**State Performance Plan / Annual Performance Report: Part C**

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

**For reporting on
FFY 2022**

**Oregon**



**PART C DUE
February 1, 2024**

**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) 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 Oregon Department of Education (ODE) Office of Enhancing Student Opportunities is responsible for Oregon’s 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) programs that serve students eligible for IDEA services. The State worked collaboratively with districts and programs to support improved academic and functional results for children with disabilities. The State supported and monitored its districts and programs via the following: General Supervision System; Technical Assistance System; Professional Development System; Stakeholder Involvement; and Reporting to the Public. These approaches are designed to facilitate high expectations and college and career readiness (CCR) for the State’s students with disabilities.

The State has a Technical Assistance System that utilized technology and personnel to provide districts and programs timely access to data and activities that ensure compliance, as well as improved academic and functional outcomes for students with disabilities. Education specialists served as single points of contact for districts and programs. In addition, a web-based system provided access to data and on-demand technical assistance, to specialists, districts, and programs.

The State’s Professional Development System leveraged both IDEA discretionary funds and funds from the State Personnel Development Grant (SPDG) to provide every district and program the opportunity to receive direct technical assistance and professional development focusing on the implementation of evidence-based practices for students with disabilities. Activities included: annual state-wide training on data collections; workshops to parents of students with disabilities regarding procedural safeguards and navigating the IFSP; and support for programs to implement Multi-Tiered Systems of Support (MTSS). In addition, districts/programs can request individualized technical assistance from the State and every effort is made to provide the professional development on-site.

The State solicited stakeholder input as needed on Annual Performance Report (APR) target setting and the State Systemic Improvement Plan (SSIP) content. The State created Special Education Profiles for each of the 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs. These profiles displayed the indicators on the Annual Performance Report that are required for public reporting. Profiles were distributed to parents of children with disabilities and were made available to the public on the State’s website: https://www.oregon.gov/ode/schools-and-districts/reportcards/spedreportcards/pages/default.aspx.

Additional information related to data collection and reporting

**General Supervision System**

The systems that are in place to ensure that the IDEA Part C requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).

The State worked collaboratively with nine contractors and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs on comprehensive data collection, analysis, performance reporting, improvement planning, implementation, and progress reporting.

The State’s general supervision system was coordinated by the Office of Enhancing Student Opportunities and included data, monitoring, and legal components that were designed to identify noncompliance. Components were organized as follows:

Fiscal Management: The State provides oversight and technical assistance on the distribution and use of funds according to federal and state requirements. The State and LEAs must have strong internal controls to ensure fiscal accountability, and the state must monitor each recipient of IDEA funds to ensure IDEA and other federal fiscal requirements are met.

System Performance Review & Improvement (SPR&I): All EI/ECSE programs in the State that receive IDEA funds were required to participate in the State’s SPR&I system of annual accountability and performance reporting. This system focused on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conducted individual child file reviews annually to collect procedural compliance data. Individual child procedural compliance data was collected by programs and submitted to the State electronically through the SPR&I database. Additionally, they are provided program specific APR indicator data in SPR&I and complete worksheets and or improvement activities in areas below results and compliance targets. The SPR&I system provided the State with the mechanism for review of district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR 303.700-708 are met by the State.

Oregon utilizes “ecWeb”, a statewide database for Early Intervention and Early Childhood Special Education records in conjunction with SPR&I to verify corrections, answer questions on program reviews, and to complete annual audits by ODE staff on a subset of programs. ODE utilizes the same review process as EI/ECSE programs to review EI/ECSE files in the audit process. ecWeb is also utilized to track results and improvement activities for child outcome and evaluation timelines for Early Intervention.

Issues and concerns outside of the monitoring process that are communicated to ODE by parents, programs, or the public are documented on an EI/ECSE County Contact Smart Sheet. Some issues are addressed by providing information or clarification. Other issues may be resolved in the dispute resolution process. Any issue determined to be a noncompliance would result in an official notification on noncompliance from ODE with corrective action to be completed as soon as possible but no later than one year from identification.
The Oregon EI/ECSE Policies and Procedures manual is available at https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/Program-Policy-and-Procedures.aspx.

Determinations are made annually for each EI/ECSE program. The manual for SPR&I, Determinations Guidance, and the Determinations and Enforcement Matrix are available at the following website:
https://www.oregon.gov/ode/students-and-family/SpecialEducation/GeneralSupervision/Pages/2023-2024eiecsespriresources.aspx .

Complaints and dispute resolution: While the State oversees complaints, due process hearings, mediations, and other alternative dispute resolution activities as part of its general supervision responsibilities, only complaints and due process hearings result in findings of noncompliance. The State uses independent contractors to conduct mediations and complaint investigations, with support, coordination, and additional assistance by the State’s special education legal specialist. The State provides training and oversight for these complaint contractors. When a complaint final order identifies noncompliance and orders corrective action, State staff work with district and program staff to ensure completion of corrective action within required timelines. The State uses the same complaint resolution system and complaint contractors for Part B and Part C.

The State has a one-tier due process hearing system. All special education due process hearings are conducted by Office of Administrative Hearings (OAH) administrative law judges. OAH and the State have trained OAH administrative law judges to conduct special education hearings. When a due process hearing final order identifies noncompliance and orders corrective action, State staff work with district and program staff to ensure completion of corrective action within required timelines. The State uses the same due process hearing system and complaint contractors for Part B and Part C.

The State amended OAR 581-015-2015 in June 2022 following State approval procedures. These changes updated the State’s general supervision procedures, including school district requirements for compliance and Agency procedures for non-compliance and corrective action. The State has been providing technical assistance to districts on these changes with regular monthly informational and system updates at the Special Education Directors monthly meetings.

The State has a one-tier due process hearing system. All special education due process hearings are conducted by Office of Administrative Hearings (OAH) administrative law judges. OAH and the State have trained OAH administrative law judges to conduct special education hearings. When a due process hearing final order identifies noncompliance and orders corrective action, State staff work with program staff to ensure completion of corrective action within required timelines. The State used the same due process hearing system and complaint contractors for Part B and Part C.

**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 early intervention service (EIS) programs.**

During FFY 2022, the State provided boot camp training for IDEA data managers, as well as fall and spring virtual trainings. The virtual training topics included data reporting essentials and submission processes, data collection, compliance and performance issues as well as trainings for new district and program participants as part of general supervision, data collection, and monitoring activities.

The State facilitated a bimonthly intake and referral community of practice (COP) for intake coordinators and other relevant staff across all contracted regions. The COP topics included updates to state forms and manuals, strategies and barriers to an effective referral and intake process, medical eligibility, and ongoing analysis of statewide referral numbers. In addition, the COP meetings provided opportunities to meet with referral partners, including the Oregon Childhood Lead Poisoning Prevention Program, Oregon Screening Project, and Child Welfare.

**Professional Development System:**

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

During the last reporting period, the State made significant progress on meeting the goals outlined in the Comprehensive Professional Development Plan. This plan is guided by review and use of the Personnel/Wokforce subcomponent of a Systems Framework for building a high-quality Early Intervention and Preschool Special Education Programs found on the Early Childhood Technical Assitance Center webpage: https://ectacenter.org/sysframe/. In particular, the areas of focus for FFY 2022 included State Personnel Standards, Recruitment and Retention, and evaluation of the Personnel/Workforce System for Early Intervention/Early Childhood Special Education. During this period the State identified the following goals and objectives: 1) Continue to develop collaboration with staff of Early Childhood Care and Education, Home Visiting, Early Childhood Education (Early Learning Division), TSPC and Higher Education to share information, minimize unnecessary redundancy, and ensure consistency in related areas across all personnel standards developed for providers who serve young children in Oregon. 2) Review EI/ECSE Competencies every 5 years. Crosswalk with DEC’s future new EI/ECSE Standards. 3) Review DEC’s final EI/ECSE Standards. 4) Adopt DEC national standards for Oregon EI/ECSE competencies. Create guidance for each standard. Plan partner feedback via surveys and focus groups. Use feedback to guide final guidance revisions. 5) Update EI/ECSE Authorization certification for specialist and supervisor to align with DEC national standards. Revise Authorization application and website. Create online application for efficiency. 6) Explore distance services and tele-interventions (especially in rural areas) increase services with less staff. 7) Collect and analyze staff shortage data from EI/ECSE programs 8) Collect and analyze data on EI/ECSE Authorization. Build “Counts per county” by year reports on Authorization database. 9) Develop questions added to Needs Assessment survey on staff shortage, mentor & well-being programs. 10) Develop guidance for leveraging funds (including federal relief dollars) to recruit and retain staff. 11) Increase awareness of strategies and supports to recruit and retain a diverse workforce including alternative pathways for licensure and access to higher education. 12) create a comprehensive evaluation of the CSPD using the Systems Framework, dovetailing with infrastructure improvements outlined in the SSIP.

Of the 12 goals and objectives listed above, 10 were successfully completed during the reporting period and the remaining goals were moved into an ongoing improvement status with the idea that strategies such as increased partnership and ongoing technical assistance and guidance development are embedded parts of the states improved general supervision process. Of particular note, the State updated its EI/ECSE personnel standards for assistants, specialists, and supervisors. The standards are used to help guide professional development plans, in-service training, and the authorization process for EI/ECSE professionals in Oregon. The personnel standards were updated with a focus on equity and inclusion and to reflect current recommended practices in the field of EI/ECSE. The revised standards were adopted in October 2023.

**Stakeholder Engagement:**

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

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

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

YES

**Number of Parent Members:**

21

**Parent Members Engagement:**

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

Parent and family members engaged with the Agency to set SPP/APR targets and analyze data in the prior reporting period. These engagement efforts were reported in the FFY 2021 submission.

During the current reporting period, the State continues to maintain an ongoing partnership with the State Interagency Coordinating Council (SICC), including parent members, to continue to develop improvement strategies. These discussions with the SICC help to inform statewide improvement strategies as reflected in the SPP/APR. Topics addressed in 2023 included regular legislative session updates.

