

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2024

West Virginia



**PART C DUE**  
**February 2, 2026**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The 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 (WVBTT) in coordination with the WV Governor's Early Intervention Interagency Coordinating Council (ICC).

WVBTT has statute, policy, and procedure in place to identify the requirements of Part C of IDEA and how the requirements are to be assured. These requirements are integrated into the statewide finance, data, comprehensive system of personnel development and monitoring systems. The WVBTT 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. WVBTT utilizes a Central Finance Office (CFO) structure. The CFO maintains the servers which house the child/family data system, EIS provider enrollment, adjudication of Payee claims and submission of WVBTT Online, the Online Claim System (OCS) and the WVBTT Service Directory. The integrated data system provides ongoing program evaluation data at the state and regional level that meets Federal data reporting requirements. WVBTT administers a continuous quality improvement system that includes periodic monitoring reviews through Regional Administrative Unit (RAU) self-assessments, timely response to informal complaints and implementation of procedural safeguards including a state complaint process.

The WVBTT system includes eight Regional Administrative Units (RAUs) with geographic areas of responsibility. 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, including eligibility determination and the development of the Individualized Family Service Plan (IFSP). The RAUs also have interagency responsibilities that include child find; collaboration with other community partners for effective implementation of the Part C system; and linking families to resources including maintaining a central directory of those 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.

WVBTT has approximately 900 EIS providers enrolled in our system across a variety of disciplines. 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 WVBTT system. Enrollment in the system is updated annually. The enrollment agreements used to enroll these professionals include options to disenroll any individual who does not provide services within required policies and procedures. 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 EIS providers 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

WVBTT has a statewide, integrated data system to capture the information needed for the Annual Performance Report and other applicable federal reporting requirements. This data system is the foundation for implementation and evaluation of the early intervention system. This data system is a web-based platform that has been in place since 2015 and includes: management reporting functions at the state and local 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 captures the entirety of a child's early intervention record including early intervention dates and timelines, demographic data, early intervention services, child outcome measurement ratings, and includes an online library of the child's early intervention records.

#### 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.**

WVBTT contracts with 8 RAUs across the state to implement system point of entry functions for the first 45 days post referral. For FFY 2024, all 8 RAUs completed a state developed RAU Self-Assessment Tool utilizing FFY 2023 data 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 30 to allow time for review. Clarification calls are held prior to annual local determinations being made.

WVBTT received technical assistance from a national TA provider with the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) during this period to design a comprehensive periodic monitoring system. Due to the WVBTT system structure, it was important to design a system that the state office would be able to implement efficiently. WVBTT is completing activities to obtain approval from the lead agency to begin implementation of the new periodic monitoring system.

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

For FFY 2024, each of the 8 RAUs were required to review one child record chosen randomly by the State. The State used the WVBT statewide database to select a random child record with an IFSP in FFY 2023. When completing the RAU Self-Assessment Tool, the RAUs used the WVBT online data and electronic child records to review those child's files and gather requested data. 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. 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 FFY2025, each RAU will be required to review five child records.

WVBT received technical assistance from a national TA provider with the Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) during this period to design a comprehensive periodic monitoring system. Due to the WVBT system structure, it was important to design a system that the state office would be able to implement efficiently. WVBT is completing activities to obtain approval from the lead agency to begin implementation of the new periodic monitoring system.

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

All components of WV BTT's integrated data system are used to collect and review data for monitoring and SPP/APR reporting. The components include an electronic child record, an online library of early intervention records, enrollment data of EIS providers, and billing claim data.

WVBT utilizes the reporting functions of the statewide integrated data system to provide data necessary for the SPP/APR and monitoring activities. WVBT utilizes the integrated data system's online library of early intervention records and billing claim data to review and verify data generated from the system's reports. WV BTT 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. WVBT has immediate real time access to all child/family data and electronic child records through this data system.

**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.**

WVBT issues findings by number of instances of noncompliance for both EIS providers and EIS programs. The State issues findings by the EIS program (RAU) if the noncompliance is found within an RAU. WVBT 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).**

WVBT 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 confirms correction of each individual case of identified noncompliance, unless the child was no longer in the jurisdiction of that EIS provider/program. The State confirms data by reviewing child records to ensure the requirement was met, although late. The EIS provider and/or program has to demonstrate 100% compliance with the specific regulatory requirements based on a review of updated data. The review of updated data includes a full month or full quarter of data for the RAU or EIS provider after the original noncompliance occurred. The review of data is 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.**

WVBT does not have any direct pass-through 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. WVBT 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, WVBT 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 WVBT about the EIS program's compliance with IDEA, including any relevant audit findings. The WVBT 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. WVBT 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 data from Indicators 1, 3, 4, 7 and 8 to measure performance and compliance for the local determination. WVBT 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 their annual 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.**

[https://www.wvdhhr.org/birth23/lawandregs/Part\\_c\\_state\\_planWV2025.pdf](https://www.wvdhhr.org/birth23/lawandregs/Part_c_state_planWV2025.pdf)

**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.**

WVBT provides a coordinated system of technical assistance to support EIS providers, service coordinators, 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 to support success in completing Service Directory information, filing claims, documentation, working with teams, etc. TA Specialists maintain a listserv for their geographic regions and provide important updates to all enrolled providers on policy updates, upcoming training and technical assistance opportunities. In addition, TA Specialists meet regularly with the RAUs to provide support in meeting the System Point of Entry and other required responsibilities identified in the RAU Statement of Work.

Targeted technical assistance is provided through multiple Communities of Practice (COP). There are COPs designed specifically for the various disciplines enrolled in WVBT. Each discipline group identifies their specific needs and design strategies to effectively address those needs. Other COPs are targeted to specific topical areas and may include professionals across disciplines. WVBT offers a monthly community of practice that focuses on autism spectrum disorder. The autism community of practice provided opportunities for EIS providers interested in gaining additional information about best practices for families of young children with autism spectrum disorder. A variety of topics were addressed including transition,

sleep, feeding issues, communication strategies, associated health problems and safety. A total of 122 providers attended throughout the year with some individuals attending sessions regularly. Providers represented all disciplines including developmental specialists, service coordinators, speech, physical and occupational therapists, and special educators and BCBA's. Participants gave positive feedback and suggestions for future topics they want to learn more about or would benefit from. This group is planning to offer several sessions in the upcoming year appropriate for families. WVBTT uses other strategies to help professionals stay in touch with the latest information including use of our website, statewide email broadcasts, informational videos and the WVBTT Facebook page. 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.**

WVBTT implements a Comprehensive System of Professional Development (CSPD) that includes personnel standards and competencies, recruitment and retention, and ongoing professional development strategies. WVBTT coordinates professional development activities with other early childhood, state, and community partners as well as higher education pre-service and in-service programs. WVBTT 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 WVBTT 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.

WVBTT 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. WVBTT has purchased Articulate and the Canvas Learning Management System which allows WVBTT to create learning opportunities that are vibrant, engaging, on-demand and inclusive of knowledge or fidelity checks to evaluate the participant's 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. WVBTT now offers 20 different topical trainings in Canvas.

