diversity at ICC meetings, FRCNCA facilitated watch parties, offered webinars and training sessions on data and target setting related to California’s SPP/APR, and hosted support group facilitator trainings for FRC staff.

In collaboration with the University of California Davis, FRCNCA also developed a curriculum for a community navigator certification course. The goal was to build a pipeline of trained and certified community navigators entering the workforce. Families who have worked with Community Navigators report significantly fewer barriers to accessing services.

The DDS also contributed to a statewide effort to develop the Master Plan for Developmental Services, established by the California Health and Human Services (CalHHS) Secretary and released in March 2025. Guided by a 38-member committee that has been meeting monthly since April 2024, the development process includes representatives from all sectors of California’s developmental disabilities system, including community members involved in the Early Start program. These workgroups develop recommendations on priority topics identified by the community.

Within the context of the Early Start program, the Master Plan contains specific recommendations to better coordinate supports during the transition from Early Start (Part C), to Special Education (Part B) programs. These include improving training for Early Start staff on transition procedures, gathering family feedback to enhance the transition processes, providing clear guidance to RCs on provisional eligibility, and conducting a gap-analysis of available post-transitioning from Early Intervention services. The plan also proposes strategies to safeguard Early Start funding in case federal resources are reduced or eliminated.

Further details on the Master Plan and ongoing activities can be found at: https://www.chhs.ca.gov/home/master-plan-for-developmental-services/#upcoming-full-committee-meeting-dates

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

The DDS designed a deliberate public engagement plan from the beginning of its efforts to update or change the SSIP. The engagement plan had two main components: 1) create a diverse advisory group that would remain in place through SSIP implementation, and 2) create short-term constituency groups to gather targeted feedback and perspectives. The advisory group would meet as often as needed to analyze data and guide the DDS leadership team toward an updated or new plan. The constituency groups would meet to provide the DDS and the advisory group additional feedback on recommendations from the advisory group.

The Advisory Group includes members from many facets of the Early Start program including families, psychologists, cultural specialists, representatives from Family Resource Centers, Early Start personnel from regional centers and local educational agencies, and others. The three constituency groups consisted of: 1) parents, advocates and family resource center partners, 2) regional centers and service providers, and 3) state agency and higher education representatives.

The SSIP advisory and constituency groups were instrumental in jump-starting the SSIP revamping process. Advisory meetings were held virtually in April 2024, May 2024, June 2024, and August 2024. Constituency group meetings were held virtually in May 2024, June 2024 and August 2024. A combined advisory group and constituency group meeting was held in November 2024. In December 2024 and January 2025, staff was focused on preparing for the SSIP, so no public meetings were held. The DDS staff engaged internally and with TA providers to outline SSIP processes and assess capacity. In February, staff worked with the DDS technical assistance provider to implement the SSIP revision, and to outline details for the strategies, implementation and evaluation plan. Staff also worked to communicate updates to internal DDS executive level staff. Staff then communicated updates and decisions in June 2025.

State staff sent out reminders to participants ahead of meetings with relevant information about upcoming content and the purpose of their participation.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Participants in the advisory and constituent group meetings shared several concerns about the future of the SSIP. First and foremost was a concern that Early Start and regional centers may not have the resources (monetary and personnel) to implement a complex plan. Federal and state funding constraints were mentioned as potentially limiting the DDS's ability to achieve SSIP goals, as were local programs' recent challenges with hiring service providers and related personnel. The distributed contract-based service delivery model was also a concern for some participants, who mentioned that pilot sites will be voluntarily involved, and local programs may not be interested in supporting the SSIP implementation. Additionally, participants were also concerned with local programs' ability to collect and report high quality child and family outcomes data, which could negatively impact the validity of the SiMR measurement. Finally, many shared concerns that the SSIP would be perceived as telling families they are not doing things correctly or judging the care they provide their children.

The DDS will address these concerns by a) implementing the SSIP slowly over time, b) involving local programs in every stage of the planning process, c) improving data collection and reporting, d) being careful to include family perspectives at every step and ensuring that strategies are designed to emphasize and grow family strengths.