**Activities to Improve Outcomes for Children with Disabilities:**

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

The State partners with FACT (the Parent Advocacy Center) to improve capacity with diverse groups of parents.

The State has used recruitment efforts to increase diversity of representation on the SICC. The State has started SICC subcommittee focused on the Local Interagency Coordinating Councils. This subcommittee has identified a need to more comprehensively understand the composition of the LICCs and how feedback from the group is heard and considered by the SICC.

The State has implemented strategies to increase parent response from families of color and those whose first language is not English for our annual Parent Survey as well.

**Soliciting Public Input:**

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

The State solicited public input and analyzed data to set targets during FFY 2020.

The State regularly reports to the State Interagency Coordinating Committee (SICC) and engages SICC to share data updates and refine the statewide improvement strategies related to inclusion and results for students experiencing disability. The State continues to work with SICC on their joint goals in support of inclusion and improving performance of students experiencing disability in this reporting period. During 2022-23, the State continued to present information to the SICC and solicit public input to inform changes to state efforts and involvements, including regular updates on pending legislation.

**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.**

TThe State reports this information to the public by posting the SPP/APR annually on this site: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/State-Performance-Plan-and-Annual-Performance-Report-for-Special-Education.aspx.

The State does not solely rely on the website to meet the requirements for making results available to the public; in addition, the State also distributed the SPP/APR News Release to the media and public agencies on October 20, 2023, as required by 34 C.F.R §§ 300.602(b)(1)(i)(B) and 303.702(b)(1)(i)(B). This News Release provided web links, an explanation of the basis for the APR, and Key Highlights of Oregon’s APR. The State intends to continue to work with the ODE Communications Office to ensure that this media release process is adhered to annually.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2021 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 2021 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 2021 APR in 2023, is available.**

The State produces At-A-Glance Special Education Profiles for each of the 197 school districts and 35 Early Intervention/Early Childhood Special Education (EI/ECSE) county programs. An additional EI/ECSE profile is produced for the Confederated Tribes of Warm Springs and a combined report card for Sherman, Gilliam, and Wheeler counties. These report cards display the indicators on the Annual Performance Report that are required for public reporting.

The State reports on Indicators B6, B7, B8, and B12 to the public on the EI/ECSE profiles. The State requires that districts distribute the profiles to all parents of students with IFSPs or IEPs. At-A-Glance Special Education Profiles are released to the public within 120 days of the APR submission to the Office of Special Education Programs (OSEP).

The At-A-Glance Special Education Profiles are available at: https://www.ode.state.or.us/data/reportcard/ReportList.aspx. To find EI/ECSE profiles, type “EI” in the search box. Additional information about the At-A-Glance Special Education Profiles (e.g., technical assistance documents) is available at: https://www.oregon.gov/ode/schools-and-districts/reportcards/SpEdReportCards/Pages/default.aspx.

The State’s SPP/APR including revised targets is posted at: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Pages/State-Performance-Plan-and-Annual-Performance-Report-for-Special-Education.aspx.

## 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.

The State did not provide a description of the activities conducted to increase the capacity of diverse groups of parents.

## Intro - Required Actions

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2023 SPP/APR, the State must provide the required information.

# 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 92.86% | 95.51% | 97.47% | 96.84% | 97.97% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 146 | 156 | 97.97% | 100% | 98.72% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

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

8

**Provide reasons for delay, if applicable.**

In addition to eight delays attributable to exceptional family circumstances, two delays were due to staff scheduling services at a time which did not meet Oregon’s definition of “timely receipt of services.”

**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).**

During 2005-2006, the State defined “timely manner” (based on guidance from OSEP) as the initiation date on the IFSP or ten days from when the parent provides consent for the IFSP service.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

To select EIS programs for monitoring, the State uses the System Performance Review and Improvement (SPR&I) monitoring tool. All Early Intervention programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) SPR&I system of annual accountability and performance reporting. This system focuses on procedural compliance and indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count.

Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State with the mechanism for review of corrective actions, district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR 303.700-708 are met. Data are based on actual number of days. The early intervention services indicated on an Individual Family Service Plan (IFSP) are implemented by Early Intervention/Early Childhood Special Education (EI/ECSE) programs as soon as possible following parent consent for services; if there is any delay, the reason must be documented.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **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 2021 Findings of Noncompliance Verified as Corrected**

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

The State verified as per OSEP QA 23-01 through individual file review and review and approval of correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system, that 100% (3/3) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §§ 303.20(c), 303.344(f)(1)].

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system.
• The State reviewed the reason for noncompliance and indicated corrective action needed.
• The EI program submitted the corrective action on the individual noncompliance in SPR&I.
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance, as well as current compliance with 34 CFR §§ 303.20(c), 303.344(f)(1), was obtained through the following:

• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education database) to review the additional file reviews and individual child files for each EI Program to verify as per OSEP QA 23-01 that each EI program with corrected noncompliance was in compliance and correctly implementing 34 CFR §§ 303.20(c), 303.344(f)(1).

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

For FFY 2021, the 3 incidents of delay of services were due to staff scheduling services after the start date on the IFSP.

The verification process for each individual noncompliance included the following steps:
• The State reviewed the reason for each individual case of noncompliance as submitted online through SPR&I, Oregon’s monitoring system, and indicated corrective action needed.
• The State reviewed and approved the corrective action submitted by EI programs (through SPR&I) and approved the same.
• The State verified individual correction as per OSEP QA 23-01 through review of individual correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system as well as reviewing individual child files in ecWeb, that 100% (3/3) of the individual incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through review of subsequent data and individual child files that in the 3 instances of noncompliance, children received the early intervention services on their IFSP, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, the State verified that 100% (3/3) compliance was achieved and the programs demonstrated correct implementation of the regulatory requirements of 34 CFR §§ 303.20(c), 303.344(f)(1).

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

For FFY 2021, the 3 incidents of delay of services were due to staff scheduling services after the start date on the IFSP

The verification process for each individual noncompliance included the following steps:
• The State reviewed the reason for each individual case of noncompliance as submitted online through SPR&I, Oregon’s monitoring system, and indicated corrective action needed.
• The State reviewed and approved the corrective action submitted by EI programs (through SPR&I) and approved the same.
• The State verified individual correction as per OSEP QA 23-01 through review of individual correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system as well as reviewing individual child files in ecWeb (the statewide EI/ECSE special education database), that 100% (3/3) of the individual incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through review of subsequent data and individual child files that in the 3 instances of noncompliance, children received the early intervention services on their IFSP, although late, unless the child was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, the State verified that 100% (3/3) compliance was achieved and the programs demonstrated correct implementation of the regulatory requirements of 34 CFR §§ 303.20(c), 303.344(f)(1).
Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.
The State verified as per OSEP QA 23-01 through individual file review and review and approval of correction data submitted by Early Intervention Programs in SPR&I, Oregon’s online monitoring system, that 100% (3/3) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §§ 303.20(c), 303.344(f)(1)].

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system;
• The State reviewed the reason for noncompliance and indicated corrective action needed;
• The EI program submitted the corrective action on the individual noncompliance in SPR&I;
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §§ 303.20(c), 303.344(f)(1) was obtained through the following:

• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education database) to review the additional file reviews and individual child files for each EI Program to verify that each EI program with corrected noncompliance were in compliance and correctly implementing 34 CFR §§ 303.20(c), 303.344(f)(1).

## 1 - OSEP Response

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 81.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= | 96.50% | 96.50% | 96.50% | 96.50% | 96.50% |
| Data | 98.15% | 98.47% | 98.66% | 99.31% | 97.42% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 96.50% | 96.50% | 96.50% | 96.50% |

**Targets: Description of Stakeholder Input**

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 4,011 |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Total number of infants and toddlers with IFSPs | 4,112 |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,011 | 4,112 | 97.42% | 96.50% | 97.54% | Met 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)**

NO

**Targets: Description of Stakeholder Input**

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| **A1** | 2015 | Target>= | 85.40% | 85.40% | 85.40% | 85.40% | 85.60% |
| **A1** | 84.89% | Data | 84.83% | 85.29% | 85.92% | 87.84% | 85.90% |
| **A2** | 2015 | Target>= | 42.30% | 42.30% | 42.30% | 42.30% | 42.50% |
| **A2** | 41.00% | Data | 42.11% | 41.21% | 38.54% | 43.74% | 43.07% |
| **B1** | 2015 | Target>= | 66.70% | 66.70% | 66.70% | 66.70% | 67.90% |
| **B1** | 66.42% | Data | 61.85% | 61.40% | 61.98% | 61.58% | 60.34% |
| **B2** | 2015 | Target>= | 36.00% | 36.00% | 36.00% | 36.00% | 36.20% |
| **B2** | 35.69% | Data | 34.39% | 34.50% | 31.72% | 34.24% | 33.65% |
| **C1** | 2015 | Target>= | 77.80% | 77.80% | 77.80% | 77.80% | 78.00% |
| **C1** | 77.28% | Data | 75.75% | 74.62% | 74.85% | 74.22% | 71.66% |
| **C2** | 2015 | Target>= | 40.60% | 40.60% | 40.60% | 40.60% | 40.80% |
| **C2** | 40.33% | Data | 36.61% | 36.38% | 33.87% | 36.36% | 35.45% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 85.80% | 86.00% | 86.20% | 86.40% |
| Target A2>= | 42.70% | 42.90% | 43.10% | 43.30% |
| Target B1>= | 68.10% | 68.30% | 68.50% | 68.70% |
| Target B2>= | 36.40% | 36.60% | 36.80% | 37.00% |
| Target C1>= | 78.20% | 78.40% | 78.60% | 78.80% |
| Target C2>= | 40.80% | 41.20% | 41.40% | 41.60% |

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 89 | 2.75% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 316 | 9.76% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,543 | 47.65% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 923 | 28.51% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 367 | 11.33% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 2,466 | 2,871 | 85.90% | 85.80% | 85.89% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,290 | 3,238 | 43.07% | 42.70% | 39.84% | Did not meet target | Slippage |

**Provide reasons for A2 slippage, if applicable**

AAfter review and engagement with regional service providers, there are residual impacts from COVID that have led to slippage. These include staff turnover, lack of systemic offering of TA to address child outcomes in infants and toddlers, and limited intervention opportunities to impact exit scores (i.e., the length of time receiving services is shorter due to lost time during COVID).