#### **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 WVGEICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

**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 ICC 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 ICC meeting regarding SPP/APR activities and seeks ongoing input throughout the year as improvement strategies are identified and implemented. The broad representation of diverse groups on the ICC, including parents, helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

In the spring of 2025, WVBTT updated the local data reporting format to be easier to read and understood by the public. The new format was presented to the ICC during the June 2025 meeting. The council was offered an opportunity to provide input and offer feedback on the new format in regards to readability. The council provided feedback that the new format was easier to navigate and more organized than the previous version. This new version was used to report FY2023 Local APR data.

**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.**

WVBTT facilitates a monthly SSIP/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 SSIP/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 are 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 for the development and evaluation of the targeted professional development activities.

Each RAU has a Facebook page where they share resources and events. Each RAU also releases a quarterly newsletter designed for families in the program. This year one of the WVBTT Regional TA Specialists has brought Parent Partners together to design a newsletter template with designated sections on parent advocacy and leadership opportunities, parent to parent support and targeted resources. This group has identified foster parents as a population where parent engagement is more difficult due to concerns with confidentiality. They have identified that families with special health care needs or accessibility concerns may also have difficulties attending face-to-face family engagement activities. The group is working on virtual options to bring these families together. WVBTT will continue designing resources to better inform all families of Part C requirements, training opportunities, and how families can be involved as stakeholders in policy development and program planning as this group moves forward with their work over the next year.

#### **Soliciting Public Input:**

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

The ICC meets every other month which provides an avenue for seeking comment on systems improvement activities. In preparation for the release of the APR, WVBTT shares the current year's data, targets, and provides opportunities for input or comment on the targets/progress. WVBTT offers annual Come Grow with Us meetings that focus on APR data and the SSIP to gather input from the field for the evaluation of improvement activities. WV Birth to Three facilitates RAU Director meetings monthly, and a Service Coordinator Community of Practice. These meetings provide opportunities to gather input on improvement activities, answer questions and 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.**

WVBTT posts the final APR on the WVBTT website when determinations are made available by OSEP. The final report includes targets, data analysis, implementation strategies, and evaluation data for the public. WVBTT has an infographic summarizing the results of the APR to assist providers, community partners and the public in easily understanding the data. This 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 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.**

The FY 2023 local data was posted on the WVBTT 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>. A new format was used to report local APR data for FY 2023. This new version was created to make the local APR data easier to read and understand for the public.

WVBTT posts a copy of the previous FFY APR on the WVBTT website within 30 days of receiving the final APR with determination and letter. WVBTT an infographic summarizing the results of the APR to assist providers, community partners and the public in easily understanding the data. This infographic is posted on the WVBTT website along with the final APR. These can be found at: <https://www.wvdhhr.org/birth23/lawandregs.asp>

### **Intro - Prior FFY Required Actions**

None

### **Intro - OSEP Response**

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

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.30%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	98.55%	99.63%	97.86%	90.80%	93.11%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
241	341	93.11%	100%	91.79%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Slippage in this indicator can be attributed to a service coordination shortage in one EIS program during FY 2024. Timely service coordination was unable to occur for several children found eligible during June of 2025 in this EIS program due to the shortage.

**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.*

72

**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 cancellations due to family illness/emergencies and family out of town.

Other Reasons: EIS provider cancellations due to illness or family emergencies, EIS providers not scheduling with parent timely, EIS providers availability/Scheduling conflicts, limited EIS provider availability for families, Overwhelming EIS provider caseloads, and limited EIS providers for face to face in EIS program.

**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 June 2025 were included in this measurement. This data was collected from the statewide data system in November 2025 and finalized during the month of January 2026.

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

A report for the month of June 2025 was pulled from the statewide data system in November 2025. 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 2024. All IFSP's with new services starting in the month of June 2025 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 2023**

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

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

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was 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. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine of a late service occurred or if the child is no longer in the jurisdiction of the EIS provider. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely service reports from the statewide data system for each of the EIS providers with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider was providing timely service for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBTT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBTT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBTT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers were confirmed to be providing 100% timely service for the children on their caseload in a future time period or were no longer an EIS provider in WV at the time the noncompliance was identified. This was completed within 90 days of identification of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**1 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was 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. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if a late service occurred or if the child is no longer in the jurisdiction of the EIS provider. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely service reports from the statewide data system for each of the EIS providers with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider was providing timely service for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers were confirmed to be providing 100% timely service for the children on their caseload in a future time period or were no longer an EIS provider in WV at the time the noncompliance was identified. 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, 2024- June 30, 2025). 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.58%

FFY	2019	2020	2021	2022	2023
Target>=	99.00%	99.90%	99.90%	99.90%	99.90%
Data	100.00%	100.00%	100.00%	100.00%	100.00%

### Targets

FFY	2024	2025
Target >=	99.90%	99.90%

### Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,308
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	4,308

### FFY 2024 SPPI/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,308	4,308	100.00%	99.90%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

YES

#### Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

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

Aggregated Performance Data

#### Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2019	Target>=	61.80%	61.80%	64.14%	64.14%	64.15%
A1	64.15%	Data	64.15%	65.63%	66.69%	68.08%	67.08%
A1 ALL	2019	Target>=	61.00%	61.80%	64.14%	64.14%	64.15%
A1 ALL	64.14%	Data	64.14%	65.75%	66.67%	68.03%	67.09%
A2	2019	Target>=	65.00%	64.30%	62.37%	62.37%	62.37%
A2	62.37%	Data	62.37%	62.36%	63.94%	64.81%	64.30%
A2 ALL	2019	Target>=	65.00%	64.30%	62.79%	62.79%	62.79%
A2 ALL	62.79%	Data	62.79%	63.03%	64.28%	65.08%	64.59%
B1	2019	Target>=	72.00%	71.30%	74.10%	74.10%	74.10%
B1	74.10%	Data	74.10%	72.87%	77.18%	78.24%	77.69%
B1 ALL	2019	Target>=	72.00%	71.30%	74.11%	74.11%	74.11%
B1 ALL	74.11%	Data	74.11%	72.77%	77.13%	78.14%	77.57%
B2	2019	Target>=	49.00%	48.00%	52.21%	52.21%	52.21%
B2	52.21%	Data	52.21%	48.77%	53.56%	55.73%	55.57%
B2 ALL	2019	Target>=	49.00%	49.00%	52.83%	52.83%	52.83%
B2 ALL	52.83%	Data	52.83%	49.49%	54.11%	55.98%	55.93%
C1	2019	Target>=	72.00%	72.00%	76.96%	76.96%	76.96%
C1	76.96%	Data	76.96%	76.58%	78.49%	79.03%	79.01%
C1 ALL	2019	Target>=	72.00%	72.00%	77.00%	77.00%	77.00%
C1 ALL	77.00%	Data	77.00%	76.64%	78.40%	78.87%	78.91%
C2	2019	Target>=	64.00%	62.90%	64.45%	64.45%	64.45%
C2	64.45%	Data	64.45%	60.37%	63.51%	64.19%	64.45%
C2 ALL	2019	Target>=	64.00%	63.50%	64.72%	64.72%	64.72%
C2 ALL	64.72%	Data	64.72%	60.90%	63.78%	64.30%	64.62%