• The SSIP leadership team has adopted a slow approach to implementation. Each improvement strategy will begin implementation prior to the next, and programs will have the opportunity to adapt practices sequentially. The most difficult element of the plan is adopting the family coaching model, which will not be started until later in the process. While this approach does not strain state and local resources, it will impede the quick adoption of evidence-based practices. However, the DDS believes that by implementing the FDA and IFSP strategies first, family coaching will be more successful.

• Local programs will be members of the DDS SSIP leadership team and local implementation teams as well as the advisory group. Participants will be involved in decision-making, public engagement, and outreach, as well as content creation.

• Local programs will be consulted for their input and feedback as processes change to improve data collection and reporting. Because they are providing the data to the DDS, their involvement and buy-in are critical for success.

• The SSIP leadership team will take an assets-based approach to defining the strategic interventions, particularly the FDA. This will involve emphasizing with families that the FDA is intended to identify family strengths and challenges, not to summarily judge their practices in the home. The DDS recognizes that the FDA must be designed in a way that addresses these concerns.

Additional Implementation Activities

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

N/A

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

N/A

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

N/A

Provide additional information about this indicator (optional).

N/A

11 - Prior FFY Required Actions

None

11 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State revised its FFY 2024 and FFY 2025 targets for this indicator, and OSEP accepts those targets.

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2024	89.29%

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

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
8	0	7	0	1

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

State monitoring

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 Indicator 1, FFY 2023, eight findings of noncompliance were issued for 50 noncompliant records. The DDS verified corrections for seven of the eight findings of noncompliance within one year of the finding. The one remaining finding was verified as corrected within 13 months from the date of the finding.

Details of finding corrections include:

HRC was notified of the finding on March 7, 2024. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On March 6, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 March 6, 2025.

VMRC was notified of the finding on July 1, 2024. One finding was issued for the six noncompliant records. A subsequent review was completed on randomly selected records. On October 22, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 October 22, 2024.

RCOC was notified of the finding on May 31, 2024. One finding was issued for the three noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 28, 2025, 100 percent compliance was achieved This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 February 28, 2025.

NBRC was notified of the finding on August 12, 2024. One finding was issued for the nine noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On July 16, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 July 16, 2025.

SDRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A subsequent review was completed on randomly selected records. On November 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 November 14, 2024.

ACRC was notified of the finding on October 1, 2024. One finding was issued for the 14 noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On May 13, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 May 13, 2025.

ELARC was notified of the finding on August 30, 2024. One finding was issued for the five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 29, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 corrected within 13 months from the date of the finding and closed on September 29, 2025.

CDE was notified of the finding on December 30, 2024. One finding was issued for the three noncompliant records. A subsequent review was completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 November 7, 2025.

No other findings to report from other sources.

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

For Indicator 1, FFY 2023, eight findings of noncompliance were issued for 50 individual cases of noncompliance. The DDS verified correction for eight of the eight findings of compliance within one year of the finding.

Details of finding corrections include:

For HRC, the DDS verified through documentation in the child's records that the six children whose services did not occur in a timely manner, received those services, although late.

For VMRC, the DDS verified through documentation in the child's records that the six children whose services did not occur in a timely manner, received those services, although late.

For RCOC, the DDS verified through documentation in the child's records that the three children whose services did not occur in a timely manner, received those services, although late.

For NBRC, the DDS verified through documentation in the child's records that the nine children whose services did not occur in a timely manner, received those services, although late.

For SDRC, the DDS verified through documentation in the child's records that the four children whose services did not occur in a timely manner, received those services, although late.

For ACRC, the DDS verified through documentation in the child's records that the 14 children whose services did not occur in a timely manner, received those services, although late.

For ELARC, the DDS verified through documentation in the child's records that the five children whose services did not occur in a timely manner, received those services, although late.

For CDE, the DDS verified through documentation in the child's records that the three children whose services did not occur in a timely manner, received those services, although late.