To address these impacts and understand better the needs of regional service providers, targeted training and TA for EI home visitors and leadership has been addressed in the SSIP, a workgroup was assembled to adopt updated measures and data quality tools for the AEPS, and we have prioritized attention to recruitment and retention in the Comprehensive System of Professional Development Plan.

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 51 | 1.58% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 968 | 29.89% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,193 | 36.84% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 564 | 17.42% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 462 | 14.27% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,757 | 2,776 | 60.34% | 68.10% | 63.29% | 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 | 1,026 | 3,238 | 33.65% | 36.40% | 31.69% | Did not meet target | Slippage |

**Provide reasons for B2 slippage, if applicable**

After review and engagement with regional service providers, there are residual impacts from COVID that have led to practices affecting data quality. These include staff turnover, lack of systemic offering of TA to address child outcomes in infants and toddlers, and limited intervention opportunities to impact exit scores (i.e., the length of time receiving services is shorter due to lost time during COVID).

To address these impacts and understand better the needs of regional service providers, targeted training and TA for EI home visitors and leadership has been addressed in the SSIP, a workgroup was assembled to adopt updated measures and data quality tools for the AEPS, and we have prioritized attention to recruitment and retention in the Comprehensive System of Professional Development Plan.

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 36 | 1.11% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 812 | 25.08% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 1,311 | 40.49% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 744 | 22.98% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 335 | 10.35% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 2,055 | 2,903 | 71.66% | 78.20% | 70.79% | 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 | 1,079 | 3,238 | 35.45% | 40.80% | 33.32% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

After review and engagement with regional service providers, there are residual impacts from COVID that have led to practices affecting data quality. These include staff turnover, lack of systemic offering of TA to address child outcomes in infants and toddlers, and limited intervention opportunities to impact exit scores (i.e., the length of time receiving services is shorter due to lost time during COVID).

To address these impacts and understand better the needs of regional service providers, targeted training and TA for EI home visitors and leadership has been addressed in the SSIP, a workgroup was assembled to adopt updated measures and data quality tools for the AEPS, and we have prioritized attention to recruitment and retention in the Comprehensive System of Professional Development Plan.

**FFY 2022 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 | 3,562 |
| 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. | 1,142 |
| Number of infants and toddlers with IFSPs assessed | 3,238 |

| **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.”**

IIn 2015, using a national AEPS data set from typically developing children, a review team considered 90%, 85% and 80% percentile cut offs against the national data results to decide the cut off level that best reflected the State’s children in EI programs. The review team, comprised of State staff, the EI/ECSE Contractors and the EI/ECSE stakeholder group were all asked to analyze the percentile cut offs and determine the cut off level that the State should use for reporting to the EI child outcomes. The consensus was to use the 80% cut off level. This most closely represents the children who are eligible for Early Intervention programs and receive services in Oregon.

Child progress is measured using the following rubric:

If a child enters with a score below the normal range and stays the same or regresses at the next test administration, the child is categorized as (a) does not improve functioning. If the child makes progress and the ratio of how far below the normal level of development increases between test administrations, the child is categorized as (b) improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers. If the child makes progress but the ratio of how far below the normal level of development decreases between test administrations, the child is categorized as (c) improved functioning to a level nearer to the functioning of same-aged peers but did not reach it. If a child enters with a score below the normal range and increases to reach or exceed the normal range at the next test administration, the child is categorized as (d) improved functioning sufficient to reach a level comparable to same-aged peers.

If a child enters with a score at or above the normal range and maintains their score at or above the normal range at the next test administration, the child is categorized as (e) maintains functioning at or above same age peers.

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

As of 2008, the State required all EI/ECSE programs in the State to enter individual child assessment results from the Assessment, Evaluation, and Programming System (AEPS) into the Early Childhood Web (ecWeb). The State used the aggregate results for reporting on this indicator.

**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.

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

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

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A | 2014 | Target>= | 90.00% | 91.00% | 91.00% | 89.52% | 89.92% |
| A | 89.63% | Data | 89.69% | 94.09% | 89.44% | 90.63% | 86.41% |
| B | 2014 | Target>= | 90.00% | 91.00% | 91.00% | 91.29% | 91.63% |
| B | 89.50% | Data | 92.07% | 91.40% | 91.30% | 93.75% | 92.23% |
| C | 2014 | Target>= | 92.59% | 93.09% | 93.09% | 91.27% | 91.72% |
| C | 92.09% | Data | 90.25% | 90.32% | 91.25% | 90.63% | 90.29% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 90.31% | 90.71% | 91.10% | 91.50% |
| Target B>= | 91.97% | 92.32% | 92.66% | 93.00% |
| Target C>= | 92.16% | 92.61% | 93.05% | 93.50% |

**Targets: Description of Stakeholder Input**

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**FFY 2022 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,473 |
| Number of respondent families participating in Part C  | 286 |
| Survey Response Rate | 19.42% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 261 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 286 |
| 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 | 264 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 286 |
| 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 | 259 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 286 |

| **Measure** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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) | 86.41% | 90.31% | 91.26% | 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) | 92.23% | 91.97% | 92.31% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 90.29% | 92.16% | 90.56% | Did not meet target | No Slippage |

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

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

The sampling methodology is designed to choose a representative set of counties each year that is reflective of the State’s population as a whole. Within counties, the population is stratified by school, grade, race/ethnicity, primary disability, and gender in order to ensure the representativeness of the sample.

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

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2021** | **2022** |
| Survey Response Rate | 8.84% | 19.42% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

+/-3% discrepancy in the proportion of responders compared to target group was used.

**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.**

Nonresponse bias happens when those who don’t respond to the survey are different than those who do. For example, maybe people who don’t respond are more positive about their schools than those who do respond; or conversely, maybe people who don’t respond are more negative about their schools than those who do respond. Non-response bias analysis attempts to determine if this occurred.

For non-response bias, we look at three things:
1. Response rate – in general the higher the response rate, the less likely for non-response bias.
2. Representativeness – in general, the more representative the respondents are of the population, the less likely for non-response bias. Also, if different groups of respondents by the representativeness categories do not have different responses in terms of positivity, then this it is less likely you have non-response bias.
3. Date of response – in general, if a comparison of responses of early respondents to late respondents how no difference in responses, then you are less likely to have non-response bias. (This is considered one of the best methods for determining non-response bias.)
These are the things we explained in the write-up below (see italicized text). If OSEP wants to see the exact numbers for how we determined representativeness by race/ethnicity and by disability:
• African-American or Black:
o % of Population: 4.15%
o % of Respondents: 2.85%
o Difference: 1.30%

• American Indian/Alaskan Native:
o % of Population: 0.96%
o % of Respondents: 0.54%
o Difference: 0.42%

• Asian:
o % of Population: 2.73%
o % of Respondents: 3.02%
o Difference: -0.29%

• Hispanic/Latino:
o % of Population: 23.52%
o % of Respondents: 24.83%
o Difference: -1.31%

• Hawaiian/Pacific Islander:
o % of Population: 0.59%
o % of Respondents: 0.88%
o Difference: -0.29%

• Multiracial:
o % of Population: 7.02%
o % of Respondents: 7.1%
o Difference: -0.15%

• White:
o % of Population: 61.03%
o % of Respondents: 60.71%
o Difference: 0.32%

Total % of Population/Respondents: 100.00%

• 10 Intellectual Disability:
o % of Population: 0.00%
o % of Respondents: 0.00%
o Difference: 0.00%

• 20 Deaf or Hard of Hearing
o % of Population: 4.42%
o % of Respondents: 5.56%
o Difference: 1.14%

• 40 Vision Impairment including Blindness:
o % of Population: 1.19%
o % of Respondents: 1.45%
o Difference: 0.26%

• 43 Deaf-Blindness:
o % of Population: 0.14%
o % of Respondents: 0.00%
o Difference: -0.14%

• 50 Speech/Language Impairment:
o % of Population: 0.00%
o % of Respondents: 0.00%
o Difference: -0.00%

• 60 Emotional Behavior Disability:
o % of Population: 0.00%
o % of Respondents: 0.00%
o Difference: 0.00%

• 70 Orthopedic Impairment:
o % of Population: 0.91%
o % of Respondents: 0.95%
o Difference: 0.04%

• 74 Traumatic Brain Injury:
o % of Population: 0.09%
o % of Respondents: 0.00%
o Difference: -0.09%

• 80 Other Health Impairments:
o % of Population: 0.00%
o % of Respondents: 0.00%
o Difference: 0.00%

• 82 Autism Spectrum Disorder:
o % of Population: 0.96%
o % of Respondents: 0.00%
o Difference: -0.96%

• 90 Specific Learning Disability:
o % of Population: 0.00%
o % of Respondents: 0.00%
o Difference: 0.00%

• 96 Developmental Delay 0-2yr:
o % of Population: 92.30%
o % of Respondents: 92.05%
o Difference: -0.25%

Total % of Population/Respondents: 100.00%

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few factors can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The response rate is 19%, which is much higher than last year’s response rate of 9%. However, it is possible that those families who did not respond are different in some measurable way in their level of positivity from those who did respond. Therefore, the State proceeded with the next two ways for examining nonresponse bias.

Second, the representativeness of the responses can be examined. No differences were found by race/ethnicity or disability. All racial/ethnic and disability groups were within 3% of the population. Furthermore, results are weighted by county to ensure that the family survey results reflect the population of families.

Third, the responses of families who responded early in the process can be compared to those who responded later in the process. Possibly, those who do not immediately respond are different in some measurable way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families who responded later. Therefore, the State concludes that nonresponse bias is not present.