#### Targets

FFY	2024	2025
Target A1 >=	64.15%	64.16%

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

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
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	658	21.72%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	381	12.58%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,014	33.48%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	974	32.16%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
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	661	21.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	381	12.41%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,020	33.24%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,005	32.75%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
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	1,395	2,055	67.08%	64.15%	67.88%	Met target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	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	1,988	3,029	64.30%	62.37%	65.63%	Met target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,401	2,064	67.09%	64.15%	67.88%	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	2,025	3,069	64.59%	62.79%	65.98%	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	563	18.56%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	758	24.99%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,294	42.66%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	415	13.68%

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	565	18.39%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	759	24.70%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,302	42.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	444	14.45%

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,052	2,618	77.69%	74.10%	78.38%	Met target	No Slippage

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
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	1,709	3,033	55.57%	52.21%	56.35%	Met target	No Slippage

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
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	2,061	2,629	77.57%	74.11%	78.39%	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	1,746	3,073	55.93%	52.83%	56.82%	Met target	No Slippage

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
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	528	17.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	533	17.61%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,550	51.21%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	414	13.68%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
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	532	17.35%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	535	17.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,565	51.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	433	14.12%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2023 Data</b>	<b>FFY 2024 Target</b>	<b>FFY 2024 Data</b>	<b>Status</b>	<b>Slippage</b>
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	2,083	2,613	79.01%	76.96%	79.72%	Met target	No Slippage

Not including at-risk infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	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	1,964	3,027	64.45%	64.45%	64.88%	Met target	No Slippage

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,100	2,634	78.91%	77.00%	79.73%	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	1,998	3,067	64.62%	64.72%	65.15%	Met target	No Slippage

**FFY 2024 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	4,092
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.	979
Number of infants and toddlers with IFSPs assessed.	3,113

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.**

WV 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 3,113 children for this indicator. In Outcome A, the state determined that there were 3,069 children with complete entry and exit COS data available for Outcome A. There were 44 children with incomplete data who could not be included in the denominator for Outcome A. There were 3,073 children with complete COS data for Outcome B. There were 40 children with incomplete data in Outcome B who could not be included in the denominator. There were 3,067 children with complete COS data for Outcome C. There were 46 children with incomplete data for Outcome C who could not be included in the denominator. The children with incomplete data in each of these outcomes had to be excluded because their progress category could not be determined. WV does serve an At Risk population of eligible children under Part C. The state determined that there were 41 children assessed in the aggregated performance measurement that were eligible under the At Risk category only for FY 2024.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

### 3 - Required Actions

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target>=	97.00%	85.00%	85.00%	85.00%	85.00%
A	85.00%	Data	97.24%	85.00%	88.83%	91.54%	91.64%
B	2020	Target>=	96.00%	85.19%	85.19%	85.19%	85.19%
B	85.19%	Data	96.73%	85.19%	93.12%	92.88%	94.21%
C	2020	Target>=	96.00%	84.81%	84.81%	84.81%	84.81%
C	84.81%	Data	96.98%	84.81%	91.69%	92.33%	92.65%

**Targets**

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

**Targets: Description of Stakeholder Input**

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

**FFY 2024 SPP/APR Data**

The number of families to whom surveys were distributed	2,105
Number of respondent families participating in Part C	302
Survey Response Rate	14.35%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	283
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	301
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	290
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	301
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	287
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	302

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.64%	85.00%	94.02%	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)	94.21%	85.19%	96.35%	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)	92.65%	84.81%	95.03%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES

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

**Response Rate**

FFY	2023	2024
Survey Response Rate	17.97%	14.35%

**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 2024. 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 and the Native Hawaiian/Other Pacific Islander but since the population of those infants and toddlers in WV receiving services is less than 1%, WV does not consider this underrepresented using the +/-2% metric. The American Indian/Alaska Native Population did have 1 response under the Two or More races category and was represented there in the survey responses.

Aggregate Child Count Population FY 2024

Race/Ethnicity of Child - Percent of Total

Hispanic – 2.56%

Not Hispanic/American Indian/Alaska Native - 0.11%

Not Hispanic/Asian - 0.79%

Not Hispanic/Black/African American – 3.83%

Not Hispanic/Native Hawaiian/Other Pacific Isle - 0.23%

Not Hispanic/Two or more Races – 6.10%

Not Hispanic/White– 86.38%

Survey Responses

Race/Ethnicity of child - Percent of Total

Hispanic – 1.99%

Not Hispanic/American Indian/Alaska Native - 0%

Not Hispanic/Asian – 1.66%

Not Hispanic/Black/African American – 4.30%

Not Hispanic/Native Hawaiian/Other Pacific Isle - 0%

Not Hispanic/Two or more Races – 5.96%

Not Hispanic/White – 86.09%

WV used geographic location (pre-established WVBTT regions) as the second demographic to determine representativeness. WV identified one of the eight geographic locations underrepresented in the data using the metric of +/-2%. Region #7 Mountain Heart was identified to have a greater than -2% difference in the representativeness of the survey respondent population. All other geographic regions were within the -2% metric and represented in the survey responses.

Aggregate Child Count Population FY 2024

Geographic Location of child - Percent of Total

Region #1 Catholic Community Services -20.40%

Region #2 The ARC of Mid-Ohio Valley –10.27%

Region #3 River Valley CDS East – 13.06%

Region #4 River Valley CDS West – 17.88%

Region #5 Mountain Heart – 6.99%

Region #6 Mountain Heart – 4.67%

Region #7 Mountain Heart – 12.94%

Region #8 RESA 8 – EPIC – 13.79%

## Survey Responses

Geographic Location of child – Percentage of Total

Region #1 Catholic Community Services – 21.19%

Region #2 The ARC of Mid-Ohio Valley – 8.94%

Region #3 River Valley CDS East – 15.89%

Region #4 River Valley CDS West – 19.87%

Region #5 Mountain Heart – 5.96%

Region #6 Mountain Heart – 2.98%

Region #7 Mountain Heart – 10.60%

Region #8 RESA 8 – EPIC – 14.57%

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

**NO**

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

It was identified that region #7 was underrepresented in the survey responses. WV will prioritize this region for follow up phone calls to encourage responses to be completed in the region.

**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 3% from the previous FY. 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. The percentage of surveys completed online increases from last year to this year from 12% to 17.8%. The second method was a partnership with a Spanish interpreter to facilitate phone call follow ups with Spanish speaking families. In FY2024, the state was unable to partner with a Spanish interpreter for these phone call follow up surveys like originally planned but was able to ensure that Spanish survey was mailed to any Spanish speaking families during this FY. 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 57 additional responses from parents using this phone call completion method this FY, which was 19% 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 Sessions. During these sessions the state encouraged local providers to talk with parents about the importance of the Family Outcome Survey and remind parents to respond when the survey is received. Local EI Programs and 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 WVBT 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 and non-responses for nonresponse bias. The state 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 nonrespondents compared to respondents, the state determines there is nonresponse bias in that population.

WV identified that there was a 0% response rate from two populations: the American Indian/Alaska Native population and the Native Hawaiian/Other Pacific Islander population. Given the population of these groups in FY 2024 is less than 0.5% – 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 nonrespondents in this population as there are respondents (<0.5%). 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 a lower response rate among the Hispanic population but not more than -4% metric used. The population of nonrespondents versus respondents were not different in both demographics: race/ethnicity and geographic location. A lower response rate alone for the Hispanic population is 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).**

Families continue to respond with personal testimonies of the WV Birth to Three program. Families are appreciative of the services we provide and that is seen through their testimonies:

"Our experience was absolutely amazing. I will forever be grateful for our team."

