

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

West Virginia



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The lead agency for implementation of the State's early intervention system under Part C of the Individuals with Disabilities Education Act (IDEA) is the West Virginia Department of Health, with administration through the Bureau for Public Health, Office of Maternal Child and Family Health, WV Birth to Three (WV BTT) in coordination with the WV Governor's Early Intervention Interagency Coordinating Council (ICC).

WV Birth to Three has statute, policy, and procedure in place to implement the requirements of Part C of IDEA and how the requirements are to be assured. These requirements are integrated into the statewide finance, data, training and technical assistance, and monitoring systems. The WV Birth to Three state office works closely with the Bureau for Public Health and Department of Health to identify funding strategies that support the effective provision of early intervention services for all eligible infants and toddlers. WV Birth to Three administers a continuous quality improvement system that includes periodic monitoring reviews, Regional Administrative Unit (RAU) self-assessments, timely response to informal complaints and implementation of procedural safeguards including a state complaint process. The integrated data system established in 2015, provides ongoing program evaluation data at the state and regional level that meets the Federal data reporting requirements. The integrated data system also includes practitioner enrollment and a Service Directory of practitioners available to provide services across the state. For Federal reporting purposes, an early intervention program (EIS program) includes the Regional Administrative Units (RAU) and an early service provider (EIS provider) includes enrolled individuals hired through a payee agency or enrolled independently.

In West Virginia, Early Intervention Service (EIS) programs means individuals enrolled either independently or through an agency to provide services for children referred or enrolled. WV BTT uses the Regional Administrative Unit (RAU) geographic regions for federal reporting. All RAUs sign an agreement with the lead agency, with assurances to abide by all policies and procedures. The RAUs have child specific responsibilities that include accepting and facilitating referrals for all potentially eligible infants and toddlers in their region; establishing the electronic and hard copy educational record; maintaining the confidentiality of the child records; and preparing the family for and facilitating the initial evaluation/assessment process, initial eligibility determination and initial development of the Individualized Family Service Plan (IFSP). The RAUs also have interagency responsibilities that include child find; central directory of resources; collaboration with other community partners for effective implementation of the Part C system; and linking families to resources including maintaining a central directory of resources. Each RAU receives funding to support a full time Parent Partner in order to promote specific outreach to families and connection with other family support and advocacy groups.

In West Virginia, EIS provider means an entity, whether public or private, or nonprofit or an individual enrolled through WV Birth to Three that provides early intervention services under Part of the IDEA, whether the individual receives Federal funds under Part C of the IDEA, and may include, where appropriate, the state lead agency and public agency responsible for providing early intervention services to infants and toddlers with disabilities in West Virginia under Part C of the IDEA. In West Virginia such an entity may be a contracted Regional Administrative Unit, an enrolled early intervention payee agency, or individual EIS providers hired through a payee agency or enrolled independently.

WV Birth to Three has approximately 900 EIS providers enrolled in our system across a variety of disciplines. WV Birth to Three utilizes a Central Finance Office (CFO) structure as a component of the general supervision system. The CFO coordinates the enrollment of qualified service coordinators and direct service professionals. Only those individuals who meet the lead agency's initial and ongoing personnel standards, training and other credential requirements are enrolled in the WV Birth to Three system. The enrollment agreements used to enroll these professionals include options to disenroll any individual who does not provide services within required policies and procedures. The CFO structure is statewide and integrates provider enrollment, child records, service authorizations and payments for provided services. When individuals are selected by families to provide identified services, the data system generates authorizations that reflect specific service commitments. Through the Online Claiming System, enrolled service coordinators and practitioners submit billing claims directly to the CFO after providing the services as identified on the IFSP. The CFO processes claims and sends a file to the lead agency for processing of payment to the local EIS providers. The CFO also sends a monthly Explanation of Benefits (EOB) to each family. This feature was added as a commitment to family centered services and the importance of parent/professional partnerships.

Additional information related to data collection and reporting

WV Birth to Three has a statewide, integrated data system that captures much of the information needed for federal reporting and the Annual Performance Report. The integrated data system provides an important infrastructure to support the implementation, monitoring, and evaluation of the early intervention system. WVDH has made a substantial commitment to modernizing the data system to include: a web-based platform; management reporting functions at the local and regional level; real time access to information at the state and local level; assignment of unique child identification numbers; and opportunities for increased communication among team members. The system includes entry of Child Outcome measurement ratings in each child's electronic record. On June 1, 2022, WV Birth to Three moved to an electronic child record. All WV Birth to Three standard documentation was revised to enable practitioners/service coordinators to upload required documentation directly into the child's electronic record. The WV Birth to Three state office now has immediate access to child records for desk audits for continuous quality improvement activities.

General Supervision System

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

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

WV BTT contracts with 8 RAUs across the state to implement system point of entry functions for the first 45 days post referral. For FFY 2023, all 8 RAUs completed a state developed RAU Self-Assessment Tool as part of their monitoring process. Each RAU is required to complete the RAU Self-Assessment annually and the results of the self-assessment are used in the RAU Annual Determination. The self assessment has to be submitted to the state office by October to allow time for review and clarification calls prior to the submission of the Annual Performance Report due the first day of

February. The self-assessment evaluated the RAU's across five different domains for compliance with IDEA, Part C, including integrated data system maintenance, infrastructure activities, system point of entry, educational record review and data system uniformity/data validation.

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

For FFY 2023, each of the 8 RAUs were required to review one child record chosen randomly by the State. The State used the WV BTT statewide data base to select the child records. When completing the RAU Self-Assessment Tool, the RAUs used the WV BTT online data and electronic child records to review those child's files and gather requested data. The record reviews evaluated for compliance with IDEA Part C requirements such as timelines for evaluations, content of the IFSPs, parent consent, notices of IFSP meetings, valid and reliable data, and family/team signatures on the IFSP's. Each RAU submitted their completed Self-Assessment Tools to the State for review and verification. To verify the correction of any identified noncompliance, the State used the statewide integrated data system to generate a report to review updated data for the RAU. In FFY2024, each RAU will be required to review five child records.

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

The WV BTT utilizes an integrated data system that captures and maintains a history of all referrals, eligibilities, services, and terminations as well as demographic data, critical timelines, and dates necessary for reporting purposes. The integrated data system encompasses an electronic System Point of Entry (SPOE), an electronic child record, billing data, and enrollment data. WV BTT has access to reporting functions through the electronic SPOE to run necessary reports for SPP/APR reporting and EIS provider enrollment. WV BTT also has the capability through a backup server data file to run customized reports built to pull data from any of the components of the integrated data system. Through the electronic SPOE, WV BTT has immediate real time access to all child/family data and electronic child records. All components of the integrated data system are used to collect and review data for monitoring and SPP/APR reporting.

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

WV BTT issues findings by number of instances of noncompliance for both EIS providers and EIS programs. The State issues findings by EIS program (RAU) if the noncompliance is found within an RAU. WV BTT State issues findings by EIS provider if the noncompliance is found with an EIS provider, whether they are enrolled independently or with an agency.

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

In FFY 2023, the State allows EIS providers and/or programs to correct their noncompliance prior to the State's issuance of a finding, which is within 90 days of the identification of noncompliance. The State confirmed correction of each individual case of identified noncompliance, unless the child was no longer in the jurisdiction of that EIS provider/program. The State confirmed by reviewing child records to ensure the requirement was met, although late. The EIS provider and/or program had to demonstrate 100% compliance with the specific regulatory requirements based on a review of updated data. The review of updated data included a full month or full quarter of data for the RAU or independently enrolled provider after the original noncompliance occurred. The review of data was completed within 90 days of the identified noncompliance.

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

WV BTT makes annual determinations, as described in the next section, of the extent to which each EIS program meets the requirements and purposes of IDEA based on the information in the SPP/APR, information obtained through monitoring visits, and any other publicly available information.

WV BTT takes enforcement action(s) if an EIS program or provider's annual determination is needs assistance for two consecutive years, needs intervention for three or more consecutive years, or at any time West Virginia determines that an EIS program needs substantial intervention, or that there is a substantial failure to comply with any Part C requirement. See the WV BTT State Plan for specific information related to the actions taken in these instances.

https://www.wvdhhr.org/birth23/lawsandregs/Part_c_state_planWV2013.pdf

WV BTT does not have any direct pass-throughs of Federal funds to local programs. Federal funds are utilized to support direct services to children and families not covered by other fund sources. Federal funds are also used for professional development system activities related to the SPP/APR, ICC meetings, publications and website and the cost of interpreters through an annual grant process. WV BTT follows DHHR Policy 3801 for meeting the provisions under the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

Describe how the State makes annual determinations of EIS program performance, including the criteria the State uses and the schedule for notifying EIS programs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

When making annual determinations on the performance of each EIS program and provider under Part C consistent with IDEA and OSEP's longstanding guidance, WV BTT considers the following factors: (1) performance on compliance indicators; (2) valid and reliable data; (3) correction of any noncompliance; and (4) other data available to WV BTT about the EIS program's compliance with IDEA, including any relevant audit findings.