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

YES

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

Informed by Oregon’s participation in the Early Childhood TA Center (ECTA) & the Center for IDEA Early Childhood Data Systems (DaSy) Family Outcomes CoP, the State contracted with FACT (Oregon’s PTI Center) for 2022-23. This contract assisted the State in supporting programs with collecting the following data to inform their parent involvement survey efforts:
1. Identify current communication and dissemination strategies programs are utilizing.
2. Collect program input as to why the response rate of parents of non-white students is low.
3. Identify additional communication and/or dissemination strategies for increasing the response rate of parents, especially for parents of non-white students.
4. Ask programs if there are actions that the State and/or its survey vendor could do in terms of survey design/format/administration that would increase the likelihood parents of non-white students responding to the survey.
5. The state is seeking input on strategies from a joint State Advisory Council for Special Education/State Interagency Coordinating Committee.

**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.**

Nonresponse bias measures the differences in opinions between respondents and non-respondents in meaningful ways, such as the positivity of responses. A few factors can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The response rate is 19%, which is much higher than last year’s response rate of 9%. However, it is possible that those families who did not respond are different in some measurable way in their level of positivity from those who did respond. Therefore, the State proceeded with the next two ways for examining nonresponse bias.

Second, the representativeness of the responses can be examined. No differences were found by race/ethnicity or disability. All racial/ethnic and disability groups were within 3% of the population. Furthermore, results are weighted by county to ensure that the family survey results reflect the population of families.
Third, the responses of families who responded early in the process can be compared to those who responded later in the process. Possibly, those who do not immediately respond are different in some measurable way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families who responded later. Therefore, the State concludes that nonresponse bias is not present.

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

## 4 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether its FFY 2022 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

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

The FFY 2022 Response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program. The State compared the representation by race/ethnicity and primary disability in the population to the representation in the respondents using a +/- 3% criteria to identify over-or under-representativeness. Using this methodology, no differences were found by race/ethnicity or disability. All racial/ethnic and disability groups were within 3% of the population. In addition, families from a wide range of counties from across the state responded to the survey; thus, the results are representative of all racial/ethnic groups and all disability categories. Furthermore, results are weighted by county to ensure that the family survey results reflect the population of families in terms of geographic distribution. To ensure continued representation, ODE will once again use text blasts in addition to a mailed survey to reach parents across all demographics.

## 4 - OSEP Response

## 4 - Required Actions

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

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

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

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) 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.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 0.75% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 0.80% | 0.80% | 0.80% | 0.80% | 0.81% |
| Data | 0.94% | 0.98% | 1.04% | 0.78% | 0.94% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 0.81% | 0.82% | 0.82% | 0.83% |

Targets: Description of Stakeholder Input

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 1 with IFSPs | 417 |
| 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, 2021 | 06/20/2023 | Population of infants and toddlers birth to 1 | 41,052 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 417 | 41,052 | 0.94% | 0.81% | 1.02% | Met target | No Slippage |

**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**

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

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.78% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 2.40% | 2.40% | 2.40% | 2.40% | 2.50% |
| Data | 2.92% | 3.17% | 3.27% | 2.58% | 3.00% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.50% | 2.60% | 2.60% | 2.70% |

Targets: Description of Stakeholder Input

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 08/30/2023 | Number of infants and toddlers birth to 3 with IFSPs | 4,112 |
| 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, 2021 | 06/20/2023 | Population of infants and toddlers birth to 3 | 121,594 |

**FFY 2022 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,112 | 121,594 | 3.00% | 2.50% | 3.38% | Met target | No Slippage |

**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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.39% | 99.45% | 99.23% | 96.67% | 96.25% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,763 | 4,041 | 96.25% | 100% | 95.03% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable.**

Two of the State’s larger programs account for the majority of the program delays. Both programs had a change in administration and leadership structure in 2022-23 and are dealing with a shortage of evaluation and intake staff. Technical assistance and improvement planning has supported recent decreases in program noncompliance. Programs have also hired additional evaluation staff and reorganized the method of parent contact after initial referral.

**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.**

1,077

**Provide reasons for delay, if applicable.**

For FFY 2022, 1278 incidents of delay of services occurred. The reasons for delay for 1077 incidents were attributable to exceptional family circumstances and have been reported accordingly online. The reasons for the remaining 201 delays are listed below:
• 4 incidents due to staff communication problems
• 10 incidents due to staff illness
• 104 incidents due to full evaluation schedule due to staff shortage
• 10 incidents due to data entry/clerical errors
• 11 incidents due to staff training issues
• 9 incidents due to staff unavailability
• 48 incidents due to program delay in contacting family due to staff shortage
• 2 incidents due to staff emergency
• 3 incidents due to delay from out of state or district providers

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

State database

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

July 2022 - June 2023

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

The data accurately reflects data for infants and toddlers with IFSPs for the full reporting period. The State calculated the percentage using aggregated data collected monthly from all EI/ECSE programs in the state. Each monthly data report represents all children in the EI referral process from the second day of the previous month to the first day of the current month. Programs submit data completion status of EI evaluations, eligibility, and initial IFSP meeting each month. Of those children, programs must document: (1) how many completed the process within 45 days of referral; (2) how many completed the process but not within 45 days of referral (these programs must submit a corrective action plan); (3) how many have not completed the process; and (4) how many discontinued the process and why.

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

All programs submitted their monthly data and corrective action plans (CAPs) to the State on time for the entire data collection period (July 2022-June 2023).

The State created a CAP template for April 2020 – June 2023 data for programs to document delays due to COVID. The delay was coded “Exceptional Family Circumstances due to COVID-19.” These cases were included in this report with the “Number of documented delays attributable to exceptional family circumstances.”

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 135 | 135 | 0 | 0 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

For FFY 2021, the State verified that EI/ECSE programs were correctly implementing the regulatory requirements by having the programs continue to submit monthly corrective action plans (CAPs) to the State for any child for whom the 45-day timeline was not met. Included in the CAP that programs submitted: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting; 2) the child’s initials and birth date; 3) the specific reasons for not meeting the 45-day timeline (parent delay or program delay); 4) the corrective actions based on an analysis of the problem(s); and 5) the activities planned to address each problem identified.

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (135/135) correction of noncompliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs submitted.

The State verified as per OSEP QA 23-01 that all programs with past noncompliance were correctly implementing the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) based on updated monthly 45-day timeline data from each program. The state summarized continued new monthly CAP data for each program detailing no new cases over the 45-day timeline or only CAPs with parent delays. Subsequent evaluations were also reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

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

The State verified that 100% (135/135) of the incidents of noncompliance in FFY 2021 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for each individual child for whom the 45-day timeline was not met based on a monthly State review and approved submitted Corrective Action Plans (CAPs) documenting each of the 135 cases of noncompliance were corrected to 100% (consistent with OSEP QA 23-01).

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (135/135) correction of noncompliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs submitted.

The State verified as per OSEP QA 23-01 that all programs with past noncompliance were correctly implementing the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) based on updated monthly 45-day timeline data from each program. The State summarized continued new monthly CAP data for each program detailing no new cases over the 45-day timeline or only CAPs with parent delays. Subsequent evaluations were also reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2020 | 104 | 104 | 0 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

For FFY 2020, the State verified the EI/ECSE programs were correctly implementing the regulatory requirements by having the programs continue to submit monthly corrective action plans (CAPs) for any child for whom the 45-day timeline was not met. Included in the CAP: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting; 2) the child’s initials and birth date; 3) the specific reasons for not meeting the 45-day timeline (parent delay or program delay); 4) the corrective actions based on an analysis of the problem(s); and 5) the activities planned to address each problem identified.

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (104/104) correction of noncompliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.

The State verified as per OSEP QA 23-01 that all programs with past noncompliance were correctly implementing the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) based on updated monthly 45 day timeline data from each program. The State summarized continued new monthly CAP data for each program detailing no new cases over the 45-day timeline or only CAPs with parent delays. Subsequent evaluations were reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

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

The State verified that 100% (104/104) of the incidents of noncompliance in FFY 2020 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for each individual child for whom the 45-day timeline was not met based on a monthly State review and approved submitted individual Corrective Action Plans (CAPs) documenting each of the 104 cases of noncompliance were corrected to 100% (104/104) (consistent with OSEP QA 23-01).
The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (104/104) correction of compliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.

The State verified as per OSEP QA 23-01 that all programs with past noncompliance were correctly implementing the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) based on updated monthly 45-day timeline data from each program. The state summarized continued new monthly CAP data for each program detailing no new cases over the 45-day timeline or only CAPs with parent delays. Subsequent evaluations were reviewed by the State in ecWeb, the State IFSP database, to confirm timely evaluations.

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 104 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2021 and each EIS program or provider with remaining noncompliance identified in FFY 2020: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

FFY 2020:
Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

For FFY 2020, EI/ECSE programs submitted a corrective action plan (CAP) for any child for whom the 45-day timeline was not met. Included in the CAP: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting; 2) the child’s initials and birth date; 3) the specific reasons for not meeting the 45-day timeline; 4) the corrective actions based on an analysis of the problem(s); and 5) the activities planned to address each problem identified.

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (104/104) correction of noncompliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.

The State verified as per OSEP QA 23-01 that all programs with noncompliance correctly implemented the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) and achieved 100% (104/104) correction of noncompliance based on a review of CAPs detailing the noncompliance, correction, and review of subsequent monthly CAP plans for the program. Subsequent evaluations were reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

Describe how the State verified that each individual case of noncompliance was corrected.
The State verified that 100% (104/104) of the incidents of noncompliance in FFY 2020 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for each individual child for whom the 45-day timeline was not met based on a monthly State review and approved submitted individual Corrective Action Plans (CAPs) documenting each of the 104 cases of noncompliance were corrected to 100% (104/104) (consistent with OSEP QA 23-01).

FFY 2021:
Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

The State verified that EI/ECSE programs are correctly implementing the regulatory requirements by having the programs submit a corrective action plan (CAP) to the State for any child for whom the 45-day timeline was not met. Included in the CAP that programs submitted: 1) the number of days needed to complete the referral, eligibility and initial IFSP meeting; 2) the child’s initials and birth date; 3) the specific reasons for not meeting the 45-day timeline; 4) the corrective actions based on an analysis of the problem(s); and 5) the activities planned to address each problem identified.

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (135/135) correction of compliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.