"Birth to three was extremely beneficial for my child. I'm so glad we were able to get these services. All of the therapists and people we worked with were wonderful!! I really appreciated that they could come to her daycare to work with her. I will recommend birth to three to anyone whose child is having difficulties or delays."

"BTT was an excellent resource for my child who was behind in several areas. The team was always very positive in guiding us all toward a common goal and meeting those goals!"

"WV Birth to Three was extraordinary! I can't say enough good things about them!"

"I truly can't express how thankful I am for birth to three program! We had the best people, they were so good with my son! He loved seeing them every time they came! He just needed the little push to help him through his delay and they did just that!"

#### **4 - Prior FFY 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.

**Response to actions required in FFY 2023 SPP/APR**

#### **4 - OSEP Response**

#### **4 - Required Actions**

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

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	1.98%

FFY	2019	2020	2021	2022	2023
Target >=	2.50%	2.58%	2.58%	2.58%	2.58%
Data	3.42%	3.16%	3.74%	3.69%	3.73%

### Targets

FFY	2024	2025
Target >=	2.58%	2.58%

### Targets: Description of Stakeholder Input

The WVGEICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	645
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	16,528

### FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
645	16,528	3.73%	2.58%	3.90%	Met target	No Slippage

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

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

West Virginia Part C ranks 4th 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

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	4.09%

FFY	2019	2020	2021	2022	2023
Target >=	5.00%	5.04%	5.04%	5.04%	5.04%
Data	7.23%	6.80%	7.91%	8.51%	8.55%

#### Targets

FFY	2024	2025
Target >=	5.04%	5.04%

#### Targets: Description of Stakeholder Input

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

#### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	4,308
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	50,641

#### FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,308	50,641	8.55%	5.04%	8.51%	Met target	No Slippage

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

**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 2024 was 8,346. 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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	93.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.25%	99.23%	98.81%	98.05%	96.99%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
213	382	96.99%	100%	97.38%	Did not meet target	No Slippage

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

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

159

**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: RAU schedules full and unable to schedule timely, turnover in RAU staff, shortage in EIS providers available to complete evaluations, EIS providers on vacation and out of town, and canceled appointments by RAU staff for personal circumstances.

**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 June 2025. The data was collected from the statewide data system in November 2025. The data was finalized in January 2026.

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

A report for the month of June 2025 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 2024. All IFSPs completed in the month of June 2025 were assessed and this data included IFSP's from all Regional Administrative Units in WV.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

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

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received a late IFSP from the EIS program or (2) the child was no longer in the jurisdiction of the EIS Program. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if a late IFSP occurred or if the child is no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely IFSP reports from the statewide data system for each of the EIS programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS program was providing timely IFSPs for 100% of their children for a span of 30 consecutive days. All EIS programs were confirmed to be providing 100% timely IFSPs for the children referred to them in a future time period. This was completed within 90 days of identification of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**7 - Prior FFY Required Actions**

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

State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### **Response to actions required in FFY 2023 SPP/APR**

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received a late IFSP from the EIS program or (2) the child was no longer in the jurisdiction of the EIS Program. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if a late IFSP occurred or if the child is no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely IFSP reports from the statewide data system for each of the EIS programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS program was providing timely IFSPs for 100% of their children for a span of 30 consecutive days. All EIS programs were confirmed to be providing 100% timely IFSPs for the children referred to them 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, 2024- June 30, 2025). 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 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 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 =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right]$  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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	100.00%	99.40%	97.98%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
170	170	97.98%	100%	100.00%	Met target	No Slippage

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

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

0

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

Not Applicable

**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 exiting the program in June 2025 who were required to have transition steps and services developed on their IFSP. The data was collected from the statewide data system in December 2025 and finalized in January 2026.

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

A report for the month of June 2025 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 2024. All potentially eligible toddlers exiting in June 2025 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 2023**

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

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

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received late transition services from the EIS provider or (2) the child was no longer in the jurisdiction of the EIS provider. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if late transition services occurred or if the child is no longer in the jurisdiction of the EIS provider. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely transition service reports from the statewide data system for each of the EIS providers with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider was providing timely transition services for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBTT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBTT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBTT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers were confirmed to be providing 100% timely transition services for the children on their caseload in a future time period or were no longer an EIS provider in WV at the time the noncompliance was identified. This was completed within 90 days of identification of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**8A - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received late transition services from the EIS provider or (2) the child was no longer in the jurisdiction of the EIS provider. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if late transition services occurred or if the child is no longer in the jurisdiction of the EIS provider. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely transition service reports from the statewide data system for each of the EIS providers with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider was providing timely transition services for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBTT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBTT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBTT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers were confirmed to be providing 100% timely transition services for the children on their caseload in a future time period or were no longer an EIS provider in WV at the time the noncompliance was identified. This was completed within 90 days of identification of noncompliance.

**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, 2024- June 30, 2025). 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**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.89%	99.33%	99.36%	99.08%	99.36%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,129	2,144	99.36%	100%	99.30%	Did not meet target	No Slippage

**Number of parents who opted out**

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

0

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

14 of the 15 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 WVEIS 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.

There was 1 isolated during this time period who did not have a timely notification sent to the county school system by fault of the state office. When a child has an IFSP more than 150 days before their 3rd birthday the state office has a reporting process for those children at the state level. During this time period there was 1 child for whom this state reporting process missed due to a clerical error in the state database.

**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 agency (LEA) 6 months prior to the child's third birthday and an electronic monthly report of child notifications to the State Department of Education (SEA). 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 SEA. 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 data includes all children exiting the program for the full reporting period who were required to have a notification to their respective LEA and SEA: July 1 2024 through June 30 2025. The data were collected from the statewide data system and the WVEIS data system in December 2025 and finalized in January 2026.

**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 2023**

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

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

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state’s integrated data system to ensure (1) the child received a late transition notification from the EIS program or (2) the child was no longer in the jurisdiction of the EIS program. The child specific case was reviewed through the original WVEIS online report to determine if a late notification occurred or reviewed the child record to determine if the child is no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely notification reports from the statewide data system for each of the EIS programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS program provided timely transition notifications for 100% of their children for a span of 90 consecutive days. All EIS programs were confirmed to be providing 100% timely transition notifications for children in a future time period. This was completed within 90 days of identification of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**8B - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state’s integrated data system to ensure (1) the child received a late transition notification from the EIS program or (2) the child was no longer in the jurisdiction of the EIS program. The child specific case was reviewed through the original WVEIS online report to determine if a late notification occurred or reviewed the child record to determine if the child is no longer in the jurisdiction of the EIS program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely notification reports from the statewide data system for each of the EIS programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS program provided timely transition notifications for 100% of their children for a span of 90 consecutive days. All EIS programs were confirmed to be providing 100% timely transition notifications for children in a future time period. This was completed within 90 days of identification of noncompliance.

**8B - 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, 2024- June 30, 2025). 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.

**8B - Required Actions**

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

State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C at age 3}} \right]$  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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.39%	99.04%	98.06%	96.20%	95.74%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
150	170	95.74%	100%	100.00%	Met 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.

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**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.