The WV BTT makes annual determinations of all EIS programs and providers within the state using the following categories: (1) Meets the requirements and purposes of IDEA (2) Needs assistance in implementing the requirements of IDEA (3) Needs intervention in implementing the requirements of IDEA (4) Needs substantial intervention in implementing the requirements of IDEA. WV BTT uses geographical Regional Administrative Units' (RAUs') SPP/APR data to measure local EIS program and EIS provider performance. The State also uses data from periodic monitoring to assist in determining EIS local program performance. The State uses the following information to measure performance and compliance for Indicators 1,3,4,7 and 8. WV BTT uses local EIS program and provider data, the annual RAU Self-Assessment Tool (measure of valid and reliable data), and correction of noncompliance from previous years findings. Local EIS programs and providers are notified of their determination on an annual basis no later than 60 days after the State receives our determination from the Office of Special Education Programs (OSEP). WV's local annual determinations are not made public.

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

The WV Birth to Three State Plan can be found at: https://www.wvdhhr.org/birth23/lawsandregs/Part_c_state_planWV2013.pdf

WV Birth to Three State Plan (policies) are in public comment and will be provided to the Office of Special Education Programs before July 1, 2025.

Technical Assistance System:

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

WV Birth to Three provides a coordinated system of technical assistance to support early intervention practitioners, service coordinator and RAUs. State personnel include four regional Technical Assistance (TA) Specialists who each support two of the eight RAU regions. The TA Specialists reach out to each newly enrolled service provider with introduction and information on how to access ongoing technical assistance support. TA Specialists maintain a listserv for their geographic regions and provide important updates to all enrolled providers. In addition, TA Specialists meet regularly with the RAUs to provide support and identify strategies to support enrolled practitioners within the RAU region.

Other processes in place to provide high quality technical assistance include multiple Communities of Practice designed specifically for the various disciplines of professionals enrolled in WV Birth to Three. The CoP are scheduled on the state training calendar and open to all enrolled professionals in the disciplines. Other CoP are targeted to specific topical areas and may include professionals across disciplines. CoP members identify their unique needs and design strategies to effectively address those needs. WV Birth to Three uses other strategies to help professionals stay in touch with the latest information including use of our website, statewide email broadcasts, and the WV Birth to Three Facebook page. WV Birth to Three posts informational videos as appropriate to alert enrolled practitioners to important topics. Technical assistance is always offered to professionals as a component of any corrective action.

Professional Development System:

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

WV Birth to Three implements a Comprehensive System of Professional Development (CSPD) that includes personnel standards and competencies, recruitment and retention, and ongoing professional development strategies. WV Birth to Three coordinates professional development activities with other early childhood, state, and community partners as well as higher education pre-service and in-service programs. WV Birth to Three recruits and enrolls professionals who meet the state's highest standard for each discipline. Professional credentials are reviewed by the CFO to assure that all enrolled professionals meet the initial and annual re-enrollment requirements including educational status, licensing and required training. Only those professionals who meet the requirements and sign initial and annual agreements with WV Birth to Three to follow all requirements of Part C of IDEA are enrolled and made available to provide services for children and families. Newly enrolled professionals are contacted by state TA Specialists and offered the opportunity to be matched with an experienced provider.

WV Birth to Three offers a variety of professional development opportunities throughout the year including facilitated and self-paced courses, topical webinars, guest lectures and face to face learning experiences. WV Birth to Three has purchased Articulate and the Canvas Learning Management System which is allowing WV Birth to Three to create learning opportunities that are vibrant, engaging, on-demand and inclusive of knowledge or fidelity checks to evaluate the participants understanding of the content presented. Most sessions are designed with a post-test to identify the participants learned knowledge, how they will use the information to enhance or change their practice and to identify what other training may be of interest. This data is used to revise sessions and design additional training.

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 WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

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

YES

Number of Parent Members:

6

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.

In 2021, the GEIICC assisted in establishing new targets for the 2020-2025 years. The process of establishing targets and the development of the activities for Indicator 11 involved an overview and understanding of the requirements for the SPP/APR, a review of the current data and a thoughtful conversation for setting targets. The lead agency provides routine updates at each GEIICC meeting regarding SPP/APR activities and seeks ongoing input throughout the 5 years as improvement strategies are identified and implemented. Annually, the state reviews and provides an opportunity for discussion regarding the SPP/APR results with the GEIICC. The broad representation of diverse groups on the GEIICC, including parents, helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

Annually in the month of October, WV Birth to Three hosts regional Come Grow with Us meetings. During these meetings, an overview of the APR/ SSIP is provided, data and targets are shared, and input is gathered from the EIS programs and providers. Due to rescheduling the Come Grow with Us meetings, following the pandemic there was no Come Grow with Us meeting in this period. WV Birth to Three hosted regional Come Grow with Us sessions in May of 2023 when it was safe to return to in person meetings. 311 providers attended those sessions which included discussions on the FFY 2021 APR, an opportunity for the field to provide comment on the data shared and suggestions for improvement activities. Tips for successful implementation of the new electronic child record were shared. The State also created a video of family stories shared on family surveys in recognition of the wonderful work the field does in supporting families. WV Birth to Three hosted Come Grow with Us sessions virtually in July and September with a total attendance of 371 EIS providers. The State staff traveled to all eight RAU regions in October of 2024 with a total of 197 EIS providers. During these meetings, the EIS programs and providers provided input into the Family Survey process including recommendations to increase family participation, feedback on the Child Outcome Summary form process, identification of the need for training on assessment of children under the age of six months and shared information on the changing needs of children and families they are serving since the pandemic.

WV Birth to Three has an established state leadership team focused on professional development activities for Indicator 11. Members include direct

services providers, service coordinators, community partners, higher education representatives, parents and state staff. In FFY 2022, the eight regional Parent Partners and the director of WVPTI were invited to sit on the state level SSIP leadership team to provide input on improvement activities and progress. These parent leaders have been quite engaged in the conversations and have provided meaningful suggestions for improving outcomes for infants and toddler and their families. Unfortunately, there has been some turnover in Parent Partners in FFY 2023. As new Parent Partners are hired, they are invited and supported to participate in this leadership team.

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.

WV Birth to Three facilitates a monthly SPP/APR Leadership team specifically focused on State Systemic Improvement Plan activities around professional development for targeted topics - autism, vision, hearing, families impacted by substance use disorders and social emotional development. The Director of the WV Parent Training and Information System is an active participant in these meetings and does provide information to families on training opportunities available through WV Birth to Three. Each RAU is required to employ one full time equivalent Parent Partner (a parent who has received Part C or 619 services) to serve as a resource for families enrolled in the system. These parents are invited to participate in the monthly SPP/APR Leadership Team meeting. As new Parent Partners join the state leadership team, they are provided information on the charge of the SSIP Leadership Team, the SSIP/APR and the activities of the topical Implementation Teams and encouraged to share ideas and provide feedback. The involvement of the regional Parent Partners and our PTI Director provides a parent voice from across every region of the state as each region has different cultural, racial, and economic diversity in the development and evaluation of the targeted professional development activities.

Each RAU has a Facebook page and releases a quarterly newsletter which can be opportunities to obtain additional feedback from families on implementation activities. WV Birth to Three will be working to design training, resources, and infographics to better inform all families of the general supervision requirements and how families can be involved.

Soliciting Public Input:

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

The WVGEICC meets every other month. During each meeting there is time set aside for public comment. WV Birth to Three hosts Come Grow with Us webinars throughout the year as needed to gather input for the evaluation of improvement activities from the EIS programs and providers.

WV Birth to Three facilitates RAU Directors meetings monthly and a Service Coordinator Community of Practice every other month. These meetings provide opportunities to gather input on improvement activities, answer questions and to evaluate progress.

Public Hearings are held when substantial policy changes are needed.

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.

WV Birth to Three posts the link from the OSEP website for previous FFY APR on the WV Birth to Three website when it is made available by OSEP. WV Birth to Three has a one page infographic summarizing the results of the APR to assist providers, community partners and the public in easily understanding the data. This one page infographic is posted on the WVBTT website when determinations from OSEP are issued.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The FY 2022 Local data was posted on the WV Birth to Three website under the Laws and Regulations tab no later than 120 after the state's submission of the APR. The local data can be found at: <http://www.wvdhhr.org/birth23/localreporting.asp>. During the fall of 2024 Regional Come Grow with Us sessions, local data for each region was presented to the respective EI programs and providers. Participants were provided time to review the data and make comment about indicators that were going well and where there were areas for improvement. Each RAU has an established local implementation team (LIT). RAU directors will be facilitating additional conversations during LIT meetings on the feedback gathered during the Come Grow with Us meetings to design local strategies for improvement.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.56%	98.55%	99.63%	97.86%	90.80%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
221	334	90.80%	100%	93.11%	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.

90

Provide reasons for delay, if applicable.

Exceptional Family Circumstances: difficulty reaching parent to schedule, difficulty scheduling around the parent's work/other schedules, parent unavailable, parents not home for scheduled visits, parent cancelations due to family illness/emergencies, family out of town, or other reasons.