No other findings to report from other sources.

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

Findings of Noncompliance Identified in FFY 2023

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

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

State monitoring

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 Indicator 7, FFY 2023, three findings of noncompliance were issued for 15 noncompliant records. The DDS verified correction for three of the three findings of noncompliance within one year of the finding.

Details of finding corrections include:

RCOC was notified of the finding on April 8, 2024. One finding was issued for nine 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 meetings 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.

ACRC was notified of the finding on October 1, 2024. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On September 30, 2025, 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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 30, 2025.

CDE was notified of the finding on December 30, 2024. One finding was issued for one noncompliant record. A subsequent review was completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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 November 7, 2025.

No other findings to report from other sources.

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

For Indicator 7, FFY 2023, three findings of noncompliance were issued for 15 individual cases of noncompliance. The DDS verified correction for three of the three findings of compliance within one year of the finding.

Details of finding corrections include:

For RCOC, the DDS verified through documentation in the child's records that the nine children whose IFSP meeting did not occur in a timely manner were held, although late.

For ACRC, 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.

For CDE, 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

No other findings to report from other sources.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

State monitoring

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 Indicator 8a, FFY 2023, five findings of noncompliance were issued for 18 noncompliant records. The DDS verified correction for five of the five findings of noncompliance within one year of the finding.

Details of finding corrections include:

VMRC was notified of the finding on July 1, 2024. One finding was issued for the one noncompliant record. 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 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 October 22, 2024.

NBRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed 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 for this indicator. Consequently, the finding was closed on November 18, 2024.

ACRC was notified of the finding on October 1, 2024. One finding was issued for the ten noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 18, 2025, 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 February 18, 2025.

ELARC was notified of the finding on August 30, 2024. One finding was issued for the one noncompliant record. A series of subsequent quarterly reviews were completed 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 for this indicator. Consequently, the finding was closed on November 18, 2024.

CDE was notified of the finding on December 30, 2024. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 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 November 7, 2025.

No other findings to report from other sources.

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

For Indicator 8a, FFY 2023, five findings of noncompliance were issued for 18 individual cases of noncompliance. The DDS verified correction for five of the five findings of noncompliance within one year of the finding.

Details of finding corrections include:

For VMRC, the DDS verified through documentation in the child's records that the one child whose IFSP meeting with transition steps and services was held, although late.

For NBRC, the DDS verified through documentation in the child's records that the four children whose IFSP meetings with transition steps and services were held, although late.

For ACRC, the DDS verified through documentation in the child's records that the ten children whose IFSP meetings with transition steps and services were held, although late.

For ELARC, the DDS verified through documentation in the child's records that the one child whose IFSP meeting with transition steps and services was held, although late.

For CDE, the DDS verified through documentation in the child's records that the two children whose IFSP meetings with transition steps and services were held, although late.

No other findings to report from other sources.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
6	0	5	0	1

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

State monitoring

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 Indicator 8b, FFY 2023, six findings of noncompliance were issued for 36 noncompliant records. The DDS verified correction for five of the six findings of noncompliance within one year of the finding. The one remaining finding was subsequently corrected within 23 months from the date of the finding.

Details of finding corrections include:

FDLRC was notified of the finding on March 7, 2024. One finding was issued for eleven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 7, 2024.

HRC was notified of the finding on March 7, 2024. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On December 20, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 December 20, 2024.

RCOC was notified of the finding on May 31, 2024. One finding was issued for six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 8, 2026, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 January 8, 2026.

NBRC was notified of the finding on August 12, 2024. One finding was issued for four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 18, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 18, 2024.

SDRC was notified of the finding on August 12, 2024. One finding was issued for five noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 14, 2024, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 14, 2024.

CDE was notified of the finding on December 30, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 100 percent compliance was achieved. This subsequent review verified that the LEA 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 November 7, 2025.

No other findings to report from other sources.