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

Exceptional Family Circumstances: difficulty staying in contact with parent to schedule timely, parents not showing up for scheduled meetings, family emergencies, family illness, parent originally declining meeting but later deciding to have one, families wanting to wait because of family circumstances, and extreme weather conditions (flooding).

**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 exiting the program in June 2025 who were required to have a transition conference completed prior to their third birthday. The data were collected from the statewide data system in December 2025 and the data was finalized in January 2026.

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

A report for the month of June 2025 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 2024. All potentially eligible toddlers exiting in June 2025 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 2023**

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

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

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received a late transition conference from the EIS provider/program or (2) the child was no longer in the jurisdiction of the EIS provider/program. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if a late transition conference occurred or if the child is no longer in the jurisdiction of the EIS provider/program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely transition conference reports from the statewide data system for each of the EIS providers or programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider or program was providing timely transition conferences for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers and/or programs were confirmed to be providing 100% timely transition conferences for the children on their caseload in a future time period or were no longer an EIS provider in WV by reviewing their disenrollment dates. This was completed within 90 days of identification of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**8C - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

WV did not issue any findings of noncompliance in FFY 2023. WV allows for pre-finding corrections for any noncompliance identified through the Annual Performance Report (APR) data. WV ensured every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The state also ensured every EIS provider/program with confirmed noncompliance was correctly implementing the specific regulatory requirements through a review of updated data prior to issuing a finding.

Each child specific case of noncompliance identified in FFY 2023, was reviewed through the state's integrated data system to ensure (1) the child received a late transition conference from the EIS provider/program or (2) the child was no longer in the jurisdiction of the EIS provider/program. The child specific case was reviewed either through the original indicator report or an electronic child record review to determine if a late transition conference occurred or if the child is no longer in the jurisdiction of the EIS provider/program. This was completed within 90 days of the identification of noncompliance. The state generated new individual timely transition conference reports from the statewide data system for each of the EIS providers or programs with child specific noncompliance for a future time period. Each report was reviewed to ensure the EIS provider or program was providing timely transition conferences for 100% of their children for a span of 30 consecutive days. In cases where an EIS provider is no longer enrolled to provide services in WVBT, the state reviews enrollment data to ensure the EIS provider is no longer active in the WVBT EIS provider system. The state cannot issue findings to disenrolled EIS providers since they are no longer available in the WVBT system, nor can the state review updated data because there were no children receiving services from these EIS providers at the time the noncompliance was identified. All EIS providers and/or programs were confirmed to be providing 100% timely transition conferences for the children on their caseload in a future time period or were no longer an EIS provider in WV by reviewing their disenrollment dates. This was completed within 90 days of identification of noncompliance.

**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, 2024- June 30, 2025). 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**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

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 2023 SPP/APR**

### 9 - OSEP Response

OSEP notes that this indicator is not applicable.

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

Percent =  $[(2.1(a)(i) + 2.1(b)(i)) \text{ divided by } 2.1] \text{ times } 100.$

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1 Mediations held	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.a.i Mediations agreements related to due process complaints	0
SY 2024-25 IDEA Part C Dispute Resolution - Mediation Requests (EDFacts file spec FS907; Data group 5030)	11/19/2025	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

The WVGEICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

#### Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=	.00%				
Data					

#### Targets

FFY	2024	2025
Target>=		

**FFY 2024 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
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 2024. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

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

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

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](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	2024	2025
Target	Data must be greater than or equal to the target	62.72%	63.18%

**FFY 2024 SPP/APR Data**

The numerator equals the 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	total number of children who entered the program below age expectations in Outcome 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,401	2,064	67.09%	62.72%	67.88%	Met target	No Slippage

**Provide the data source for the FFY 2024 data.**

The data source for the SiMR's numerator and denominator is FFY 2024 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\\_2024.pdf](https://www.wvdhhr.org/birth23/lawandregs/WVBTT_SSIP_Evaluation_Plan_2024.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.**

In August of 2024, WVBTT released enhancements to the WVBTT Service Directory. Families and EIS providers may now search by availability type (face to face, virtual, face to face and virtual and not available) and availability days (specific days of the week). The Service Directory has been modified to recognize years of experience in Part C and speciality training identified by WVBTT as important evidence based practices. The bio section of the Service Directory has been modified as "Information About Me". In the Specialty Training section, WVBTT acknowledges individuals who have completed the Ages & Stages Questionnaires: Social-Emotional, 2nd Edition, Social-Emotional Assessment Measure, Pyramid Model for Promoting Infant-Toddler Social Emotional Development, and the Early Start Denver Model training to assist families and teams in knowing who has additional training and experience in promoting social emotional development.

In the fall of 2024, WVBTT released data dashboards to the RAU which allow each RAU to have real time data to track referrals through the first 45 days. The RAU may track by region, county, interim service coordinator to ensure all children referred move through the eligibility process smoothly to access needed services.

WVBTT consulted with a representative of two national technical assistance centers to redesign the periodic monitoring requirement of the CQI/Monitoring system to ensure infant and toddlers and their families are receiving services as per their IFSP and families are seeing progress in child development and child/family outcomes.

During this period, WVBTT released several new and updated professional development trainings to support the state's social emotional development priority.

A new online Child Outcome Summary (COS) process training, adapted for WVBTT from the Early Childhood Technical Assistance Center's COS training, was released in September 2024. The training supports the state's social emotional priority by improving EIS providers' use of the COS process and rating tool to evaluate infants' and toddlers' social relationships and emotional regulation within daily activities.

Supporting the Transition from WVBTT was converted to an online training in Canvas in February 2025 to increase access and consistency statewide. This training supports the state's social emotional priority by helping EIS providers and families plan transitions that support children's emotional well-being, relationships and sense of security during changes in services and environments.

In March 2025, the Communication Matrix was made available as an online training in Canvas. The training supports the state's social emotional priority by improving understanding of how infants and toddlers communicate emotions, supporting responsive interactions and positive social relationships. Seizure Disorders and Autism Spectrum Disorder was previously offered as a live webinar and in February 2025 the recording of the webinar was made available as an online course in Canvas. The training supports the state's social emotional priority by improving EIS provider understanding of how these conditions may impact emotional regulation, communication and social interaction in children.

**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.**

Accountability/Monitoring

In the short-term, the implementation of the RAU data dashboards provides ease of access to real time data for monitoring the movement of referrals to intake, evaluation/assessment, and IFSP. Since the data can be viewed by referral source and interim service coordinator, challenges can be identified more quickly and solutions found to ensure all families have timely access to early intervention services, if eligible. An anticipated intermediate outcome is the RAU will use data to inform personnel, training and technical assistance decisions in their role as the system point of entry.

In the short-term, the efforts to redesign the CQI/monitoring system in meeting all general supervision requirements has made EIS providers better informed of WVBTT general supervision responsibilities. EIS providers are more responsive when data or other information is needed by the state office for monitoring activities or federal reporting.

#### Professional Development/Technical Assistance

In the short-term, the enhancements to the Service Directory assists families in the selection of evaluation/assessment and IFSP team members who have the training and expertise to address concerns with their child's social emotional development. Ultimately, if families are connected to professionals who have the knowledge and skills to assist them in promoting their child's social emotional development, positive child and family outcomes will continue to be seen in the state's COS and family survey data.