Other Reasons: EIS provider cancelations due to illness or family emergencies, EIS providers not scheduling with parent timely, EIS providers availability/Scheduling conflicts, EIS program delays in authorization process for EIS provider to provide 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).

West Virginia's definition of 'timely early intervention service' is to have each IFSP service delivered within 30 days of the family's written consent on the IFSP.

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).

Data for all infants/toddlers with new services on an initial or annual IFSP in September 2023 were included in this measurement.

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

A report for the month of September 2023 was pulled from the statewide data system. According to our data system, the month reviewed was shown to have a comparable number of IFSP's with new services as other months in FY 2023. All IFSP's with new services starting in the month of September 2023 were assessed. The data included data from all Regional Administrative Units for WV.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

WV did not issue any findings of noncompliance for FY 2022 because the state was able to ensure each EIS provider was correctly implementing timely service for a future time period & correction of each individual case of noncompliance was either corrected or the child was no longer in the jurisdiction of the EIS provider at the time the noncompliance was identified.

Individual correction of noncompliance:

There were 30 children in FFY 2022 who were reported as receiving untimely service not excused for exceptional family circumstances.

Each of the 30 individual child records were reviewed through the State's integrated data system to ensure (1) the child received a late service from the EIS Provider or (2) the child was no longer in the jurisdiction of the EIS Provider. This was completed within 90 days of the identification of noncompliance.

In review of the initial service dates in the original report for this indicator, 24 of the 30 individual children were confirmed to have late service provided by the EIS provider.

The remaining 6 children who did not receive services timely, were confirmed to no longer be in the jurisdiction of the EIS Provider or no longer receiving services in the program at the time the noncompliance was identified. The 6 individual child records were reviewed through the original report and/or data available in the electronic child records to identify the date the EIS provider was no longer serving that child/family and/or the child's exit date from the state program.

Correctly implementing Timely Service:

There were 23 independently enrolled EIS Providers responsible for the 30 children with untimely service.

4 of the 23 EIS providers were determined to no longer be EIS providers with the program at the time the noncompliance was identified. This was determined by reviewing disenrollment dates available through the State's EIS provider enrollment system. This was completed within 90 days of the identification of noncompliance. The state could not issue a finding to these EIS providers since they were no longer EIS providers, nor could the state verify the EIS providers were correctly implementing timely service because there were no children receiving services from these EIS providers at the time the noncompliance was identified.

19 of the 23 EIS providers were still an EIS provider with the program when noncompliance was identified. The state generated new individual timely service reports from the statewide data system for each of the 19 EIS providers for a future time period. Each of the reports were reviewed to ensure the EIS provider was providing timely service for 100% of their children for a span of 1 month. All 19 EIS providers were confirmed to be providing 100% timely service for the children on their caseload in a future time period. This was completed within 90 days of identification of noncompliance.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.58%

FFY	2018	2019	2020	2021	2022
Target >=	99.39%	99.00%	99.90%	99.90%	99.90%
Data	99.97%	100.00%	100.00%	100.00%	100.00%

Targets

FFY	2023	2024	2025
Target >=	99.90%	99.90%	99.90%

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,411
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	4,411

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,411	4,411	100.00%	99.90%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

None.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

YES

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

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Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

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

Aggregated Performance Data

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2019	Target>=	62.00%	61.80%	61.80%	64.14%	64.14%
A1	64.15%	Data	61.45%	64.15%	65.63%	66.69%	68.08%
A1 ALL	2019	Target>=	62.00%	61.00%	61.80%	64.14%	64.14%
A1 ALL	64.14%	Data	61.37%	64.14%	65.75%	66.67%	68.03%
A2	2019	Target>=	66.00%	65.00%	64.30%	62.37%	62.37%
A2	62.37%	Data	64.16%	62.37%	62.36%	63.94%	64.81%
A2 ALL	2019	Target>=	66.00%	65.00%	64.30%	62.79%	62.79%
A2 ALL	62.79%	Data	64.14%	62.79%	63.03%	64.28%	65.08%
B1	2019	Target>=	72.00%	72.00%	71.30%	74.10%	74.10%
B1	74.10%	Data	75.14%	74.10%	72.87%	77.18%	78.24%
B1 ALL	2019	Target>=	72.00%	72.00%	71.30%	74.11%	74.11%
B1 ALL	74.11%	Data	75.07%	74.11%	72.77%	77.13%	78.14%
B2	2019	Target>=	49.00%	49.00%	48.00%	52.21%	52.21%
B2	52.21%	Data	55.90%	52.21%	48.77%	53.56%	55.73%
B2 ALL	2019	Target>=	49.00%	49.00%	49.00%	52.83%	52.83%
B2 ALL	52.83%	Data	55.89%	52.83%	49.49%	54.11%	55.98%
C1	2019	Target>=	72.00%	72.00%	72.00%	76.96%	76.96%
C1	76.96%	Data	78.02%	76.96%	76.58%	78.49%	79.03%
C1 ALL	2019	Target>=	72.00%	72.00%	72.00%	77.00%	77.00%
C1 ALL	77.00%	Data	78.04%	77.00%	76.64%	78.40%	78.87%
C2	2019	Target>=	63.50%	64.00%	62.90%	64.45%	64.45%
C2	64.45%	Data	66.20%	64.45%	60.37%	63.51%	64.19%
C2 ALL	2019	Target>=	63.50%	64.00%	63.50%	64.72%	64.72%
C2 ALL	64.72%	Data	66.26%	64.72%	60.90%	63.78%	64.30%

Targets

FFY	2023	2024	2025
Target A1 >=	64.15%	64.15%	64.16%

Target A1 ALL >=	64.15%	64.15%	64.16%
Target A2 >=	62.37%	62.37%	62.38%
Target A2 ALL >=	62.79%	62.79%	62.80%
Target B1 >=	74.10%	74.10%	74.11%
Target B1 ALL >=	74.11%	74.11%	74.12%
Target B2 >=	52.21%	52.21%	52.22%
Target B2 ALL >=	52.83%	52.83%	52.84%
Target C1 >=	76.96%	76.96%	77.00%
Target C1 ALL >=	77.00%	77.00%	77.01%
Target C2 >=	64.45%	64.45%	64.46%
Target C2 ALL >=	64.72%	64.72%	64.73%

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	1	0.03%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	695	23.08%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	379	12.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,039	34.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	897	29.79%

Just at-risk infants and toddlers/All infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2	0.07%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	700	22.91%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	380	12.43%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,051	34.39%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	923	30.20%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,418	2,114	68.08%	64.15%	67.08%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning	1,936	3,011	64.81%	62.37%	64.30%	Met target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
within age expectations in Outcome A by the time they turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,431	2,133	68.03%	64.15%	67.09%	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	1,974	3,056	65.08%	62.79%	64.59%	Met target	No Slippage

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

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.10%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	593	19.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	743	24.65%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,333	44.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	342	11.35%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	4	0.13%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	601	19.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	743	24.29%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,349	44.10%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	362	11.83%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,076	2,672	78.24%	74.10%	77.69%	Met target	No Slippage
B2. The percent of infants and toddlers who were	1,675	3,014	55.73%	52.21%	55.57%	Met target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,092	2,697	78.14%	74.11%	77.57%	Met 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	1,711	3,059	55.98%	52.83%	55.93%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Not including at-risk infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2	0.07%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	539	17.89%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	530	17.59%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,506	49.98%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	436	14.47%

Just at-risk infants and toddlers/All infants and toddlers	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	3	0.10%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	548	17.92%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	531	17.36%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,530	50.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	446	14.58%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,036	2,577	79.03%	76.96%	79.01%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	1,942	3,013	64.19%	64.45%	64.45%	Met target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
turned 3 years of age or exited the program							

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,061	2,612	78.87%	77.00%	78.91%	Met 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	1,976	3,058	64.30%	64.72%	64.62%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	4,202
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.	1,079
Number of infants and toddlers with IFSPs assessed	3,123

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

That states uses the ECTA Child Outcome Summary Form(COSF) to collect data for this indicator. The COSF is completed by the early intervention team and family during the initial Individualized Family Service Plan (IFSP) development and at every annual IFSP development. An Exit COSF is completed within 30 days of the child's exit from the program. The COSF completion is facilitated either by a service coordinator or a developmental specialist. The state uses the first COSF and the last available COSF data to calculate the exit progress category totals.

Provide additional information about this indicator (optional).

The state assessed 3,123 IFSPs for this indicator. The state determined that there were 3,056 IFSPs with complete entry and exit COSF data available for Outcome A, 3,059 IFSPs with complete COSF data for Outcome B, and 3,058 IFSPs with complete COSF data for Outcome C.