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

For Indicator 8b, FFY 2023, six findings of noncompliance were issued for 36 individual cases of noncompliance. The DDS verified correction for six of the six findings of compliance within one year of the finding.

Details of finding corrections include:

For FDLRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for seven children whose notification did not occur in a timely manner. The other four children whose notification did not occur and are no longer within the jurisdiction of the Early Start program.

For HRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the six children whose notification did not occur in a timely manner.

For RCOC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the six children whose notification did not occur in a timely manner.

For NBRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the four children whose notification did not occur in a timely manner.

For SDRC, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the five children whose notification did not occur in a timely manner.

For CDE, the DDS verified through documentation in the child's records that the LEA notification, although late, occurred at least 90 days prior to the child's third birthday for the four children whose notification did not occur in a timely manner.

No other findings to report from other sources.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
6	0	5	0	1

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

State monitoring

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 Indicator 8c, FFY 2023, six findings of noncompliance were issued for 28 noncompliant records. The DDS verified correction for five of the six findings of noncompliance within one year of the finding. The one remaining finding has not yet been verified as corrected as of February 2, 2026.

Details of finding corrections include:

HRC was notified of the finding on March 7, 2024. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 15, 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 October 15, 2024.

NBRC was notified of the finding on August 12, 2024. One finding was issued for the four noncompliant records. A series of subsequent quarterly reviews were completed 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.

ACRC was notified of the finding on October 1, 2024. One finding was issued for the ten noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On February 7, 2025, 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 7, 2025.

ELARC was notified of the finding on August 30, 2024. One finding was issued for the three noncompliant records. A series of subsequent quarterly reviews were completed 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.

CDE was notified of the finding on December 30, 2024. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On November 7, 2025, 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 7, 2025.

RCOC was notified of the finding on May 31, 2024. One finding was issued for three 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 2, 2026. 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.

No other findings to report from other sources.

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

For Indicator 8c, FFY 2023, six findings of noncompliance were issued for 28 individual cases of noncompliance. The DDS verified correction for six of the six findings of compliance within one year of the finding.

Details of finding corrections include:

For HRC, 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.

For NBRC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the four children whose transition conference did not occur in a timely manner.

For ACRC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the ten children whose transition conference did not occur in a timely manner.

For ELARC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the three children whose transition conference did not occur in a timely manner.

For CDE, 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.

For RCOC, the DDS verified through documentation in the child's records that the transition conference was held, although late, for the three children whose transition conference did not occur in a timely manner.

No other findings to report from other sources.

Optional for FFY 2024, and 2025:

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

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

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

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

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

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

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

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
25	28	Not Valid and Reliable	100%	89.29%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	10.71%

Provide additional information about this indicator (optional)

(continued from FFY 2022, Findings of Noncompliance Verified as Corrected)

For Indicator 8a, FFY 2022, the DDS verified that the one remaining finding of noncompliance identified was corrected.

Details of finding correction include:

RCRC, formerly reported as “Program 3” for FY 2022, was notified of the finding on October 23, 2023. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 16, 2025, 100 percent compliance was achieved. This subsequent review verified that IFSPs 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 October 16, 2025.

Indicator 8c

For indicator 8c, FFY 2022, the DDS verified that two remaining findings of noncompliance were corrected.

Details of finding corrections include:

GGRC, formerly reported as “Program 2” for FY 2022, was notified of the finding on January 17, 2023. One finding was issued for the eight noncompliant records. A series of subsequent quarterly reviews were completed 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 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.

RCRC, formerly reported as “Program 4” for FY 2022, was notified of the finding on October 23, 2023. One finding was issued for the six noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On October 16, 2025, 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 demonstrating that the program is correctly implementing the regulatory requirements and 100 percent compliance for this indicator. Consequently, the finding was closed on October 16, 2025.

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	28
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	25
3. Number of findings not verified as corrected within one year	3

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

4. Number of findings of noncompliance not timely corrected	3
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	2
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Other Areas - All other findings	0
7. Number of findings not yet verified as corrected	1

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.