The State verified as per OSEP QA 23-01 that all programs with noncompliance correctly implemented the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) and achieved 100% (135/135) compliance based on a review of CAPs detailing the noncompliance, correction, and review of subsequent monthly CAP plans for the program. Subsequent evaluations were reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

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

The State verified that 100% (135/135) of the incidents of noncompliance in FFY 2021 were corrected within one year. All programs with noncompliance conducted the initial evaluation, assessment, and IFSP meeting, although late, for each individual child for whom the 45-day timeline was not met based on a monthly State review and approved submitted Corrective Action Plans (CAPs) documenting each of the 135 cases of noncompliance were corrected to 100% (consistent with OSEP QA 23-01).

The programs with noncompliance developed and implemented CAPs detailing solutions for 100% (135/135) correction of noncompliance and submitted these to the State for review and approval. The CAPs included staff training, development of alternative plans when staff became ill, and working with school districts to hire additional evaluators. The State reviewed and approved all CAPs.

The State verified as per OSEP QA 23-01 that all programs with noncompliance correctly implemented the regulatory requirements of 34 CFR §§303.310(a) and 303.342(a) and achieved 100% (135/135) correction of compliance based on a review of CAPs detailing the noncompliance, correction, and review of subsequent monthly CAP plans for the program. Subsequent evaluations were reviewed by the State in ecWeb, the State IFSP database, and confirmed subsequent timely evaluations.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# 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 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 94.63% | 86.84% | 88.24% | 92.31% | 87.50% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 139 | 149 | 87.50% | 100% | 93.29% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

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

0

**Provide reasons for delay, if applicable.**

The reasons for delay were as follows:
• 2 incidents of adding transition services more than nine months before the child’s third birthday.
• 6 incidents of adding transition services less than 90 days before the child’s third birthday.
• 2 incidents where no documentation was provided by the program for transition conferences.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State the mechanism for review of district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR §303.700-708.

As part of the standard operating procedures through SPR&I, EI/ECSE programs:
• Engage in self-assessment through data collection, review, and analysis to inform meaningful improvement.
• Report to the State on timely transition planning for a predetermined number of child files selected for review.
• Address noncompliance with timely transition steps and services through corrective action documented in SPR&I that includes verifying that services were provided to children, an explanation for the cause of the noncompliance, correction of practices that contributed to the noncompliance, and demonstration of current compliance through subsequent data collection.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 18 | 18 | 0 | 0 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In FFY 2021, 87.50% (126/144) of child files reviewed for EI transition included transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child's third birthday to support the child's transition to preschool and other appropriate community services.

As per OSEP QA 23-01 the State reviewed and verified corrective action data submitted to the State in SPR&I by EI/ECSE programs with noncompliance and the State reviewed the individual child files in ecWeb (the statewide EI/ECSE special education file database) confirming 100% (18/18) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted to the State in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §303.209 and 303.344(h))] and (20 U.S.C. 1416(a)(3)(B) and 1442).

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system.
• The State reviewed the reason for noncompliance and indicated corrective action needed.
• The EI program submitted the corrective action on the individual noncompliance in SPR&I.
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance, as well as current compliance with 34 CFR §303.209 and 303.344(h) and (20 U.S.C. 1416(a)(3)(B) and 1442), was obtained through the following:
• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these to the State in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education file database) to review the additional file reviews and individual child files for each EI Program and verified as per OSEP QA 23-01 that each EI program with corrected noncompliance. was in compliance and correctly implementing 34 CFR §303.209 and 303.344(h)) and (20 U.S.C. 1416(a)(3)(B) and 1442).
• All additional file reviews conducted after the original noncompliance were required to be compliant. If there was additional noncompliance in these files, this would become a systemic correction and require additional interventions followed by additional file reviews in the area of noncompliance. For this APR, 100% of additional file reviews were verified by the State as being compliant through a desk audit review of the original file utilizing ecWeb, the statewide EI/ECSE special education file database.

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

In FFY 2021, 87.50% (126/144) of child files reviewed for EI transition included transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child's third birthday to support the child's transition to preschool and other appropriate community services.

As per OSEP QA 23-01 the State reviewed, verified, and approved corrective action data submitted by EI/ECSE programs to SPR&I as well as the individual child files using ecWeb (the statewide EI/ECSE special education database); 100% (18/18) of incidents of noncompliance in FFY 2021 were corrected within one year and the programs with noncompliance developed an IFSP with transition steps and services for each child, unless the child was no longer within the jurisdiction of the EI program.

EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on the State’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I. Corrective actions and individual files were reviewed by ODE using ecWeb (the statewide EI/ECSE special education database).

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

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

In FFY 2021, 87.50% (126/144) of child files reviewed for EI transition included transition steps at least 90 calendar days, and, at the discretion of the parties, up to nine months before the child's third birthday to support the child's transition to preschool and other appropriate community services.

As per OSEP QA 23-01 the State reviewed and verified corrective action data submitted to the State in SPR&I by EI/ECSE programs with noncompliance and the State reviewed the individual child files in ecWeb (the statewide EI/ECSE special education file database) confirming 100% (18/18) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted to the State in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §303.209 and 303.344(h))] and (20 U.S.C. 1416(a)(3)(B) and 1442).

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system.
• The State reviewed the reason for noncompliance and indicated corrective action needed.
• The EI program submitted the corrective action on the individual noncompliance in SPR&I.
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance, as well as current compliance with 34 CFR §303.209 and 303.344(h) and (20 U.S.C. 1416(a)(3)(B) and 1442), was obtained through the following:
• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these to the State in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education file database) to review the additional file reviews and individual child files for each EI Program and verified as per OSEP QA 23-01 that each EI program with corrected noncompliance. was in compliance and correctly implementing 34 CFR §303.209 and 303.344(h)) and (20 U.S.C. 1416(a)(3)(B) and 1442).
• All additional file reviews conducted after the original noncompliance were required to be compliant. If there was additional noncompliance in these files, this would become a systemic correction and require additional interventions followed by additional file reviews in the area of noncompliance. For this APR, 100% of additional file reviews were verified by the State as being compliant through a desk audit review of the original file utilizing ecWeb, the statewide EI/ECSE special education file database.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# 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 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 149 | 149 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

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

0

**Provide reasons for delay, if applicable.**

**Describe the method used to collect these data.**

The process for selecting programs is to require all programs to participate. All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State with the mechanism for review of district/program policies, procedures, and systems to ensure the requirements set forth in 34 CFR §303.700-708 are met.

The SEA and LEA are notified monthly via ecWeb (the statewide EI/ECSE special education database) of all children transitioning from early intervention to early childhood special education. On the first day of every month, in ecWeb, an SEA/LEA Transition Notification report is generated and distributed to the SEA/LEA. These data comprise a list of all the EI children in Oregon who are currently in process of transitioning to ECSE services.

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

NO

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting. This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by the State and are evenly split between Early Intervention, Early Intervention Transition, and Early Childhood Special Education. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to the State electronically through the SPR&I database. The State works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides the State the mechanism for review of district/program policies, procedures, and systems, to ensure the requirements set forth in 34 CFR §303.700-708.

As part of the standard operating procedures through SPR&I, EI/ECSE programs:

• Engage in self-assessment through data collection, review, and analysis to inform meaningful improvement.
• Report to the State on timely transition planning for a predetermined number of child files selected for review.
• Address noncompliance with timely transition steps and services through corrective action documented in SPR&I that includes verifying that services were provided to children, an explanation for the cause of the noncompliance, correction of practices that contributed to the noncompliance, and demonstration of current compliance through subsequent data collection.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

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

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

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

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

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

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

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C 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)] 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 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 and, as such, only children between 2 years 3 months and age 3 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 2022 SPP/APR, the data for FFY 2021), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 87.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.30% | 89.47% | 92.16% | 92.31% | 92.36% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has 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. (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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 138 | 149 | 92.36% | 100% | 92.62% | Did not meet target | No Slippage |

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

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

0

**Number of documented delays attributable to exceptional family circumstances**

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

0

**Provide reasons for delay, if applicable.**

The reasons for delay were as follows:
• 2 incidents of adding transition services more than nine months before the child’s third birthday.
• 7 incidents of adding transition services less than 90 days before the child’s third birthday.
• 2 incidents where no documentation was provided by the program for transition steps.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

The method for selecting programs is to require all programs to participate. All EI programs in Oregon receiving IDEA funds are required to participate in the Oregon Department of Education (ODE) System Performance Review & Improvement (SPR&I) system of annual accountability and performance reporting.

This system focuses on procedural compliance and performance indicators identified through federal and state regulation and previous state monitoring findings. Programs conduct individual child file reviews annually to collect procedural compliance data. These data are collected on a specified number of child files determined by ODE. Files are selected to match the individual race/ethnicity, disability, and gender distribution for each EI/ECSE program based on the December child count. Individual child procedural compliance data is collected by programs and submitted to ODE electronically through the SPR&I database. ODE works collaboratively with programs on comprehensive data collection, analyses, performance reporting, improvement planning, implementation, and reporting of progress. The SPR&I system provides ODE with the mechanism for review of district/program policies, procedures, and systems to ensure the requirements set forth in 34 CFR §303.700-708 are met.

As part of the standard operating procedures through SPR&I, EI/ECSE programs:
• Engage in self-assessment through data collection, review, and analysis to inform meaningful improvement.
• Report to ODE on timely transition planning for a predetermined number of child files selected for review.
• Address noncompliance with timely transition steps and services through corrective action documented in SPR&I that includes verifying that services were provided to children, an explanation for the cause of the noncompliance, correction of practices that contributed to the noncompliance, and demonstration of current compliance through subsequent data collection.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 12 | 12 | 0 | 0 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In FFY 2021, 92.36% (132/144) of child files reviewed for EI transition included evidence of a transition planning conference at least 90 calendar days, and, at the discretion of the parties, up to 9 months before the child’s third birthday to support the child's transition to preschool and other appropriate community services.