WV does serve an At Risk population of eligible children under Part C. The state determined that there were 45 IFSPs assessed in the aggregated performance measurement that were eligible under the At Risk category only for FY 2023.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target>= =	97.20%	97.00%	85.00%	85.00%	85.00%
A	85.00%	Data	97.75%	97.24%	85.00%	88.83%	91.54%
B	2020	Target>= =	96.20%	96.00%	85.19%	85.19%	85.19%
B	85.19%	Data	98.02%	96.73%	85.19%	93.12%	92.88%
C	2020	Target>= =	96.80%	96.00%	84.81%	84.81%	84.81%
C	84.81%	Data	99.43%	96.98%	84.81%	91.69%	92.33%

Targets

FFY	2023	2024	2025
Target A>=	85.00%	85.00%	86.00%
Target B>=	85.19%	85.19%	86.19%
Target C>=	84.81%	84.81%	85.81%

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	2,137
Number of respondent families participating in Part C	384
Survey Response Rate	17.97%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	351
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	383
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	358
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	380
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	353
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	381

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.54%	85.00%	91.64%	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)	92.88%	85.19%	94.21%	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)	92.33%	84.81%	92.65%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	19.98%	17.97%

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

WV used a metric of +/- 2% difference from the demographics of the population of infants/toddlers served and the demographics of infants/toddlers of respondent families to determine representativeness. WV used race/ethnicity and geographic location to determine representativeness.

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.

WV compared the race/ethnicity demographics of infants/toddlers for whom families responded to the demographics of the aggregate number of infants and toddlers receiving services in FY 2023. Using the metric of +/-2% WV did not determine any race/ethnicity populations underrepresented in the survey responses. There were 0 respondent families for the American Indian/Alaska Native population but since the population of those infants and toddlers in WV receiving services is 0.06%, WV does not consider this underrepresented using the +/-2% metric.

Aggregate Child Count Population FY 2023

Race/Ethnicity of Child - Percent of Total

Hispanic - 1.92%

Not Hispanic/American Indian/Alaska Native - 0.06%

Not Hispanic/Asian - 0.82%

Not Hispanic/Black/African American – 3.98%

Not Hispanic/Native Hawaiian/Other Pacific Isle - 0.21%

Not Hispanic/Two or more Races – 5.98%

Not Hispanic/White - 1745 – 87.03%

Survey Responses

Race/Ethnicity of child - Percent of Total

Hispanic – 1.30%

Not Hispanic/American Indian/Alaska Native - 0.00%

Not Hispanic/Asian – 1.04%

Not Hispanic/Black/African American – 2.60%

Not Hispanic/Native Hawaiian/Other Pacific Isle - 0.26%

Not Hispanic/Two or more Races – 4.43%

Not Hispanic/White – 90.36%

WV used geographic location (pre-established WVBTT regions) as the second demographic to determine representativeness. WV did not identify any geographic locations underrepresented in the data using the metric of +/-2%:

Aggregate Child Count Population FY 2023

Geographic Location of child - Percent of Total

Region #1 Catholic Community Services -19.44%

Region #2 The ARC of Mid-Ohio Valley –10.34%

Region #3 River Valley CDS East – 13.11%

Region #4 River Valley CDS West – 19.65%

Region #5 Mountain Heart – 6.39%

Region #6 Mountain Heart – 4.98%

Region #7 Mountain Heart – 12.12%

Region #8 RESA 8 – EPIC – 13.97%

Survey Responses

Geographic Location of child – Percentage of Total

Region #1 Catholic Community Services – 20.31%

Region #2 The ARC of Mid-Ohio Valley – 9.11%

Region #3 River Valley CDS East – 12.24%

Region #4 River Valley CDS West – 22.92%

Region #5 Mountain Heart – 5.47%

Region #6 Mountain Heart – 4.95%

Region #7 Mountain Heart – 10.68%

Region #8 RESA 8 – EPIC – 14.32%

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.

WV has not yet observed an increase in the number of parents responding to the Family Outcomes Survey. WV's Family survey response rate decreased by 2% from the previous FY. The State surveyed a larger number of families than last year but received a similar number of surveys back from parents. The State implemented 3 new strategies in FY 2022 to increase response rate and encourage responses from all parents surveyed. The first of these strategies was the addition of an online survey response method. The online response method was implemented in the last quarter of FY 2022, and 16 responses were obtained through this method. In FY2023, the state obtained 45 responses through the online method which was 12% of the total responses received. The second method was a partnership with a Spanish interpreter to facilitate phone call follow ups with Spanish speaking families. In FY2023, the state was unable to partner with a Spanish interpreter for these phone call follow up surveys but was able to ensure that Spanish surveys were mailed to any Spanish speaking families during this FY. WV plans to re-partner with a Spanish interpreter for phone call follow up surveys in FY 2024. The third strategy was to prioritize populations that were not responding to the survey. The State continues to use race/ethnicity and geographic location to look for potential nonresponse bias in the data. The State uses this data to target specific populations where the response rate was significantly lower (<4%) compared to the state response rate. Those populations are prioritized for the phone call follow up surveys. The State obtained 96 additional responses from parents using this phone call completion method this FY, which was 25% of the total responses received.

WV had an opportunity to review regional family survey response data with local programs and providers during the 2024 Regional Come Grow with Us meetings. During these meetings the State encouraged local EIS providers to talk with parents about the importance of the Family Outcome Survey and remind parents to respond when the survey is received. Local EIS programs and EIS providers were eager to help increase response rates and provided suggestions and strategies for the state to consider. WV is exploring possible strategies for implementation in FY2025: Updating the WVBTT transition booklet to include information on the family survey, additional methods for reminders to complete the survey, and regularly scheduled phone call follow up attempts.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

The state used race/ethnicity and geographic location as demographics to analyze the responses for nonresponse bias. The state also used two methods to determine nonresponse bias among populations. If the state determines that a population has both a lower response rate (>4% lower) than the state response rate + a higher percentage (>2% higher) of non-respondents compared to respondents, the state determines there is nonresponse bias in that population.

WV identified that there was a 0% response rate from the American Indian/Alaska Native population but given the population of American Indian/Alaska Native is 0.06% for FY2023 – we would not expect this to be indicative of non-response bias nor is this unexpected given there was such a small population to survey. There is also a similar percentage of non-respondents in this population as there are respondents (0%). WV will prioritize this group for phone call follow up surveys in the future to attempt to obtain at least 1 survey response from this population.

The state identified response rates were lower (> -4%) among the Hispanic, African American, and Two or More Races populations, but the populations of non-respondents versus respondents in these populations were not different. These lower response rates alone are not indicative of nonresponse bias but serve as populations where the state will prioritize responses from in upcoming phone follow up surveys to prevent nonresponse bias.

WV did not identify any geographic locations where response rates that were lower than 4% than the state response rate but did identify through the analysis that Region 7 did have higher percentage of non-respondents when compared to respondents for the year. This alone without the lower response rate is not indicative of non-response bias but will serve as another population to prioritize for phone call follow up surveys to prevent nonresponse bias.

Provide additional information about this indicator (optional).

WVBTT continues to receive wonderful testimonies from families through our family survey responses. The program values all testimonies from parents on the family survey responses and they have become an important source of data for WVBTT. Here are just some of the testimonies we hear from families:

"This program is life changing for so many, including my family! My son made such huge strides in the short amount of time we had together (only 9 months but I wish it was longer). The therapists are truly amazing and caring. I would recommend this program with every ounce in my body. THANK YOU for making a difference."

"We are so appreciative of Birth to Three! Our child flourished in the program, and by the end, he was showing clear, actionable progress. He still has room to grow, but this program was incredibly helpful in navigating a "COVID baby" and his natural inclinations and personality. I will recommend Birth to Three to anyone who can benefit from services. The fact that it's [no cost to families] also really helped us and so many others. It was bittersweet when the program ended!"

"I cannot say enough wonderful things about WV Birth to Three. We were blessed with amazing providers, they were amazing to my son and always kept me and my husband in the loop. Our case manager was also wonderful and always made sure that we had everything we needed. I can confidently credit WV birth to three with the developmental strides my son made during his time in the program."

"My family had the best experience with birth to three! My child's team became like family, they helped my child tremendously. This program is absolutely amazing & such a great help for families."

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

WV has confirmed for FFY 2023 that response data are representative of the demographics of infants/toddlers and families enrolled in the Part C program. See data analysis description under FY2023 Indicator data.

4 - OSEP Response

4 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether its FFY 2024 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2012	1.98%

FFY	2018	2019	2020	2021	2022
Target >=	2.00%	2.50%	2.58%	2.58%	2.58%
Data	3.30%	3.42%	3.16%	3.74%	3.69%

Targets

FFY	2023	2024	2025
Target >=	2.58%	2.58%	2.58%

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	639
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	17,135

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
639	17,135	3.69%	2.58%	3.73%	Met target	No Slippage

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

The State has observed an increasing number of children receiving services over time. Annually, WV gathers Regional Administrative Unit (RAU) and county level child count data. This data is presented to the WVGEIICC for input and discussion. The State has identified several counties where the percentage of the population served in those counties are higher (>4% from average) as well as several underserved counties (<4% from average). The State also presented regional and county level data to local programs and providers during the 2024 Regional Come Grow With Us meetings to gather additional information regarding possible root causes for the higher served areas and underserved areas.