As stated above, RCOC was notified of the finding on May 31, 2024. One finding was issued for three 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 2, 2026. 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.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	6	5	1

FFY 2022

Findings of Noncompliance Verified as Corrected

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

Indicator 1

For Indicator 1, FFY 2022, the DDS verified that two of the two remaining findings of noncompliance have been corrected.

Details of finding corrections include:

GGRC, formerly reported as “Program 1” for FFY 2022, was notified of the finding on January 17, 2023. One finding was issued for the seven noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On May 15, 2025, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 May 15, 2025.

RCRC, formerly reported as “Program 2” for FFY 2022, was notified of the finding on October 23, 2023. One finding was issued for the two noncompliant records. A series of subsequent quarterly reviews were completed on randomly selected records. On January 14, 2026, 100 percent compliance was achieved. This subsequent review verified that the Early Start program provided all services identified on the IFSPs reviewed 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 January 14, 2026.

Indicator 7

FFY 2022 Clarification:

For FFY 2022, the DDS initially reported the incorrect number of delays for children whose IFSP meetings were delayed beyond the 45-day timeline. The correct number of children whose IFSP meetings were delayed is 138 (versus 129 originally reported for children whose IFSP were delayed). Of the 138 records, 58 records involved delays due to exceptional family circumstances (EFC). The correct number of noncompliant records is 80 versus 74. The error in reporting data for FFY 2022 (71) and FFY 2023 (74) included calculation errors and the omission of records cleared through the pre-finding correction 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 2, 2026.

Details of finding corrections include:

SARC, formerly reported as “Program 1” for FY 2022, was notified of the finding on September 27, 2022. One finding was issued for eleven 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 meetings 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 March 3, 2023.

GGRC, formerly reported as “Program 2” for FY 2022, 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 2, 2026. 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.

TCRC, formerly reported as “Program 3” for FY 2022, 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 meetings 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.

SGPRC, formerly reported as “Program 4” for FY 2022, 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 meetings 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.

RCRC, formerly reported as “Program 5” for FY 2022, 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 meetings 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.

IRC, formerly reported as “Program 6” for FY 2022, 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 meetings 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 August 6, 2024.

WRC, formerly reported as “Program 7” for FY 2022, was notified of the finding on October 18, 2023. One finding was issued for eleven 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 meetings 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.

CVRC, formerly reported as “Program 8” for FY 2022, 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 meetings 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.

CDE, formerly reported as “Program 9” for FY 2022, was notified of the finding on October 11, 2023. One finding was issued for one noncompliant record. A series of subsequent quarterly reviews were completed on randomly selected records and 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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.

Please see "Provide additional information about this indicator (optional)" section for FFY 2022 clearance information for Indicators 8a and 8c.

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

Indicator 1

For Indicator 1, FFY 2022, the DDS verified that two of the two remaining findings of noncompliance have been corrected.

Details of finding corrections include:

For GGRC, formerly reported as “Program 1” for FY 2022, 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.

For RCRC, formerly reported as “Program 2” for FFY 2022, 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.

Indicator 7

FFY 2022 Clarification:

For FFY 2022, the DDS initially reported the incorrect number of delays for children whose IFSP meetings were delayed beyond the 45-day timeline. The correct number of children whose IFSP meetings were delayed is 138 (versus 129 originally reported for children whose IFSP were delayed). Of the 138 records, 58 records involved delays due to exceptional family circumstances (EFC). The correct number of noncompliant records is 80 versus 74. The error in reporting data for FFY 2022 (71) and FFY 2023 (74) included calculation errors and the omission of records cleared through the pre-finding correction process.

For Indicator 7, FFY 2022, the DDS verified eight of the nine findings of noncompliance identified in FFY 2022 as corrected within one year of the finding. The one remaining finding has not yet been verified as corrected as of February 2, 2026.

Details of finding corrections include:

SARC, formerly reported as “Program 1” for FY 2022, was notified of the finding on September 27, 2022. One finding was issued for eleven 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 meetings 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 March 3, 2023.