In the short-term, the release of the revised COS training in a self-paced course will provide easier access to high quality information and resources to support the completion of child outcome summary data accurately to ultimately improve the quality of COS data. The release of additional training and technical assistance opportunities related to social emotional development allows EIS providers ways to meet their individual professional development needs.

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

YES

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

The WV Department of Health (Bureau for Public Health/Office of Maternal, Child and Family Health/WVBTT) worked in collaboration with the WV Department of Human Services (Bureau for Medical Services) to implement a process to ensure WVBTT was meeting National Provider Identification Number (NPI) requirements to continued access to Medicaid for covering early intervention services for Medicaid eligible children. Medicaid eligible children are at a significantly higher risk of developmental delay and chronic health conditions. The partnership with Medicaid is essential for the infants and toddlers we serve due to the demographics of our state.

#### Finance-

Short Term outcomes achieved - minimal disruption in access to funding for Medicaid eligible children, increased understanding across all partners of early intervention services and a demonstrated commitment by WVBTT in meeting Medicaid requirements for the provision of services.

Intermediate outcomes achieved- Continued access to Medicaid for the provision of WVBTT Part C service

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

WVBTT continues to partner with the WV Bureau for Medical Services as new direct service providers/service coordinators enroll in the system to ensure NPI are obtained to meet Medicaid requirements.

WVBTT will continue to support the RAU's in the use of the data dashboards for program planning and evaluation.

WVBTT will be increasing the numbers of records reviewed by the RAU through the RAU Self- Assessment to five per region to increase representativeness.

WVBTT will continue to redesign a statewide periodic monitoring cycle with national technical assistance.

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

ASQ Social Emotional Questionnaire- 2nd Edition

Early Start Denver Model (ESDM)

Pyramid Model for Promoting Infant and Toddler Social Emotional Development

Family Guided Routines Based Interventions (FGRBI)

Motivational Interviewing (MI)

The Social-Emotional Assessment/Evaluation Measure (SEAM)

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

The ASQ SE-2 is a social emotional screening tool utilized for the early identification of young children who may be experiencing risk factors for or developmental delay in their social emotional skills. The tool has embedded questions that support earlier identification of children on the autism spectrum.

The Early Start Denver Model (ESDM) 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. WVBTT is also utilizing the Help Is in Your Hands curriculum in conjunction with the EDSM 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 (FGRBI) 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 collaborative, person-centered communication approach that helps individuals explore their own goals and strengthens their motivation and confidence to make meaningful changes. Motivational Interviewing provides a way of communicating that helps families explore their own priorities and builds their motivation and confidence to make decisions that support their child and daily life.

The Social-Emotional Assessment/Evaluation Measure (SEAM) is an assessment that focuses exclusively on social-emotional and behavioral development in young children and provides meaningful insights to caregivers and families.

**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.**

ASQ:SE-2-Seven developmental specialists completed the ASQ:SE -2 cohort during this reporting period. All participants reported increased knowledge and confidence in supporting social-emotional development and indicated they will continue to use the ASQ:SE-2 in practice. Feedback indicates the tool strengthened family engagement, supported meaningful conversations about social-emotional development, and contributed to earlier identification.

SEAM -The SEAM training cohort was revised to align with the ASQ:SE-2 cohort process, and ten practitioners from multiple disciplines completed the training. All participants reported increased knowledge and confidence in supporting social-emotional development and indicated they will continue to use the SEAM in practice. Participants reported the SEAM supported alignment with other assessment tools, facilitated deeper family conversations, and informed evaluation and assessment practices.

Early Start Denver Model Project (ESDM) - 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, a fifth cohort, including one occupational therapist, three developmental specialists, and two speech language pathologists, was completed. Of the six EIS providers, three completed the full course. During the ESDM training, the EIS providers met 10 times over eight months with coaches during community of practice calls, completed readings and activities between calls and videotaped themselves working with families. Materials for the training were centralized to Canvas 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. The EIS providers who completed the training each identified a family on their caseload with a child diagnosed with autism spectrum disorder to provide ESDM parent coaching. The ESDM mentors reported that by using Canvas, there were no issues with participants uploading videos. They also reported that the participants asked good questions throughout the cohort time, were engaged during the communities of practice and were able to implement ESDM strategies.

In addition to the ESDM project.

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 EIS providers 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. During this period, the Pyramid Model Courses transitioned to self-paced and were modified to allow participants to select the courses that are of interest to them. The first course was released in February 2025, the second course in April 2025 and the third course was finalized in June 2025. During this period, four participants completed the first course - one interim service coordinator, one developmental specialist, one occupational therapist and one physical therapist. During this period, two participants completed the second course - one interim service coordinator and one physical therapist. As the courses have been available for over a decade, WVBTT has seen a decrease in interest in the course.

Family Guided Routines Based Intervention (FGRBI) - 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 EIS providers and service coordinators. The COP series must be completed by the end of the second year of practice for EIS providers. During this period, 162 participants registered for the overview course and 123 completed it, and 89 participants completed the entire course series, with some having begun the coursework prior to this timeframe. Participant feedback indicated that the training supported increased access to practical resources, a clearer understanding of family-centered service delivery, greater confidence in data collection and outcome writing, and a more clearly defined model for interactions with families. Opportunities to connect with colleagues, receive instructor feedback, engage in live discussions, and view video examples were viewed as particularly beneficial in supporting real-world application. Participants also reported experiencing shifts in mindset related to service delivery, including focusing visits on family priorities rather than provider-driven goals. Areas for improvement centered on requests for more specific strategies to engage families, discipline-specific examples, concise assignments, additional video examples, clearer expectations, and more flexibility in course delivery. Overall successes during this period included continued participation across EIS provider roles, increased engagement among technical assistant specialists in COPs, and the use of survey and focus group feedback to guide updates to course materials and engagement strategies.

Motivational Interviewing (MI) - This evidence-based practice was selected to enhance EIS providers skills in engaging families. During the first half of the reporting period, motivational interviewing training for EIS providers was offered once, with 6 EIS providers completing and the training for service coordinators was offered twice, with 10 service coordinators completing. During this time, the team also focused on revising the training content to increase relevance for early intervention practice. In January 2025, an updated combined MI training for both service coordinators and EIS providers

was released. This combined format was offered twice during the reporting period and was completed by 18 participants. WVBTT continued to offer Motivational Interviewing Practice Sessions, holding weekly sessions during the first half of the year and transitioning to twice-monthly sessions thereafter. Team leaders reported consistent training delivery, strong participant engagement, and positive feedback regarding the interactive components of the training. The revised curriculum incorporated a scripted demonstration tailored specifically to early intervention and additional MI skills such as the Ask–Offer–Ask approach to support family engagement during coaching.

**Building Resilience Trainings** – Due to the high rate of substance use disorders in WV, a group of content experts and interested EIS providers met throughout this period. The group looked at research on substance exposed infants and ways to support EIS providers in the state on supporting families impacted by substance use. During the second half of the reporting period, the group made plans for upcoming trainings and how to provide information to EIS providers during Neonatal Abstinence Awareness Month.

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

Data collection for the ASQ SE project: Each participant is required to provide data on an Excel Spreadsheet on how implementation is going with use of the ASQ- SE in assessment, completion of the child outcome summary form, and design of IFSP, submission of two redacted Intakes or assessment reports, and training evaluations at the end of the initial training and each community of practice. A Survey monkey is completed at the end of the project and six months later for Social Validity Data.