Specifically for children served under the age of 1, local programs serving a lower percentage of their under age 1 population identified possible causes being lack of pediatricians and/or birthing hospitals in those areas. Local programs serving higher percentages of the under age 1 population reported having good relationships with local pediatrician offices and other referral sources for that age group. Additionally, the areas with higher child counts are for the most part highly populated areas and areas that are traditionally observed to have high instances of babies with intrauterine substance exposure. The State continues to gather and analyze additional data geographically to determine root causes for the increase in child count and areas where populations could be underserved.

Provide additional information about this indicator (optional)

West Virginia Part C ranks 3rd in the nation in the percentage of children under age 1 who were found eligible and received services during the reporting period. The lead agency for WV Part C is the Office of Maternal, Child and Family Health in the West Virginia Department of Health (formerly Department of Health and Human Resources). This allows WV to have a direct connection to birthing information and referral sources - which is critical to fulfilling our child find responsibilities.

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 (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	4.09%

FFY	2018	2019	2020	2021	2022
Target >=	4.10%	5.00%	5.04%	5.04%	5.04%
Data	6.64%	7.23%	6.80%	7.91%	8.51%

Targets

FFY	2023	2024	2025
Target >=	5.04%	5.04%	5.04%

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

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State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	4,411
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	51,601

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,411	51,601	8.51%	5.04%	8.55%	Met target	No Slippage

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

The State has observed an increasing number of children receiving services over time. Annually, WV gathers Regional Administrative Unit (RAU) and county level child count data. This data is presented to the WVGEIICC for input and discussion. The State has identified several counties where the percentage of the population served in those counties are higher (>4% from average) as well as several underserved counties (<4% from average). The State also presented regional and county level data to local programs and providers during the 2024 Regional Come Grow With Us meetings to gather additional information regarding possible root causes for the higher served areas and underserved areas.

Specifically for children served under the age of 3, local programs serving a lower percentage of their under age 3 population identified possible causes being lack of child find and/or lack of available providers in those areas. Local programs serving higher percentages of the under age 3 population reported having good relationships with referral sources. Additionally, the areas with higher child counts are for the most part highly populated areas and areas that are traditionally observed to have high instances of babies with intrauterine substance exposure.

The State continues to gather and analyze additional data geographically to determine root causes for the increase in child count and areas where populations could be underserved.

Provide additional information about this indicator (optional).

West Virginia Part C ranks 3rd in the nation in the percentage of children under age 3 who were found eligible and received services during the reporting period.

The state's aggregate child count (the number of infants/toddlers eligible and receiving services during a full year) for FY 2023 was 8,510. This is equivalent to 16.5% of the under age 3 population in WV.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	93.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.64%	99.25%	99.23%	98.81%	98.05%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
210	332	98.05%	100%	96.99%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

There were a three main factors contributing to slippage for this indicator. (1) Significant Staff turnover was experienced in specific regions of the state during this FY which impacted the ability for Service Coordinators to facilitate timely Eligibility/IFSP meetings. (2) Continued concern of shortage in available EIS providers to complete initial evaluations for eligibility have been reported and (3) WV continues to see increases in the number of children referred for eligibility across the entire state.

WV continues to address EIS provider shortage issues with technical assistance and through retention and recruitment initiatives.

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.

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Provide reasons for delay, if applicable.

Exceptional Family Circumstances: Difficulty reaching parent to schedule, parent Cancellations for illness, parent not home for scheduled intake appointments, evaluations, and/or eligibility meetings, difficulty scheduling due to parent schedules.

Other Reasons: eligibility meeting not scheduled timely, EIS providers not completing evaluations timely, turnover in staff, shortage in EIS providers available to complete evaluations.

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).

Data includes all children with Initial IFSP/Eligibility meetings in September 2023.

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

A report for the month of September 2023 was pulled from the statewide data system. According to our data system, the month reviewed was shown to have a comparable number of IFSP's as other months in FY 2023. All IFSP's completed in the month of September 2023 were assessed and this data included IFSP's from all Regional Administrative Units for WV.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

WV did not issue any findings of noncompliance for FY 2022 because the State was able to ensure each EIS program was correctly implementing timely Initial IFSP meetings for a future time period & correction of each individual case of noncompliance was either corrected or the child was no longer in the jurisdiction of the EIS program at the time the noncompliance was identified.

Individual correction of noncompliance:

There were 5 children in FFY 2022 who were reported as receiving an untimely Initial IFSP meeting not excused for exceptional family circumstances. Each of the 5 individual child records were reviewed through the State's integrated data system to ensure (1) the child received a late Initial IFSP from the EIS program or (2) the child was no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance.

All 5 individual children were confirmed to have a late Initial IFSP meeting provided by the EIS program by review of initial IFSP meeting dates in the original report for this indicator.

Correctly implementing Timely Service:

There were 3 EIS programs responsible for the 5 children with untimely Initial IFSP meeting.

The state generated new individual timely Initial IFSP reports from the statewide data system for each of the 3 EIS programs for a future time period.

Each of the reports were reviewed to ensure the EIS program was providing timely Initial IFSP meetings for 100% of the children in their jurisdiction for a span of 1 month. All 3 EIS programs were confirmed to be providing 100% timely initial IFSP meetings for children in their jurisdiction in a future time period. This was completed within 90 days of identification of noncompliance.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	100.00%	99.40%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
194	198	99.40%	100%	97.98%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

WV determined that the reason for slippage can be attributed to one EIS Provider who was unable to keep up with transition timelines.

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.

Other Reasons: Service Coordinator did not complete transition steps timely.

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).

All children exiting in the month of September 2023

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

A report for the month of September 2023 was pulled from the statewide data system for exiting toddlers that were potentially eligible for Part B. According to our data system, the month reviewed had a comparable number of toddlers that were potentially eligible for Part B exiting as other months in FY 2023. All potentially eligible toddlers exiting in September 2023 were assessed and this included data from all Regional Administrative Units in WV.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Response to actions required in FFY 2022 SPP/APR

There was 1 child in FY 2022 who did not receive timely transition steps and services and was not excused for exceptional family circumstances. This 1 child with untimely services was confirmed to no longer be receiving services at the time the noncompliance was identified by reviewing the child's exit date available within the original report.

WV did not issue any findings for this indicator because the EIS provider that was responsible for untimely transition steps and services was no longer an EIS provider with the program at the time the noncompliance was identified. This was determined by reviewing disenrollment dates available through the State's EIS provider enrollment system. The review of the EIS provider's disenrollment date was completed within 90 days of the identification of the noncompliance. The State could not issue a finding to the EIS provider since they are no longer an EIS provider, nor could the State verify the EIS provider was correctly implementing timely transition steps and services because there were no children receiving services from the EIS provider at the time the noncompliance was identified.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.65%	99.89%	99.33%	99.36%	99.08%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,174	2,188	99.08%	100%	99.36%	Did not meet target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

The children with delayed notifications all had their initial IFSPs at 150 days or closer to their third birthday. When a child has an initial IFSP so close to their third birthday, the notification to the county school system is sent by the Regional Administrative Unit, through a web based application (WVEIS). There were 14 children during this period who had a late notification due to late entry of the data into the web based system. The reasons for delay included: not having staffing readily available at the RAU to complete the notification process timely, isolated incidents where staff missed the notification step as a part of their process, or new staff were unaware of timelines and notification procedures.

Describe the method used to collect these data.

The WV Birth to Three State office sends a written child notification that the child is coming of age and is potentially eligible for Part B services to the appropriate local education system 6 months prior to the child's third birthday. A monthly report of child notifications is sent to the State Department of Education. For children who have an initial IFSP that is at 150 days or closer to their third birthday, the local Regional Administrative Unit (RAU) enters the information into the West Virginia Educational System (WVEIS) database online. This entry is automatically forwarded to their contact for each LEA and to the contact for the State Department of Education.

A report is pulled from the WV Birth to Three statewide data system that includes all toddlers who may be potentially eligible for Part B and exited within the fiscal year. This report, in combination with the WVEIS system data and state notification data is then used to determine the percent of exiting toddlers who had a timely child notification.

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

NO

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

State database

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

The full reporting period: July 1 2023 through June 30 2024

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

Data for the full reporting period is used to calculate data this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8B - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

WV did not issue any findings of noncompliance for FY 2022 because the State was able to ensure each EIS program was correctly implementing timely notification for a future time period & correction of each individual case of noncompliance was either corrected or the child was no longer in the jurisdiction of the EIS program at the time the noncompliance was identified.

Individual correction of noncompliance:

There were 20 children in FFY 2022 who were reported as receiving an untimely notification to their LEA/SEA. Each of the 20 individual child records were reviewed through the State’s integrated data system’s Timely Notification report to ensure (1) the child received a late notification from the EIS program or (2) the child was no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance. In review of the notification dates in the original report from the WVEIS online system, 9 out of the 20 children did receive a late notification to their LEA/SEA. The remaining 11 children who did not receive a timely notification to the LEA/SEA were confirmed to no longer be receiving services in the program at the time the noncompliance was identified. This was confirmed by reviewing the 11 individual child records in the original report and/or data available in the electronic child records to confirm the child’s exit date from the program. This was completed within 90 days of identification of noncompliance.