As per OSEP QA 23-01 the State reviewed and verified corrective action data submitted to the State in SPR&I by EI/ECSE programs with noncompliance and the State reviewed the individual child files in ecWeb (the statewide EI/ECSE special education file database) confirming 100% (12/12) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted to the State in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §303.209 and 303.344(h))] and (20 U.S.C. 1416(a)(3)(B) and 1442)

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system.
• The State reviewed the reason for noncompliance and indicated corrective action needed.
• The EI program submitted the corrective action on the individual noncompliance in SPR&I.
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance, as well as current compliance with 34 CFR §303.209 and 303.344(h) and (20 U.S.C. 1416(a)(3)(B) and 1442), was obtained through the following:
• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these to the State in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education file database) to review the additional file reviews and individual child files for each EI Program to verify as per OSEP QA 23-01 that each EI program with corrected noncompliance. was in compliance and correctly implementing 34 CFR §303.209 and 303.344(h)) and (20 U.S.C. 1416(a)(3)(B) and 1442).
• All additional file reviews conducted after the original noncompliance were required to be compliant. If there was additional noncompliance in these files, this would become a systemic correction and require additional interventions followed by additional file reviews in the area of noncompliance. For this APR, 100% of additional file reviews were verified by the State as being compliant through a desk audit review of the original file utilizing ecWeb, the statewide EI/ECSE special education file database.

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

There were twelve individual incidents of noncompliance across eight programs. Each program provided the cause of the noncompliance and demonstrated correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. The State reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I and ODE’s subsequent review of the individual child files using ecWeb (the statewide EI/ECSE special education database) that 100% (12/12) of incidents of noncompliance in FFY 2021 were corrected within one year and that the programs with noncompliance conducted a transition conference for any child potentially eligible for Part B whose transition conference was not timely, unless the child was no longer within the jurisdiction of the EI program.

EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I. Corrective actions and individual files were reviewed by ODE using ecWeb (the statewide EI/ECSE special education database) consistent with the requirements of OSEP QA 23-01.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

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

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

In FFY 2021, 92.36% (132/144) of child files reviewed for EI transition included evidence of a transition planning conference at least 90 calendar days, and, at the discretion of the parties, up to 9 months before the child’s third birthday to support the child's transition to preschool and other appropriate community services.

As per OSEP QA 23-01 the State reviewed and verified corrective action data submitted to the State in SPR&I by EI/ECSE programs with noncompliance and the State reviewed the individual child files in ecWeb (the statewide EI/ECSE special education file database) confirming 100% (12/12) of incidents of noncompliance in FFY 2021 were corrected within one year.

The State verified through additional file reviews (of files created after the correction of individual noncompliance) submitted to the State in SPR&I and reviewed and approved by the State, that programs with noncompliance demonstrated current compliance and correct implementation of regulatory requirements [34 CFR §303.209 and 303.344(h))] and (20 U.S.C. 1416(a)(3)(B) and 1442)

The following steps were completed for the verification process for each individual noncompliance:
• The EI program provided the reason for each individual noncompliance through online submission into SPR&I, Oregon’s monitoring system.
• The State reviewed the reason for noncompliance and indicated corrective action needed.
• The EI program submitted the corrective action on the individual noncompliance in SPR&I.
• The State reviewed the submitted corrective action and individual child files in ecWeb (the statewide EI/ECSE special education database) and approved the same.

Demonstration of correction of practices that contributed to the noncompliance, as well as current compliance with 34 CFR §303.209 and 303.344(h) and (20 U.S.C. 1416(a)(3)(B) and 1442), was obtained through the following:

• For the identified area of noncompliance, the EI programs with noncompliance completed additional reviews of files that were developed after the original noncompliance in the area of the identified noncompliance and submitted these to the State in SPR&I.
• The State used ecWeb (the statewide EI/ECSE special education file database) to review the additional file reviews and individual child files for each EI Program to verify as per OSEP QA 23-01 that each EI program with corrected noncompliance. was in compliance and correctly implementing 34 CFR §303.209 and 303.344(h)) and (20 U.S.C. 1416(a)(3)(B) and 1442).
• All additional file reviews conducted after the original noncompliance were required to be compliant. If there was additional noncompliance in these files, this would become a systemic correction and require additional interventions followed by additional file reviews in the area of noncompliance. For this APR, 100% of additional file reviews were verified by the State as being compliant through a desk audit review of the original file utilizing ecWeb, the statewide EI/ECSE special education file database.

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

There were twelve individual incidents of noncompliance across eight programs. Each program provided the cause of the noncompliance and demonstrated correction of practices that contributed to the noncompliance through subsequent data submissions in SPR&I. The State reviewed, verified and approved corrective action data submitted by EI/ECSE programs to SPR&I and ODE’s subsequent review of the individual child files using ecWeb (the statewide EI/ECSE special education database) that 100% (12/12) of incidents of noncompliance in FFY 2021 were corrected within one year and that the programs with noncompliance conducted a transition conference for any child potentially eligible for Part B whose transition conference was not timely, unless the child was no longer within the jurisdiction of the EI program.

EI/ECSE programs with noncompliance demonstrated correction of practices that contributed to the noncompliance as well as current compliance with 34 CFR §303.209 and 303.344(h) based on ODE’s review, verification, and approval of corrective action data and new files created after the occurrence of noncompliance and submitted by EI/ECSE programs in SPR&I. Corrective actions and individual files were reviewed by ODE using ecWeb (the statewide EI/ECSE special education database) consistent with the requirements of OSEP QA 23-01.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

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

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

**Data Source**

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

**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 baseline 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 baseline 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.**

NO

**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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/15/2023 | 3.1 Number of resolution sessions | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints | 11/15/2023 | 3.1(a) Number resolution sessions resolved through settlement agreements | 0 |

**Targets: Description of Stakeholder Input**

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |

**FFY 2022 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 |  |  |  | N/A | N/A |

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

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 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**

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

**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 baseline 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 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1 Mediations held | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2022-23 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target>= |  |  |  |  |  |
| Data |  |  |  |  | 78.26% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 | 78.26% |  |  | N/A | N/A |

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

The prepopulated data in C10 for 2021 was incorrect. Last year, the B16 data was populated in C10 after submission.

There were no mediations related to Part C for FFY 2021.

A formal request to correct this data was supplied to EDFacts Partner Support Center with regards to correcting the data for the SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey submission. EDFacts Partner Support Center indicated the following: Oregon can include the corrected data in the narrative section of the indicator. When Oregon re-submits its corrected data during the May reopen period, the Dispute Resolution attachment uploaded in EMAPS will reflect the updated data and OSEP will acknowledge receipt of the updated data in its response. This action was completed in the FFY 2021 APR process.

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2022. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

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

**Instructions**

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

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

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

Overview of the Three Phases of the SSIP

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

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

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

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

***Phase III: Implementation and Evaluation***

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2023). 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 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

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 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) 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)?**

TThe State Identified Measurable Result (SiMR) for infants, toddlers, and preschool children with disabilities and their families is to increase the rate of growth in social-emotional and approaches to learning skills for children with disabilities, birth through age five. The SiMR will be measured by using the child outcome data for both C3, Outcomes A and B, Summary statement 1.

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

NO

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

NO

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

NO

**Please provide a link to the current theory of action.**

The theory of action is posted here: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Documents/2020%20APR-SPP/FY20%20Part%20C%20TOA.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)**

YES

**Historical Data**

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| A | 2015 | 81.54% |
| B | 2015 | 61.33% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **Current Relationship** | **2022** | **2023** | **2024** | **2025** |
| Target A | Data must be greater than or equal to the target | 85.80% | 86.00% | 86.20% | 86.40% |
| Target B | Data must be greater than or equal to the target | 68.10% | 68.30% | 68.50% | 68.70% |

**FFY 2022 SPP/APR Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | A: Indicator C3 Outcome A1: (# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) B: Indicator C3 Outcome B1: (# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) | A: Indicator C3 Outcome A1: (# 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)) B: Indicator C3 Outcome B1: Outcome B1: (# 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)) | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| A | 2,466 | 2,871 | 85.90% | 85.80% | 85.89% | Met target | No Slippage |
| B | 1,757 | 2,776 | 60.34% | 68.10% | 63.29% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2022 data.**

Indicator C3 Measures A1 and B1 are used as the data source.

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

In 2015, using a national AEPS data set from typically developing children, a review team considered 90%, 85% and 80% percentile cut offs against the national data results to decide the cut off level that best reflected the State’s children in EI programs. The review team, comprised of State staff, the EI/ECSE Contractors and the EI/ECSE stakeholder group were all asked to analyze the percentile cut offs and determine the cut off level that the State should use for reporting to the EI child outcomes. The consensus was to use the 80% cut off level. This most closely represents the children who are eligible for Early Intervention programs and receive services in Oregon.

Child progress is measured using the following rubric:

If a child enters with a score below the normal range and stays the same or regresses at the next test administration, the child is categorized as (a) does not improve functioning. If the child makes progress and the ratio of how far below the normal level of development increases between test administrations, the child is categorized as (b) improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers. If the child makes progress but the ratio of how far below the normal level of development decreases between test administrations, the child is categorized as (c) improved functioning to a level nearer to the functioning of same-aged peers but did not reach it. If a child enters with a score below the normal range and increases to reach or exceed the normal range at the next test administration, the child is categorized as (d) improved functioning sufficient to reach a level comparable to same-aged peers.

If a child enters with a score at or above the normal range and maintains their score at or above the normal range at the next test administration, the child is categorized as (e) maintains functioning at or above same age peers.

In relation to the SiMR it was determined that Summary Statement 1 for Part A and B of Indicator C3 was the most appropriate for measuring progress and effectiveness of strategies put in place to measure the impact of the coherent strategies and systemic infrastructure changes outlined in the SSIP. This has been the consensus since 2015.