Data collection for the ESDM project: ESDM fidelity tool, submission of two or more video clips of EIS providers coaching families, training evaluations, feedback from a small focus group and Survey Monkey completed at the end of the cohort by participating parents and EIS providers for Social Validity data.

Data collection for the Pyramid Model: Discussion boards, reflection prompts, submission of positive behavior support plan, and 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 the SEAM: 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...

**Agencies and Stage Questionnaire:** The WV Birth to Three Professional Development Team has recommended continued training of Developmental Specialists on the ASQ: SE-2.

**ESDM:** The WV Birth to Three Professional Development Team has recommended the state look at options for the next ESDM cohort such as using a national presenter to lead a cohort.

**Pyramid Model:** The WV Birth to Three Professional Development Team will continue to monitor the courses using end of course surveys to determine if edits or changes are needed to the training content.

**FGRBI:** The WV Birth to Three Professional Development Team has recommended, the FGRBI team continue to explore embedding additional content tailored to the varied settings in which EIS providers work, including early care environments, and to continue dialogue and action planning related to scale-up, differentiated supports and fidelity of implementation.

**Motivational Interviewing:** The WV Birth to Three Professional Development Team has recommended the team continue to look at ways to market the training and weekly practices to increase participation and work to create or locate demonstration videos or scripts.

**Social Emotional Assessment Measure:** The WV Birth to Three Professional Development Team has recommended continued training of EIS providers on the SEAM.

**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.**

West Virginia continues to experience a high rate of poverty, child abuse and neglect and parents who have substance use concerns. Social emotional development continues to be a priority for the program. Child outcome summary data from FY 2023 supports continued positive social emotional outcomes for children receiving WVBTT services.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

The WVGEIICC (ICC) served as the primary interest-holders for the development of the FFY 2024 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 such as Head Start, 619 preschool, Childcare, Home Visitation, Help Me Grow WV and Parent Educator Resource Centers. The ICC also includes many advocacy groups that bring forward thought and collaboration including Developmental Disabilities Council (DDC), Disability Rights, and the WV Parent Training and Information (WVPTI).

In the fall of 2024, WVBTT offered in person regional Come Grow with Us sessions with RAU staff and enrolled EIS providers. During these sessions, WVBTT provided an overview of the Annual Performance Report (APR), State Systemic Improvement Plan activities and the program's annual determination. Each region's local APR data was shared in each session and regional RAU staff and local EIS providers were given an opportunity to ask questions and better understand their local data and how they compared to the state's overall data. Each region had an opportunity to propose activities that might assist the region in addressing any concerns identified through the analysis and discussions.

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

During the CGWU sessions in the fall of 2024, WVBTT state staff took the opportunity to engage local EIS providers and RAU staff in conversations about their local child outcomes data and how it reflects the services being provided in their region. The local providers had an opportunity to practice reviewing their child outcomes data from the local data report and determining if their region's data was meeting the state targets set for child outcomes data. The WVBTT state staff specifically targeted the SiMR measurement in Indicator 3 and took the opportunity to connect it to the work WV has been doing with Social Emotional development and local LIT groups under the SSIP.

During this reporting period, WVBTT established a new SSIP implementation team: Promoting Positive Interactions and Relationships to engage stakeholders in key improvement efforts surrounding supporting social emotional development. The team includes state and regional staff, EIS providers across disciplines, and partners from home visitation, infant/toddler mental health and child care. Stakeholders meet regularly to review information, identify challenges and work together to support professional development opportunities and other improvements that promote the state's focus on social emotional development.

WVBTT now requires each RAU to have in place a Local Implementation Leadership Team (LIT) as part of their grant as the WVBTT System Point of Entry. Membership must include representatives of professionals practicing within the region, RAU staff and the RAU Parent Partner. The LIT teams are encouraged to use local data including child and family outcome data to inform decisions on improvement strategies for their regions. The RAU reports on the activities of the LIT on a quarterly basis.

At the June WVGEIICC Retreat, WVBTT requested the ICC create five committees to assist in review of policy in the areas of service coordination, assistive technology, services in child care, family cost participation and family engagement. A parent is either the chair or co-chair on each of these committees and will be supported by the director of the ICC to successfully participate.

WVBTT now requires each RAU to have in place a Local Implementation Leadership Team (LIT) as part of their grant as the WVBTT System Point of Entry. Membership must include representatives of professionals practicing within the region, RAU staff and the RAU Parent Partner. The LIT teams are encouraged to use local data including child and family outcome data to inform decisions on improvement strategies for their regions. The RAU reports to the state office on the activities of the LIT on a quarterly basis.

At the June WVGEIICC Retreat, WVBTT requested the ICC create five committees to assist in review of policy in the areas of service coordination, assistive technology, services in child care, family cost participation and family engagement. A parent is either the chair or co-chair on each of these committees and will be supported by the director of the ICC to successfully participate by providing information, resources and being available to answer any questions.

**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.**

During this period, the Promoting Positive Interactions and Relationships Implementation Team planned trainings for parents, families and caregivers of infants and toddlers focused on supporting social emotional development. The first training was delivered via live webinar in June 2025 and was provided by a psychologist who is a WVBTT EIS provider. The training topic was What is My Little One Feeling? Social Emotional Development of Young Children. The team is planning additional trainings to further support families and caregivers.

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

Additional parent and caregiver focused trainings are anticipated to be offered throughout the upcoming year with trainings scheduled at minimum on a quarterly basis. Data will be collected through webinar registration and attendance records. These trainings are expected to increase parent and caregiver knowledge and confidence related to supporting infants' and toddlers' social emotional and other development within everyday routines and activities.

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

ESDM – The only challenge identified by the Autism Implementation Team and the Professional Development Team is the length of time commitment to a cohort. Steps to address barriers include looking at a different model for the cohort and using a national presenter to lead a cohort.

Pyramid Model for Promoting Social Emotional Development - The only challenge shared by the professional development team is there are difficulties in gaining interest in taking courses even with the changes made. Steps to address the barriers include advertising the three course series to EIS providers.

FGRBI – Challenges included identifying ways to differentiate support EIS providers needing additional guidance, exploring opportunities for statewide scale-up, and addressing resource limitations related to individualized support. Steps to address the barriers include embedding additional content specific to various settings in which EIS providers work such as child care and engaging in dialogue and action steps specific to scale up, differentiation and fidelity.

Motivational Interviewing - Challenges during the period included limited participation in ongoing practice sessions and continued difficulty identifying demonstration videos specific to early intervention contexts. Steps to address the barriers include reaching out to other motivational interviewing trainers to build a video library, creating videos or creating other scripted dialogues for participants to practice with. The CSPD coordinator will be joining the Motivational Interviewing Network of Trainers in the fall of 2025 and will have access to additional MI resources.

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 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

#### Instructions

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					

### Targets

FFY	2024	2025
Target	100%	100%

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

**Findings of Noncompliance Identified in FFY 2023**

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

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

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 2023**

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

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

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 2023**

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

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

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 2023**

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

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

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 2023**

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

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

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 2024, and 2025:*

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

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

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

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

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

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

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

**FFY 2024 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0		100%		N/A	N/A

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

WV did not issue any findings of noncompliance in FFY 2023. 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) data. WV ensured that every case of noncompliance identified in FY 2023 was corrected, unless the child was no longer in the jurisdiction of the EIS provider/program, prior to issuing a finding. The State also ensured that every EIS provider/program 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 correction of each case of noncompliance.