Correctly implementing Timely Service:

There were 7 EIS programs responsible for the 20 children with untimely notification to the LEA/SEA. The State generated new individual Timely Notification reports using data from the statewide data system and the WVEIS online database for each of the 7 EIS programs for a future time period. Each of the reports were reviewed to ensure the EIS program was providing timely notification to LEA/SEA for 100% of their children for a span of 1 quarter. All 7 EIS programs were confirmed to be providing 100% timely notifications for their children in a future time period. This was completed within 90 days of identification of noncompliance.

8B - OSEP Response

8B - Required Actions

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.32%	99.39%	99.04%	98.06%	96.20%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
170	198	96.20%	100%	95.74%	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.

10

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.

10

Provide reasons for delay, if applicable.

Exceptional Family Circumstances: Parent cancelations, family emergencies, family illness, parent originally declining meeting but later deciding to have one.

Other Reasons: Service Coordinator cancelations due to illness or family emergency & Service Coordinator turnover.

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).

All children exiting in September 2023 who were potentially eligible for Part B

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

A report for the month of September 2023 was pulled from the statewide data system for exiting toddlers that were potentially eligible for Part B. According to our data system, the month reviewed had a comparable number of toddlers that were potentially eligible for Part B exiting as other months in FY 2023. All potentially eligible toddlers exiting in September 2023 were assessed and this included data from all Regional Administrative Units in WV.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

WV did not issue any findings for this Indicator because the EIS providers that were responsible for untimely transition conferences were no longer EIS providers with the program at the time the noncompliance was identified. There were 6 children identified with untimely transition conferences. In review of the transition conference dates in the original report and data available in the electronic child record, 2 out of the 6 children had a late transition conference. The remaining 4 children who did not have a timely transition conference were no longer receiving services in the program at the time the noncompliance was identified. This was confirmed by reviewing the original Timely Transition Conference report from the State’s integrated data system and electronic child records available for the child’s exit date from the program. This was completed within 90 days of identification of noncompliance. There were 3 EIS providers responsible for the 6 untimely transition conferences. All 3 EIS providers were determined to no longer be EIS providers with the program at the time the noncompliance was identified. This was determined by reviewing disenrollment dates available through the State’s EIS provider enrollment system. The review of the EIS providers’ disenrollment dates was completed within 90 days of the identification of the noncompliance. The State could not issue findings to the EIS providers since they were no longer EIS providers, nor could the State verify the EIS providers were correctly implementing timely transition conferences because there were no children receiving services from the EIS providers at the time the noncompliance was identified.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

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

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

WV Birth to Three has adopted Part C due process procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care

Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)

Parent Groups including Family Resource Networks and Parent Educator Resource Centers

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=	0.00%	.00%			
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

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

West Virginia's State-identified Measurable Result is Outcome 1- Summary Statement 1 for all infants/toddlers under Indicator 3 of WV's Annual performance Report.

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.

http://www.wvdhhr.org/birth23/comegrow/Theory_of_Action.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2015	60.26%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	62.72%	62.72%	63.18%

FFY 2023 SPP/APR Data

number of children who entered the program below expectations and substantially increased their rate of growth by the time the exited the program in Outcome 1	number of children who entered the program below age expectations in Outcome 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,431	2,133	68.03%	62.72%	67.09%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

The data source for the SiMR's numerator and denominator is FFY 2023 Indicator 3 Outcome 1 data for all infants and toddlers. The numerator equals the number of children who entered the program below expectations and substantially increased their rate of growth by the time they exited the program in Outcome 1. The denominator equals the total number of children who entered the program below age expectations in Outcome 1.

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

WV uses the collection of Indicator 3 data to also collect data for the SiMR. Outcome 1 Summary Statement 1 for all infants and toddlers are compared to the same data from previous years. It is then determined if any meaningful changes have occurred from last year's data compared to current year's data.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.wvdhhr.org/birth23/lawandregs/WVBTT_SSIP_Evaluation_Plan_2023.pdf

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

NO

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

State Staff Capacity- WV Birth to Three continues to build capacity at the state level with the hiring of a CSPD/Policy Coordinator during this period. WV Birth to Three state staff includes an office manager, data manager, CQI/Monitor, the CSPD/Policy Coordinator, four regional technical assistance specialists. One of the TA Specialists also serves as an Information Specialist providing oversight to the website, facebook page and publications.

Data System Enhancements- During this period, WV Birth to Three worked in collaboration with our data system vendor to design data dashboards that can be available through our data system. WV Birth to Three is also working to enhance the Service Directory that EIS programs, EIS providers and families use in the selection of evaluation/assessment and IFSP service teams. This enhancement will provide more accurate and timely information for families when selecting their multi-disciplinary team.

Professional Development- WV Birth to Three has worked for years to build a tiered approach to professional development - 1) online resources, monthly resource webinars, topical webinars, 2) targeted training with peer-to-peer support and 3) more intensive facilitated learning opportunities. WV Birth to Three purchased the Canvas Learning Management System in the fall of 2022. This LMS provides a "hub" for managing many of the professional development activities. During this fiscal year, the State finalized the design of an online Child Outcomes Summary Course in collaboration with the Early Childhood Technical Assistance Center.

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.

State Staff Capacity – With the increased state staff capacity, the program has implemented an internal leadership team comprised of the Director, Data Manager, CQI/Monitor, CSPD Policy Specialist and Information Specialist to begin completing gap analysis and policy review for the 2027 DMS- 2 monitoring. With the increased TA capacity, the program is able to offer a variety of practitioner recruitment activities throughout the year to address practitioner shortages. The Regional Technical Assistants support newly enrolled EIS providers, assist with technical assistance when there are questions or informal/formal complaints to the system and work closely with the leadership at the Regional Administrative Unit Level.

Data System- Through the new data dashboards, the RAU's will be able to access current data in real time to track each child from referral to the development of the initial IFSP. The enhanced Service Directory will highlight individuals who have completed topical training in supporting the social emotional development of infants and toddlers and best practices in family engagement. Course attendance will be acknowledged within the Service Directory for the ASQ SE-2, SEAM, ESDM, Pyramid Model, FGRBI, Child Outcome Summary Form, and Motivational Interviewing.

Professional Development - Through the design of the COS course, the State identified several new resources to support EIS programs and providers in improving the consistency and quality of the COS ratings. The new online course will reset expectations on the importance of this requirement for Federal reporting, local reporting, program improvement and the design of appropriate services to children and families.

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.

In FFY 2024, the State plans to:

Implement the enhancements to the WVBTT service directory providing families with more accurate and timely information on the availability of EIS providers and highlight individuals who have attained a level of fidelity in state identified evidence-based practices

Launch data dashboards to support the RAUs in tracking 45 day timelines

Release the COS course to improve consistency and quality of COS ratings across the state

Build a Transition and Introduction to Service Coordination course in Canvas to improve access to this content in ways that meet the EIS providers needs for easily accessed training curriculum
Reinstitute training activities around social emotional development to continue to increase the numbers of EIS providers trained on social emotional assessment and interventions

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

Early Start Denver Model (ESDM)
Pyramid Model for Promoting Infant and Toddler Social Emotional Development
Family Guided Routines Based Interventions (FGRBI)
Motivational Interviewing (MI)

Provide a summary of each evidence-based practice.

The Early Start Denver Model is an evidenced-based practice developed to help families teach their toddlers with autism spectrum disorder communication and social skills. There is an emphasis on teaching skills during fun, naturally occurring interactions throughout the day. ESDM includes a child assessment and parent coaching curriculum. WVBT is also utilizing the Help Is in Your Hands curriculum in conjunction with the ESDM Curriculum Checklist, and the Coaching Parent of Young Children with Autism book.

The Pyramid Model for Promoting Infant and Toddler Social Emotional Development is a tiered approach for supporting the social emotional development of young children. Through participation in the course, individuals learn about social emotional development, how to support families in providing a safe and nurturing home environment, targeted strategies for teaching social emotional skills when a child is at risk and for children who are displaying persistent challenging behaviors, how to conduct a functional behavior assessment and design a positive behavior support plan.

Family Guided Routines Base Interventions is an approach to the provision of early intervention services that focuses on family engagement to support infant and toddler development within the daily activities and routines of a family through caregiver coaching. There are five components to the model- Family guided, individualized, culturally responsive services and supports; everyday activities routines and places; functional participation-based outcomes; embedded evidence-based instruction; and caregiver coaching.

Motivational Interviewing is a series of techniques that support and respect a person's autonomy to make decisions that are centered on what is important. meaningful or needed for an individual to make changes in their life.