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

YES

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

Additional data collected by the state to assess progress towards the SiMR includes Indicator data from B6, Summary Statement 1 for Part A and B of Indicator B7, and fidelity data from communities and programs implementing one or more coherent strategy. This includes data from implementation of the Pyramid Model and the Early Childhood Inclusion Indicators. The following data has been presented publicly at the State Interagency Coordinating Council (SICC) and can be found on the SICC website under meeting materials for the following dates: 9/1/2022, 11/10/2022, 1/20/2023, 5/12/2023, and 9/15/2023. These notes can related slides can be located on the SICC Website: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/siccmtgminutes.aspx

As described in the Phase III (1) report, three research-based measures were selected to evaluate fidelity of EC PBIS+ (otherwise known as the Pyramid Model Framework) implementation at the program and teacher levels: Early Childhood Benchmarks of Quality (BoQ), Teaching Pyramid Observation Tool (TPOT™) and The Pyramid Infant Toddler Observation Scale (TPITOS™). Collectively, these data allow for an assessment of fidelity of EC PBIS+/Pyramid Model strategies implementation by participating teachers. A description of why the TPOT was selected can be found in the State’s Phase III (1) report. To evaluate the extent to which programs are implementing Program-Wide EC PBIS+ with fidelity, participating programs collected Early Childhood Benchmarks of Quality data beginning in fall 2017. The EC-BOQ evaluates the extent to which a program has the nine critical elements and 47 benchmarks in place completely, partially in place, or not in place at all.

The National Indicators of High Quality Inclusion at the State and Community Level were also used during this cycle of the SSIP. Using the State Benchmarks of Quality, the State Indicators of High Quality Inclusion, Community Indicators and Elements of High Quality Inclusion and Program Inclusion Indicators allow the State, communities, and programs to measure progress towards implementation of this framework.

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

YES

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

With regards to SiMR data aligned with collecting data for C3, B6, and B7, there have not been any data quality issues of note. These data are collected through a statewide data system and reviewed by state and regional staff quarterly and annually to ensure efforts and supports are consistent and that staff training and services are aligned to improve outcomes for children experiencing disabilities.

While this has remained consistent, data quality regarding implementation of coherent strategies continues to be of concern. As noted in FY 2021, Data quality was impacted by classroom and program closures due to staffing shortages that continue following the pandemic. This has lead to incomplete data sets for implementation sites. This capacity issue is a persistent challenge to scaling up evidence-based practices across the state. To address this issue, a stakeholder group has been convened by the SICC to review funding decisions related to implementation infrastructure and support the Agency in an advisory capacity regarding the use of funds set aside for comprehensive professional development. As funding allows, this committee, the State Leadership Team and State staff will provide and analyze ongoing in-service and professional development opportunities.

Additionally, efforts over the last year have focused on bringing into closer alignment the activities outlined in the Oregon Early Childhood Inclusion Initiative and the State Systemic Improvement Plan. This includes the alignment with goals and priorities of the State and Community Leadership Teams implementing strategies across the community, the wider early learning system, and community partners. While the Agency remains committed to implementation, support has shifted and fiscal resources directly to communities have faded over time. This has led to certain gaps and understanding of data reporting expectations from communities and programs engaged in implementation. While one program continued to receive fiscal incentives in this last reporting period, which was tied to specific data reporting expectations, other implementing communities received broader funding and were incentivized through provision of training and technical assistance for implementation. This has resulted in significant gaps in implementation data for the reporting period. Another consideration is the state shift to an implementation data system known as the Pyramid Model Implementation Data System (PIDS). While this investment is promising, it is still new, and data entry into the new system has been slower than anticipated due to developments with buy-in and adoption by communities and programs, needed infrastructure for data entry, and support from other state agencies. Despite this, it is anticipated that this new investment will lead to better implementation data and support the coaching system when evaluating effectiveness and resources required for effective coaching using equitable and inclusive practices in early learning environments.

**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.**

Oregon SSIP Part C: Evaluation Plan: https://www.oregon.gov/ode/reports-and-data/SpEdReports/Documents/2020%20APR-SPP/Evaluation%20Plan%20ssip.docx.

**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.**

Based on feedback and completion of certain activities, a revised evaluation plan was developed. While basic infrastructure supports remain, activities have evolved or changed over time, additional data has been identified, and continued measures of progress listed within the revised plan. These changes include leveraging federal and state resources to fund the Oregon Early Childhood Inclusion Implementation Support Team embedded within the Department of Early Learning and Care funded Early Learning Systems Initiative (https://health.oregonstate.edu/elsi/oregon-inclusion-initiative), which includes investment in partnerships advancing racial equity and mitigating bias in ECE systems, the use of the Pyramid Model Implementation Data System to ensure valid, reliable and meaningful data from communities, programs, classrooms, and coaches are collected and usable at each level of implementation. This has led to adjustments in data collection timelines.

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

State funding has expired for implementation of LEAP in specific regions. While the state believes that LEAP Preschool Model is an effective model for implementation at the classroom level, the state wishes to focus on implementation efforts that provide measures for broad systemic change at the state, community, and program level. Regions engaged in implementation of the Early Childhood Inclusion Indicators and Pyramid Model may continue to invest in capacity building efforts to expand the LEAP preschool model within specific sites, however this activity will not be guided by a statewide implementation plan for expansion at this time.

Additionally, based on feedback from regional EI/ECSE service provider programs, the Oregon Early Childhood Inclusion State Leadership team, and the State Interagency Coordinating Council and other system partners, investments were made to ensure equitable access providers and regions in the state, including funding from ESSER III joined with other federal funds in the expansion of the Early Learning Systems Initiative within Oregon State University which has led to investments have led to the development of an implementation team and evaluation efforts of the Pyramid Model Implementation and Inclusion Indicators to date and through 2024.

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

The State continues to guide programs to allocate IDEA funds to support implementation, training, and local level professional development activities for National Early Childhood Inclusion Indicators, and Pyramid Model. Additional discretionary funds are used for state level activities such as coordination and regional training opportunities in partnership with other states and Region 10 Head Start.
While the State has phased out the funds for Collaborative Problem Solving and LEAP Preschool Model, some programs continue to use Collaborative Problem Solving to inform their MTSS framework for social-emotional learning and evaluation of intense, persistent, challenging behaviors. LEAP Preschool Model implementation also continues in some areas primarily focused on implementation in district run preschool and limited implementation in state funded head start programs. Other infrastructure improvements include the following:

Strategy 1: Leverage existing positions to support effective implementation, alignment across targeted initiatives, and standards for evaluation and accountability
Strategy 2: Revise Personnel Standards to align with National Standards For EI/ECSE Providers and Administrators
Strategy 3: Integrate Improvement plans into General Supervision and Statewide Accountability processes for Child Outcomes, Least Restrictive and Natural Environments
Strategy 4: Invest in Statewide early learning capacity building efforts alongside Cross-Agency Partners to ensure equitable access to meaningful, effective, and relevant innovations known to improve Child Outcomes, and reduce exclusionary practices across early learning environments.

State staff have attended trainings from national TA centers to determine the best way to proceed. Staff continues to reach out for universal and targeted supports from DASy and ECTA to further improve the State data system, improve evaluation, and integrate improvement activities into program implementation data report processes.

**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.**

Strategy 1: Leverage existing positions to support effective implementation, alignment across targeted initiatives, and standards for evaluation and accountability.
Short Term Outcomes:
• (Relating to Governance Indicator 1, element): Existing staff integrate into general supervision process technical assistance and supports to regional providers to implement Pyramid Model, Inclusion Initiatives, and other targeted professional development activities to ensure alignment with the SSIP.
• (Relating to Governance Indicator x, element): State Leadership Team will assist in the development of a clearly articulated vision and mission for Early Intervention/Early Childhood Special Education that can guide implementation, alignment of initiatives, funding and technical assistance.
• (Relating to Governance Indicator X, element ):

Strategy 2: Revise Personnel Standards to align with National Standards For EI/ECSE Providers and Administrators
Short Term Outcomes:
• (Relating to Personnel Indicator 1, element x): Review current standards and revise to ensure alignment with national standards
• Seek feedback from families and communities regarding standards
• Have the State Board of Education adopt standards and put into rule new language new language for authorization aligning to newly adopted standards

Strategy 3: Integrate Improvement plans into General Supervision and Statewide Accountability processes for Child Outcomes, Least Restrictive and Natural Environments
Short Term Outcomes:
• Revise Service Area Plans and Assurances to integrate plans for improvement indicators connected to the SiMR (child outcomes, Natural environments, and LRE)
• Develop a standard process for personel providing technical assistance to regional providers, which ensures continuous review of data and accountability measures for stated improvement plans
• Develop a plan to increase opportunities for feedback and transparency by presenting data regarding improvement indicators to the SICC and LICCs on a routine basis through utilization of subcommittees at the state and local level.

Strategy 4: Invest in Statewide early learning capacity building efforts alongside Cross-Agency Partners to ensure equitable access to meaningful, effective, and relevant innovations known to improve Child Outcomes, and reduce exclusionary practices across early learning environments.
Short Term Outcomes:
• Leverage existing structures across the early learning system to build capacity for implementation of equitable and effective practices across regions of the state.
• Leverage ARPA, GEER, PDG, and ESSER III funds to invest in infrastructure development for implementation at the state and local level.
• Allocate staffing resources to develop shared guidance and actions regarding inclusive education practices/universal design for learning, social emotional learning, infant-early childhood mental health, home visiting, workforce development, effective collaboration practices and partnerships with higher education to recruit and retain a qualified workforce.

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

NO

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

Strategy 1: Leverage human and fiscal resources to support effective implementation, alignment across targeted initiatives, and standards for evaluation and accountability.
Strategy 2: Implement Personnel Standards For EI/ECSE Providers and Administrators
 in partnership with contractors and higher education.
Strategy 3: Integrate Improvement plans into General Supervision and Statewide Accountability processes for Child Outcomes, Least Restrictive and Natural Environments
Strategy 4: Invest in Statewide early learning capacity building efforts alongside Cross-Agency Partners to ensure equitable access to meaningful, effective, and relevant innovations known to improve Child Outcomes, and reduce exclusionary practices across early learning environments.

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

Oregon Early Childhood Inclusion (Pyramid Model, Early Childhood Inclusion Indicators Initiative), Coaching and Professional Learning Communities.