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	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 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	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	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	

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

**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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**12 - Prior FFY Required Actions**

None

**12 - OSEP Response**

The State reported that no written findings of noncompliance were issued in FFY 2023. 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:**

04/21/26 3:10:33 PM

## Determination Enclosures

### RDA Matrix

# West Virginia 2026 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	16	16	100.00%

#### 2026 Part C Results Matrix

##### I. Data Quality

###### (a) Data Completeness: The percent of children included in your State's FFY 2024 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	3,113
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	4,092
Percentage of Children Exiting who are Included in Outcome Data (%)	76.08
<b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation)	2

###### (b) Data Anomalies: Anomalies in your State's FFY 2024 Outcomes Data

<b>Data Anomalies Score</b> (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 FFY 2024 Outcomes Data to other States' FFY 2024 Outcomes Data

<b>Data Comparison Score</b> (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 2024 data to your State's FFY 2023 data

<b>Performance Change Score</b> (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 2024	67.88%	65.63%	78.38%	56.35%	79.72%	64.88%
FFY 2023	67.08%	64.30%	77.69%	55.57%	79.01%	64.45%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2026: Part C."

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (3)	Score
Indicator 1: Timely service provision	91.79%	YES	2
Indicator 7: 45-day timeline	97.38%	YES	2
Indicator 8A: Timely transition plan	100.00%	YES	2
Indicator 8B: Transition notification	99.30%	YES	2
Indicator 8C: Timely transition conference	100.00%	YES	2
Indicator 12: General Supervision	100	N/A	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
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/FFY2024-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's FFY 2024 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2024 Outcomes Data (C3) and the total number of children your State reported in its FFY 2024 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2024 in the State's FFY 2024 IDEA Section 618 Exit Data.

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

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2024 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2024 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2020 – FFY 2023 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2024 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

**Expected Range of Responses for Each Outcome and Category, FFY 2024**

<b>Outcome\ Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
Outcome A\ Category a	1.49	3.27	-1.78	4.76
Outcome B\ Category a	1.29	2.82	-1.52	4.11
Outcome C\ Category a	1.29	2.8	-1.51	4.09

<b>Outcome\ Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
Outcome A\ Category b	24.44	9.04	6.36	42.52
Outcome A\ Category c	22.25	13.92	-5.6	50.09
Outcome A\ Category d	26.34	9.71	6.92	45.76
Outcome A\ Category e	25.48	16.58	-7.68	58.64
Outcome B\ Category b	26.03	9.37	7.29	44.78
Outcome B\ Category c	30.64	13.31	4.01	57.26
Outcome B\ Category d	29.87	8.22	13.44	46.31
Outcome B\ Category e	12.16	9.18	-6.19	30.51
Outcome C\ Category b	22.37	9.63	3.1	41.64
Outcome C\ Category c	24.39	14.01	-3.63	52.41
Outcome C\ Category d	32.05	8.74	14.58	49.53
Outcome C\ Category e	19.89	14.88	-9.87	49.66

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

**Anomalies in Your State's FFY 2024 Outcomes Data**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>3,113</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	2	658	381	1,014	974
<b>Performance (%)</b>	0.07%	21.72%	12.58%	33.48%	32.16%
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	3	563	758	1,294	415
<b>Performance (%)</b>	0.10%	18.56%	24.99%	42.66%	13.68%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	2	528	533	1,550	414
<b>Performance (%)</b>	0.07%	17.44%	17.61%	51.21%	13.68%
<b>Scores</b>	1	1	1	0	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	4
<b>Outcomes A-C</b>	14

<b>Data Anomalies Score</b>	2
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**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State's FFY 2024 Outcomes Data to Other States' FFY 2024 Outcome Data**

This score represents how your State's FFY 2024 Outcomes data compares to other States' FFY 2024 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2024**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	48.11%	35.40%	55.43%	29.71%	54.53%	33.99%
90	79.69%	72.29%	81.28%	63.82%	82.81%	75.29%

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

**Your State's Summary Statement Performance FFY 2024**

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	67.88%	65.63%	78.38%	56.35%	79.72%	64.88%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2</b>	6
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<b>Your State's Data Comparison Score</b>	1
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## Appendix D

### II. (b) Performance Change Over Time:

#### Comparing your State's FFY 2024 Outcomes Data to your State's FFY 2023 Outcomes Data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of  $p \leq .05$ . 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 2024 and FFY 2023 summary statements.

e.g.,  $C3A \text{ FFY}2024\% - C3A \text{ FFY}2023\% = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY}2023\% * (1-\text{FFY}2023\%)) / \text{FFY}2023N] + ((\text{FFY}2024\% * (1-\text{FFY}2024\%)) / \text{FFY}2024N)] = \text{Standard Error of Difference in Proportions}$

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 2023 to FFY 2024

1 = No statistically significant change

2 = statistically significant increase from FFY 2023 to FFY 2024

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

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

Summary Statement/ Child Outcome	FFY 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	2,114	67.08%	2,055	67.88%	0.81	0.0145	0.5559	0.5783	NO	1
SS1/Outcome B: Knowledge and Skills	2,672	77.69%	2,618	78.38%	0.69	0.0114	0.6025	0.5469	NO	1
SS1/Outcome C: Actions to meet needs	2,577	79.01%	2,613	79.72%	0.71	0.0112	0.6321	0.5273	NO	1
SS2/Outcome A: Positive Social Relationships	3,011	64.30%	3,029	65.63%	1.33	0.0123	1.0872	0.277	NO	1
SS2/Outcome B: Knowledge and Skills	3,014	55.57%	3,033	56.35%	0.77	0.0128	0.6053	0.545	NO	1
SS2/Outcome C: Actions to meet needs	3,013	64.45%	3,027	64.88%	0.43	0.0123	0.3485	0.7275	NO	1

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

FFY 2024 APR (1)

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

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

**APR Score Calculation**

<b>Subtotal</b>	13
<b>Timely Submission Points</b> - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	18

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

**618 Data (2)**

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

**Indicator Calculation**

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

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

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

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

### SPP/APR Data

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

### Part C 618 Data

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

618 Data Collection	EDFacts Files	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

\* if applicable

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

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

## Dispute Resolution

### IDEA Part C

West Virginia

Year 2024-25

#### Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	6
(1.1) Complaints with reports issued.	0
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	0
(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.	6

#### 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:

11/19/2025

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

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



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

### Final Determination Letter

June 16, 2026

Honorable 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) 2026 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) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

West Virginia's 2026 determination is based on the data reflected in West Virginia's "2026 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 2026: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2026, as it did for Part C determinations in 2016-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for West Virginia.) For 2026, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2024 data. You may access the results of OSEP's review of West Virginia's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process Systems (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) "2026 Data Rubric Part C," which shows how OSEP calculated the West Virginia's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the West Virginia's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

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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.*

As noted above, West Virginia's 2026 determination is Meets Requirements. A State's 2026 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 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part C data will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, 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 2024 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](https://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,



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Erin McHugh  
Deputy Director  
Office of Special Education Programs

cc: West Virginia Part C Coordinator