GGRC, formerly reported as “Program 2” for FY 2022, 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 2, 2026. 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.

TCRC, formerly reported as “Program 3” for FY 2022, 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 meetings 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.

SGPRC, formerly reported as “Program 4” for FY 2022, 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 meetings 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.

RCRC, formerly reported as “Program 5” for FY 2022, 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 meetings 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.

IRC, formerly reported as “Program 6” for FY 2022, 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 meetings 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 August 6, 2024.

WRC, formerly reported as “Program 7” for FY 2022, was notified of the finding on October 18, 2023. One finding was issued for eleven 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 meetings 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.

CVRC, formerly reported as “Program 8” for FY 2022, 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 meetings 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.

CDE, formerly reported as “Program 9” for FY 2022, was notified of the finding on October 11, 2023. One finding was issued for one noncompliant record. A series of subsequent quarterly reviews were completed on randomly selected records and 100 percent compliance was achieved. This subsequent review verified that the IFSP meetings 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.

Indicator 8a

For Indicator 8a, FFY 2022, the DDS verified correction for the one remaining individual case of noncompliance within one year of the finding.

Details of finding correction include:

For RCRC, formerly reported as “Program 3” for FY 2022, 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.

Indicator 8c

For Indicator 8c, FFY 2022, the DDS verified correction for the two remaining findings of individual cases of noncompliance within one year of the finding.

Details of finding corrections include:

For GGRC, formerly reported as “Program 2” for FY 2022, 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.

For RCRC, formerly reported as “Program 4” for FY 2022, 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.

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Indicator C7: GGRC, formerly reported as “Program 2” for FY 2022, has continued noncompliance identified in FFY 2022 that has not been verified as corrected as of February 2, 2026. As a result of this longstanding noncompliance, the DDS required GGRC to submit a corrective action plan outlining the steps that will be taken to ensure that the initial evaluation, assessment, and IFSP meeting are held within the 45-day timeline. The DDS reviewed GGRC’s updated policies and procedures, as well as their comprehensive staff training plan, which included a structured approach to staff development and quality assurance to ensure sustained compliance and continuous system improvement. A series of subsequent quarterly reviews were completed on randomly selected records. The DDS will complete another subsequent review in March of 2026 to verify that the required actions outlined in the corrective action plan have been implemented, and 100 percent compliance on this indicator is achieved. In addition, the DDS has established bi-weekly check-ins with GGRC and on October 27, 2025, briefed GGRC’s Board of Directors on the urgent need to address compliance issues related to this indicator.

12 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2023 SPP/APR

Refer to sections above related to the correction of findings of noncompliance identified in FFY 2022 and FFY 2023.

In addition, refer to FFY 2024 data as the baseline for this indicator.

12 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

12 - Required Actions

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2023 and the remaining one uncorrected finding of noncompliance identified in 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023 and 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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:

Erin Brady

Title:

Assistant Deputy Director, Early Childhood and Youth Services Division, California Department of Developmental Services and CA Part C Coordinator

Email:

erin.brady@dds.ca.gov

Phone:

916-654-2977

Submitted on:

04/21/26 1:47:22 PM

Determination Enclosures

RDA Matrix

California

2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
75.00%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	20	15	75.00%

2026 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	34,278
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	62,381
Percentage of Children Exiting who are Included in Outcome Data (%)	54.95
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2

II. Child Performance

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1

(b) Performance Change Over Time: Comparing your State's FFY 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2024	67.41%	64.61%	75.33%	52.01%	52.24%	56.84%
FFY 2023	64.85%	61.52%	73.70%	48.53%	49.82%	55.10%

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

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2023** (3)	**Score**
Indicator 1: Timely service provision	87.63%	YES	1
Indicator 7: 45-day timeline	89.07%	YES	1
Indicator 8A: Timely transition plan	94.02%	YES	2
Indicator 8B: Transition notification	92.99%	YES	2
Indicator 8C: Timely transition conference	93.09%	NO	1
Indicator 12: General Supervision	89.29	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/FFY2024-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2024 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	34,278