**Provide a summary of each evidence-based practice.**

The State continued to invest in implementation of Pyramid Model, National Early Childhood Inclusion Indicators Initiative. These approaches are directly related to improving child outcomes outlined in the SiMR and have been effective in advancing child outcomes, reducing teacher stress, and supporting a comprehensive understanding of the practices and assessment tools needed to address the social-emotional needs of young children with and without disabilities.

The Pyramid Model is a conceptual framework of evidence-based practices that promote the healthy development of children’s social emotional development. The Pyramid Model builds upon a tiered system of support that addresses the needs of all, provided guidance about targeted supports that some children may need to support their learning, and identifies tools and supports for intensive interventions that may be needed for a few children in their early years.

The National Early Childhood Inclusion Indicators are the culmination of two years of deep engagement by the Early Childhood Technical Assistance Center and the National Center for Pyramid Model Innovations with key early learning partners at the national, state, and local level. The results of this outreach are a set of quality indicators that address inclusive policies and practices at the four levels of a State early care and education system: State, community, program, and early care and education environment (classroom).

**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.**

Through implementation of the above mentioned frameworks and classroom practices, the State utilizes practice based coaching as the vehicle of professional development in combination with workshops, communities of practice and professional learning communities. These strategies for delivering professional development to impact and effect practice change have been identified for additional investment for improvement efforts across the State, leading regional programs to invest in additional supports to ensure staff have the skills to be effective coaches, as they lead and learn together alongside families and other caregivers.

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

For the Pyramid Model, the State used multiple fidelity measures to measure fidelity of implementation including State Benchmarks of Quality, Early Childhood Benchmarks of Quality, Teaching Practices Observation Tool (TPOT), Coaching Logs and Behavior Incident Reporting System data.

For completion of the Indicators for High-Quality Early Childhood Inclusion three implementing communities and the State Leadership Team gathered two data points. The State Leadership Team completed the State Indicators of High-Quality Inclusion and each community team completed the Community Indicators and Elements of High-Quality Inclusion.

**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.**

Local level performance indicator data for C3, B6, and B7 data were collected in each implementing community and program. These data were shared with partners as part of the annual review process with the EI/ECSE Contractors, the Oregon Early Childhood Inclusion State Leadership Team, and the State Interagency Coordinating Council. In the data presented by the Early Childhood Coherent Strategies specialist, it was observed that accelerated growth occurred in implementation communities that used the Early Childhood Inclusion Indicators at the community level and the Indicators and Pyramid Model Framework at the Program level had a higher level of performance than those who did not, with one of the smaller and more rural regions increasing their B6A data from 23% to 50% over the course of a year. This data was presented to SICC in January 2023 and January 2024.

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

Investment in an evaluation and research team at Oregon State University will provide the state with more valid, reliable, and complete implementation data supporting coaches, providers, and programs with data for review by program, community, and state leadership teams. This data will be publicly available in winter 2024. Additional results of investment in the Implementation Support Team will result in expansion of Pyramid Model to communities in 2-4 additional regions with plans for implementation expansion of the inclusion indicators to follow, regional supports for training and technical assistance to rural parts of the state without previous access, translation of materials into other languages for monolingual coaches and providers, ensuring an expansion of equitable access to high quality trainings, resources, and supports to the entire early learning system who serves and supports young children experiencing disability.

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

YES

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

At this time, we are in the initial stages of witnessing the increased impact in state level data as expansion and fidelity of implementation is achieved. This data shows growth and improvement in the areas targeted by C3, B6, and B7. At this time, moving towards scale up and sustainability and approaching implementation have shown to be critical to achieve the theory of change.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The State engaged in broad stakeholder input on new targets established for FFY 2020-2025, reported in the 2021 submission. The State did not revise targets during this reporting period. Ongoing engagement included regular reports from the director and Agency staff to the State Interagency Coordinating Council, Regional Inclusive Services, and State Advisory Council on Special Education. Targeted engagement on personnel standards, the state systemic improvement plan and activities, strategies for improving access to inclusive early learning environments for children with disabilities, and updated guidance on discipline occurred throughout the reporting period. This included presentations during conferences, meetings, and advisory groups, updates to the Agency web pages, leveraging newsletters for Oregon Early Childhood Inclusion, webinars, and memorandums to district leadership and superintendents.
The State engaged with various stakeholder groups to gather feedback on the revision of the EI/ECSE personnel standards. Multiple stakeholder engagement sessions were held with EI/ECSE practitioners, community partners, and families. The State partnered with a parent information and training center, Family and Community Together (FACT) Oregon, to host a feedback session with families of children receiving EI/ECSE services. Materials were made available in Spanish and Spanish translation was provided at the family feedback session.

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

Strategies to include partners and gather feedback in key improvement efforts include diverse parent engagement including targeted recruitment to advisory groups in partnership with the governor’s office, increased availability of interpreters and translated materials as requested by parent and community members during registration for training and engagement events, partnership with higher education and the Parent Training and Information Center and Community Expansion grant recipient to ensure bilingual and bicultural program specialists are available to support understanding of IDEA, the DEC recommended practices, and topics for engagement, engaging partners in shared professional development activities and gathering input and feedback through evaluation and follow-up, and the use of Agency newsletters for updates on initiatives, opportunities for professional development, and highlights on implementation in practice.

Additionally, the State continues to maintain ongoing partnership with the State Interagency Coordinating Council (SICC), including parent members, to continue to develop improvement strategies. These discussions with the SICC help to inform statewide improvement strategies as reflected in the SPP/APR. Topics addressed in 2023 included regular legislative session updates , updates on improvement efforts for results indicators, and the development of cross-agency partnership to better align the early learning system under Raise Up Oregon, a comprehensive multi-systems plan for improving outcomes for children and families. More information about the engagement with the State Interagency Coordinating Council can be found on the SICC website: https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/sicc.aspx

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

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

The state continues to evaluate and monitor the impacts across age groups and target investments for improvement activities to specifically address the needs identified by Part C home visitors and families entering early intervention through Part C. This has led to initial investments in professional development, supports for providers, and increased engagement in broader statewide activities addressing the quality of home visiting, statewide system development, and continuity across early learning systems of care.

**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.**

Partnership across DELC and ODE to revise the Kindergarten and Preschool Guidelines, Alignment with recommendations from other state agencies around Social-Emotional Learning, behavioral health, homevisiting, and reducing exclusionary discipline practices 0-21, implement to fidelity the DEC Standards through professional learning opportunities offered in partnership with DELC, ODE, and Higher Education.

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

Each of these activities are anticipated to be complete by Winter of 2025.

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

State staff capacity to coordinate, evaluate, and plan for activities outlined in the SSIP has been stressed for the past year with work plans shifting, and continued organizational changes, including the changing landscape of Early Learning and the creation of a new Department of Early Learning and Care. As the new department moves forward, we rely on the willingness and capacity of state and local staff to align and coordinate efforts.
 Continued steps to address the following in a comprehensive way are necessary and include the State Leadership Team making decision and moving in partnership to:
1. Engage partners, including the Oregon State Leadership Team for Early Childhood Inclusion, leadership of the Department of Early Learning and Care, and SICC, to advise on continuation of shared investment in infrastructure development for coaching and high quality practices for inclusion.
2. Evaluate gaps in funding that lead to barriers in effective and efficient cross-sector, state wide scalability.
3. Identify and utilize existing staff expertise to redistribute the work of writing and delivering the outputs outlined in the plan to address state capacity for implementation.
4. Ensure that Racial Equity and equitable access for families and providers remain central to implementation and evaluation efforts.

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

## 11 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report all required data and components in this indicator. Reporting data under this indicator is critical so that the State, OSEP, and the public can determine the State’s performance and whether and how the State met its targets for this indicator.

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

Multiple mechanisms have been put in place to assure that OSEP and the public are clear about the data and whether or not the state met targets for this indicator. The state has updated the reporting data to include additional data used for reporting and reports directly to the State Interagency Coordinating Council (SICC) during public meetings three times a year.. Data for Indicator B7, B6, and data connected to implementation are included in the report. Additionally, presentations to the State Interagency Coordinating Council and the State Leadership Team are ongoing and can be viewed by the public on the SICC website. Included in the annual report to the governor there are also links to implementation and improvement activities. The State Leadership Team impact report has also been developed to communicate key points to the public in a more accessible format so that improvement activities can be used by the public to provide feedback on improvement activities, linking them to the wider Early Learning System Strategic Plan, Raise Up Oregon.

## 11 - OSEP Response

## 11 - Required Actions

## Final Determination Letter

June 18, 2024

Honorable Colt Gill

Deputy Superintendent of Public Instruction

Oregon Department of Education

255 Capitol Street Northeast

Salem, OR 97310

Dear Deputy Superintendent Gill:

I am writing to advise you of the U.S. Department of Education’s (Department) 2024 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Oregon meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of Oregon's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Oregon's 2024 determination is based on the data reflected in Oregon's “2024 Part C Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for Oregon 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. Oregon'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 2024: Part C](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (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 2024, as it did for Part C determinations in 2015-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for Oregon.) For 2024, 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 2022 data.

You may access the results of OSEP’s review of Oregon's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Oregon's SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that Oregon is required to take. The actions that Oregon 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. Oregon's RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2024 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2022-2023,” which includes the IDEA Section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, Oregon's 2024 determination is Meets Requirements. A State’s 2024 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering two additional criteria related to IDEA Part C determinations. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three years ago). This factor would be reflected in the determination for each State through the “longstanding noncompliance” section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State that would otherwise receive a score of meets requirements would not be able to receive a determination of meets requirements if the State had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is reviewing whether and how to consider IDEA Part C results data reported under three indicators in order to improve results for all infants, toddlers, and children with disabilities. This review would include considering alternative scoring options for child outcome Indicator C-3 and considering as potential additional factors the information and data that States report under child find Indicators C-5 and C-6.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part C Results Matrix and States will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, Oregon 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 Oregon on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Oregon's submission of its FFY 2022 SPP/APR. In addition, Oregon must:

1. review EIS program performance against targets in Oregon'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, Oregon 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 Oregon'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 Oregon's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with Oregon 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,



Valerie C. Williams

Director

Office of Special Education Programs

cc: State Part C Coordinator