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

The Early Start Denver Model Project – This evidence-based practice was selected from initial data which indicated children on the Autism Spectrum made less progress in social emotional development than other children receiving early intervention services, this activity targets this population of children. During this period, the team reported that a fourth cohort of six EIS providers completed the training. EIS providers in this cohort included two speech language pathologists, one occupational therapist and three developmental specialists. Of the six EIS providers, five completed the full course. During the ESDM training, the EIS providers met ten times over the nine months with coaches during community of practice calls, completed readings and activities between calls and videotaped themselves working with families. Two EIS providers identified as potential leaders during the first cohort joined the trainings and were provided with information and support so they can begin running the ESDM trainings next year. Materials for the training were centralized to Canvas for ease of use by EIS providers and mentors were assigned to each EIS provider to provide coaching and support. EIS providers were engaged and attended community of practice calls regularly, participating fully in each session. Challenges experienced included some EIS providers being reluctant or having difficulty videotaping interactions with families. An additional challenge related to the fact that many toddlers are not diagnosed until later, transitioning from the system before the training process was completed making it hard for participants to reach fidelity.

The Pyramid Model for Promoting Infant and Toddler Social Emotional Development- This evidence-based practice was selected to assist in the development of knowledge and skills around promoting social emotional development and is open to all practitioners and service coordinators in the system. WV Birth to Three has seen a continued upward trend over the past several years in more children moving closer to their same-age peers in social emotional development. There was a significant drop in our data during the pandemic. We are once again seeing an upward trend in social emotional development as reflected in our data. During this period, the team lead for this project reported that the Canvas series of courses were offered two times this year. The training requires EIS providers to complete a three-course series on issues related to young children with challenging behavior. Seventeen individuals started and completed at least one of the courses in the series with four finishing all three courses. The following accomplishments were noted by the lead trainer, participants engaged in in-depth conversations with each other, resources are now available continuously after the course ends, and participants expressed appreciation for collaborative aspects of the courses. The following challenges were shared, there are difficulties in gaining interest in taking courses that require a longer time commitment, technology issues, and participants wanting firmer deadlines for assignments. It also was noted that discussions were sometimes limited due to the small number of participants.

Family Guided Routines Based Interventions- This evidence-based practice was selected to enhance EIS providers skills in coaching families and other caregivers. During this period, the Family Guided Routines Based Intervention (FGRBI) implementation team continued to offer an overview course and five Communities of Practice (COPs) each of which contains a deeper dive into each of the five FGRBI elements. The COPs provide information aligned with the best available evidence related to family-centered services, several application activities, opportunities for reflection, and documentation of fidelity across each lesson. Each COP consists of an online facilitated course and a monthly webinar at the end of each month to engage in discussion related to the content and the transition into practice. Additionally, links to online materials and outside resources are continuously monitored and updated to ensure the most recent information was embedded in the course prior to releasing.

The FGRBI Overview Course must be completed in the first year of practice for direct service practitioners and service coordinators and must be completed before beginning the COP series. Related to progress, we observed significant growth in enrollment numbers from the onset of each of the course offerings. During this year, participants in the COPs each month ranged from 19 to 88 participants and participants in the step one course ranged from 7 to 24. Participants reported enjoying opportunities to connect with other practitioners. Participants also reported experiencing a shift in mindset related to service delivery. For example, their perspective on needing a toy bag on visits changed. In addition, participants learned a lot about data driven decision making. Feedback received from participants was used to engage in course updates and discussion among leads.

The Motivational Interviewing – This evidence-based practice was selected to enhance EIS providers skills in engaging families. During this period, we offered two different motivational interviewing trainings. We offered a three-hour training for direct service practitioners and a five-hour training for service coordinators that focused on how the strategies of motivational interviewing can support their unique roles through discussions and practice. The training for direct service practitioners was offered three times and the training for service coordinators was offered 4 times. During this period, 15 direct

service practitioners completed the training and 21 service coordinators completed the training. WV Birth to Three also offered the training at Celebrating Connections, the statewide early childhood conference in WV, with around 70 in attendance.

In addition, WV Birth to Three offered weekly Motivational Interviewing Practice Sessions. The team leads for this project reported the following accomplishments, training was provided consistently over the year, participants were engaged in the training and reported they liked the interactions and activities in the training. The following challenges were identified, getting attendees involved in the weekly practices and finding demonstration videos that are specific to early intervention.

Building Resilience Trainings – Due to the high rate of substance use disorders in WV, a group of content experts and interested EIS providers hosted relevant trainings throughout this period. Trainings hosted included: Family Treatment Court and Infant Safe Sleep and SIDS with families impacted by substance use disorder. The team also held a session led by the chair of the Marshall University Communications Department who is also a WV Birth to Three EIS provider. The EIS provider had completed a research project on supporting mothers with substance use disorder. She presented her research and three of the mothers who were part of her research shared their experiences with their substance use disorder, their experiences with the child protection and legal systems and their experiences receiving WV Birth to Three Services.

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

Data collection for the ESDM project: ESDM fidelity tool, submission of two or more video clips of practitioner coaching families, training evaluations, and Survey Monkey completed at the end of the cohort by participating parents and practitioners for Social Validity data.

Data collection for the Pyramid Model: Discussion boards, reflection prompts, submission of positive behavior support plan complete by team, training evaluations.

Data collection for FGRBI: Review of discussion boards, reflection prompts, submission of supporting documentation or video clips of the evidence-based practice implemented in each focused community of practice, a self-assessment via the WVBTT FGRBI Fidelity tool, training evaluations and Survey Monkey for Social Validity data at the end of the completion of the FGRBI.

Data collection for Motivational Interviewing: Training evaluations only at this time.

Data collection for Building Resilience training: Training evaluations only at this time.

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.

No additional data was collected.

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

Under the direction of the CSPD Coordinator...

ESDM: The WV Birth to Three Professional Development Team has recommended the State host a fifth cohort with 4-6 EIS providers selected from a variety of disciplines from across the State in the fall of 2024. The cohort will be led by the two participants from year 1 who were identified as leaders and co-trained during this period.

Pyramid Model: The WV Birth to Three Professional Development Team has recommended the Pyramid Model courses move to self-paced/facilitated courses in Canvas Learning Management System. This will allow participants to complete the courses when it is convenient for them, versus waiting for a cohort to start. The courses will have a facilitator to respond to assignments, reflections, and answer questions.

FGRBI: The WV Birth to Three Professional Development Team has recommended the facilitators of this project use information gathered from feedback from the last year to revise and edit the COPs.

Motivational Interviewing: The WV Birth to Three Professional Development Team has recommended the team look at the two trainings and make edits based on feedback from the participants as well as the trainers. The trainings will be moved to one four-hour training for both service coordinators and direct service practitioners. The team will look at ways to market the trainings and weekly practices to increase participation and work to create some demonstration videos or scripts.

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.

In review of evaluation data during this period, participants in targeted professional development activities report that the strategies they are learning have enhanced their work with children and families. The State will continue to add new cohorts for established professional development while creating additional training opportunities based on feedback from the EIS providers and programs. The targeted implementation activities continue to support the field in evidence-based practices that promote social-emotional development as evidenced by the progress in our SiMR.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2023 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The broad membership of WV's GEIICC includes the following representatives:

Parents

Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners

Head Start Collaboration Office and Local Head Start

Preschool 619 Coordinator and Local Education Agency Preschool Teacher

State Agencies including Title VI, Medicaid, Child Welfare, Newborn Hearing Screening Advisory, WV Home Visitation and Child Care Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI) Parent Groups including Family Resource Networks and Parent Educator Resource Centers

WV Birth to Three also gathers input from the State Leadership team, RAU Directors, EIS providers and community partners on our professional development activities.

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

The WVEIICC meets every other month. The WV Birth to Three state team provides an update on APR/SSIP improvement activities, progress and challenges seeking input into activities strategies and timelines as part of the lead agency update.

The SSIP Leadership Team meets monthly. Each SSIP Implementation Team lead provides a monthly update on their team's improvement activities. This year all eight regional Parent Partners and the Director of the WV PTI have been invited to attend these meetings and have provided meaningful feedback on how to better engage and support families in our efforts.

RAU Directors' meetings are held monthly with the State staff. The State team provides updates on APR/SSIP improvement activities. The RAU Directors have continued to be excellent champions for our professional development efforts through announcing upcoming events, providing suggestions for cohort participants who have promising practices and provide feedback on how implemented practices are working in the field. These meetings were essential this year in the roll out of the data system enhancements.

Data Entry Communities of Practice are offered every other month by the data manager. These meetings offer the data entry staff at the RAU an opportunity to share challenges, problem solve and provide feedback to the State staff for improvement areas. These meetings are essential for continuous data quality improvement.

Service Coordinator Communities of Practice webinars are offered every other month by the State staff. These meetings offer Service Coordinators an opportunity to provide feedback on APR/SSIP improvement activities.

The WV Infant Toddler Mental Health Association meets every other month. The CSPD Coordinator provides updates on SSIP projects as appropriate to the work of the association and seeks input on activities, strategies, possible collaboration, and timelines. WV Birth to Three also partners with the Deaf and Hard of Hearing Advisory, the Early Childhood Advisory Council and the WV STARS Advisory Council which provide opportunities to share and receive feedback on activities.