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	2,341	4,193	5,013	8,501	12,580
Performance (%)	7.17%	12.85%	15.36%	26.05%	38.56%
Scores	0	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	1,302	5,128	9,229	10,406	6,563
Performance (%)	3.99%	15.72%	28.29%	31.89%	20.11%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2,547	6,965	4,571	5,832	12,713
Performance (%)	7.81%	21.35%	14.01%	17.87%	38.96%
Scores	0	1	1	1	1

	Total Score
Outcome A	4
Outcome B	5
Outcome C	4
Outcomes A-C	13

Data Anomalies Score	2

Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2024

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	67.41%	64.61%	75.33%	52.01%	52.24%	56.84%
Points	1	1	1	1	0	1

Total Points Across SS1 and SS2	5

Your State's Data Comparison Score	1

Appendix D

II. (b) Performance Change Over Time:

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

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.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<=.05. The statistical test has several steps. All values are shown as rounded for display purposes.

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

e.g., C3A FFY2024% - C3A FFY2023% = 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

Sqrt[([FFY2023% * (1-FFY2023%)] / FFY2023N) + ([FFY2024% * (1-FFY2024%)] / FFY2024N)] = 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 2023 to FFY 2024

1 = No statistically significant change

2= statistically significant increase from FFY 2023 to FFY 2024

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

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

Summary Statement/ Child Outcome	FFY 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	19,148	64.85%	20,048	67.41%	2.56	0.0048	5.3446	<.0001	YES	2
SS1/Outcome B: Knowledge and Skills	24,546	73.70%	26,065	75.33%	1.63	0.0039	4.2011	<.0001	YES	2
SS1/Outcome C: Actions to meet needs	18,616	49.82%	19,915	52.24%	2.41	0.0051	4.7387	<.0001	YES	2
SS2/Outcome A: Positive Social Relationships	30,168	61.52%	32,628	64.61%	3.09	0.0039	8.0206	<.0001	YES	2
SS2/Outcome B: Knowledge and Skills	30,168	48.53%	32,628	52.01%	3.48	0.0040	8.7090	<.0001	YES	2
SS2/Outcome C: Actions to meet needs	30,168	55.10%	32,628	56.84%	1.74	0.0040	4.3792	<.0001	YES	2

Total Points Across SS1 and SS2	**12**

Your State's Performance Change Score	**2**

Data Rubric

California

FFY 2024 APR (1)

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

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

APR Score Calculation

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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

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

Part C 618 Data

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

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

* if applicable

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

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

Dispute Resolution

IDEA Part C

California

Year 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	42
(1.1) Complaints with reports issued.	40
(1.1) (a) Reports with findings of noncompliance.	35
(1.1) (b) Reports within timelines.	40
(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.	2

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	19
(2.1) Mediations held.	9
(2.1) (a) Mediations held related to due process complaints.	3
(2.1) (a) (i) Mediation agreements related to due process complaints.	3
(2.1) (b) Mediations held not related to due process complaints.	6
(2.1) (b) (i) Mediation agreements not related to due process complaints.	2
(2.2) Mediations pending.	0
(2.3) Mediations not held.	10

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	19
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	1
(3.2) (a) Decisions within timeline.	1
(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).	18

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

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

How the Department Made Determinations

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

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

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

Final Determination Letter

June 16, 2026

Honorable 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) 2026 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that California needs assistance in meeting 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) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

California's 2026 determination is based on the data reflected in California's "2026 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 2026: Part C" (HTDMD-C).

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

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2024 data. You may access the results of OSEP's review of California's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process Systems (E*MAPS*) 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) "2026 Data Rubric Part C," which shows how OSEP calculated the California's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the California's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, California's 2026 determination is Needs Assistance. A State's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

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

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

As a reminder, 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 2024 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,

Erin McHugh
Deputy Director
Office of Special Education Programs

cc: California Part C Coordinator