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

NO

Additional Implementation Activities

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

F-Words for Child Development Intake for Infants and Toddlers - WV Birth to Three has continued partnering with McMaster University to implement a pilot on the use of the F-Words for Child Development Intake for Infants and Toddlers.

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

F-Words for Child Development Intake for Infants and Toddlers - Planning for the F-Words For Child Development Intake started in late spring 2024 and will continue through 2024. The F-Words team along with local Regional Administrative Unit directors and identified interim service coordinators will meet to determine how the F-Words Tool – About My Baby – will be used alongside the current family assessment.

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

ESDM – The following challenges were shared by this implementation team: some participants were reluctant or had difficulty videotaping interactions with families. An additional challenge related to the fact that many toddlers are not diagnosed until later, transitioning from the system before the training process was completed making it hard for participants to reach fidelity. Steps to address the barriers: Continue to support the early identification of children on the autism spectrum. Allowing members of the cohort to utilize the evidence-based strategies with children not on the spectrum.

Pyramid Model for Promoting Social Emotional Development - The following challenges were shared by this implementation team: there are difficulties in gaining interest in taking courses that require a longer time commitment, issues with technology, and participants wanting firmer deadlines for assignments. It also was noted that discussions were sometimes limited due to the small number of participants. Steps to address the barriers: The courses will be updated so they can be offered monthly as self-paced/facilitated courses. This will allow participants to join when convenient for their schedule and not as a part of a cohort.

FGRBI – The following challenges were shared by this implementation team based on the training evaluations: participants felt that the courses had repetitive information and were too time consuming. Some practitioners did not finish the COPS in their first year of enrollment. Steps to address the barriers: The team will evaluate the content of each of the COPS and determine what updates or changes might need to be made while ensuring the COPS still meet fidelity. The team will look at the training requirements for the first- and second-year annual enrollment process to determine a better plan to support EIS providers in meeting training requirements.

Motivational Interviewing - The following challenges were identified by this implementation team: getting attendees involved in the weekly practices and finding demonstration videos that are specific to early intervention. Steps to address the barriers: The team plans to look at the two trainings and make edits based on feedback from the participants as well as the trainers. The trainings will be moved to a one four-hour training for both service coordinators and direct service practitioners. The team also plan to create some demonstration videos or scripts.

Building Resilience Team - The following challenges were identified by this implementation team: research is still emerging on the impacts to child development and once topics are identified finding content experts who are specific to the infant/toddler and home visitation population. Steps to address barriers: The team plans to look at partnering with other initiatives for supporting parents and children impacted by substance use.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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

Instructions

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

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

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

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

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

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

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

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

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

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

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

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

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

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

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

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

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

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

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

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

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

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

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

Optional for FFY 2023, 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0	0	0	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0		100%		N/A	N/A

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

Provide additional information about this indicator (optional)

WV did not issue any findings of noncompliance for FFY 2022. The state did not have data to report under this indicator and does not yet have baseline data for this indicator. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR). WV ensured that every case of noncompliance identified through the FFY 2022 APR was corrected, unless the child was no longer in the jurisdiction of the EIS provider, prior to issuing a finding. The State also ensured that every EIS provider with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding. Please see Prior FFY sections for Indicator 1, 7, 8a, 8b, and 8c for the specific actions that took place for each case of noncompliance.

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	0
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	0
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

7. Number of findings <u>not</u> yet verified as corrected	0
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Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

12 - OSEP Response

The State reported that no written findings of noncompliance were issued in FFY 2022. The State is not required to establish a baseline until any fiscal year in which data are reported for this indicator.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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

Name:

Regina Woodcock

Title:

Director, WV Birth to Three

Email:

Regina.K.Woodcock@wv.gov

Phone:

304-630-0152

Submitted on:

04/22/25 8:49:38 AM

Determination Enclosures

RDA Matrix

West Virginia 2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
87.50%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	18	18	100.00%

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	3,123
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	4,202
Percentage of Children Exiting who are Included in Outcome Data (%)	74.32
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

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

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
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II. Child Performance

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

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

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	67.08%	64.30%	77.69%	55.57%	79.01%	64.45%
FFY 2022	68.08%	64.81%	78.24%	55.73%	79.03%	64.19%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	93.11%	N/A	2
Indicator 7: 45-day timeline	96.99%	N/A	2
Indicator 8A: Timely transition plan	97.98%	N/A	2
Indicator 8B: Transition notification	99.36%	N/A	2
Indicator 8C: Timely transition conference	95.74%	N/A	2
Indicator 12: General Supervision	100.00%	N/A	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	3,123
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	1	695	379	1,039	897
Performance (%)	0.03%	23.08%	12.59%	34.51%	29.79%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	3	593	743	1,333	342
Performance (%)	0.10%	19.67%	24.65%	44.23%	11.35%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	2	539	530	1,506	436
Performance (%)	0.07%	17.89%	17.59%	49.98%	14.47%
Scores	1	1	1	0	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	4
Outcomes A-C	14

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	67.08%	64.30%	77.69%	55.57%	79.01%	64.45%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2	6
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Your State's Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

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

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

Test of Proportional Difference Calculation Overview

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

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

e.g., $C3A \text{ FFY}2023\% - C3A \text{ FFY}2022\% = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N] + ((\text{FFY}2023\% * (1-\text{FFY}2023\%)) / \text{FFY}2023N)] = \text{Standard Error of Difference in Proportions}$

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

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,999	68.08%	2,114	67.08%	-1.01	0.0146	-0.6900	0.4902	NO	1
SS1/Outcome B: Knowledge and Skills	2,629	78.24%	2,672	77.69%	-0.55	0.0114	-0.4814	0.6302	NO	1
SS1/Outcome C: Actions to meet needs	2,513	79.03%	2,577	79.01%	-0.02	0.0114	-0.0197	0.9843	NO	1
SS2/Outcome A: Positive Social Relationships	2,964	64.81%	3,011	64.30%	-0.51	0.0124	-0.4149	0.6782	NO	1
SS2/Outcome B: Knowledge and Skills	2,966	55.73%	3,014	55.57%	-0.16	0.0128	-0.1227	0.9024	NO	1
SS2/Outcome C: Actions to meet needs	2,963	64.19%	3,013	64.45%	0.26	0.0124	0.2117	0.8324	NO	1

Total Points Across SS1 and SS2	6
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Your State's Performance Change Score	1
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**Data Rubric
West Virginia**

FFY 2023 APR (1)

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

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

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2.11111111 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.11111111.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED <i>Facts</i> Files/ EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	7/31/2024
Part C Exiting	FS901	3/5/2025
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	11/13/2024

2) Complete Data – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part C

West Virginia

Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	3
(1.1) Complaints with reports issued.	1
(1.1) (a) Reports with findings of noncompliance.	1
(1.1) (b) Reports within timelines.	1
(1.1) (c) Reports within extended timelines.	0
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	2

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	0
(2.1) Mediations held.	0
(2.1) (a) Mediations held related to due process complaints.	0
(2.1) (a) (i) Mediation agreements related to due process complaints.	0
(2.1) (b) Mediations held not related to due process complaints.	0
(2.1) (b) (i) Mediation agreements not related to due process complaints.	0
(2.2) Mediations pending.	0
(2.3) Mediations not held.	0

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTC
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	N/A
(3.1) (a) Written settlement agreements reached through resolution meetings.	N/A
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:

West Virginia

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



United States Department of Education Office of Special Education and Rehabilitative Services

Final Determination Letter

June 18, 2025

Honorable Arvin Singh
Secretary
West Virginia Department of Health
One Davis Square, Suite 100 East
Charleston, WV 25301

Dear Secretary Singh:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that West Virginia meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of West Virginia's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

West Virginia's 2025 determination is based on the data reflected in West Virginia's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for West Virginia 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) West Virginia's Determination.

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Sections 616\(d\) and 642 of the Individuals with Disabilities Education Act in 2025: Part C](#)" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2025, as it did for Part C determinations in 2016-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for West Virginia.) For the 2025 IDEA Part C determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 12. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part C Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations. For 2025, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of West Virginia'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 West Virginia's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that West Virginia is required to take. The actions that West Virginia 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) West Virginia's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the State's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, West Virginia's 2025 determination is Meets Requirements. A State's 2025 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 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. States will not be able to resubmit their IDEA Section 618 data after the due date. The 2024-25 IDEA Section 618 Part C data that States submit will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). Under EDFacts Modernization, States are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, West Virginia 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 West Virginia on the targets in the SPP/APR as soon as practicable, but no later than 120 days after West Virginia's submission of its FFY 2023 SPP/APR. In addition, West Virginia must:

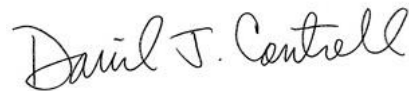
- (1) review EIS program performance against targets in West Virginia's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, West Virginia 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 West Virginia'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 West Virginia's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with West Virginia over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator