

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2023**

Utah



**PART C DUE
February 3, 2025**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meet 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

Role of Utah's Lead Agency: The Utah Department of Health and Human Services is the State's Part C Lead Agency (LA) that operates the Baby Watch Early Intervention Program (Baby Watch). Baby Watch oversees Early Intervention (EI) service activities for infants and toddlers with disabilities up to three years of age and their families. Baby Watch has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to 14 local EI programs so that eligible children and their families achieve better outcomes.

Lead Agency Engagement with Partners: Baby Watch solicits ongoing stakeholder discussion and input from groups about setting policies, development and tracking of data measures, as well as methods for ensuring family awareness. Baby Watch is always engaging valuable partnerships, and continues to be successful in its mission to provide individualized support and services to Utah children and their families.

Quality Performance: As a goal, Baby Watch remains determined to meet or exceed indicator target levels. Program policies and processes focus on data being timely, complete, and accurate. Baby Watch contracts with local EI programs to provide services, and requires them to address data needs and follow through to verify correction of non-compliance.

State-identified Measurements: Baby Watch tracks a State-identified Measurable Result (SiMR) indicator seeking to substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C. In FFY 2023, this measure was determined using evaluation tool's (BDI-2 NU) entry and exit raw scores/Developmental Quotient. The calculation identified that 25.17 percent of children moved closer in functioning to that of same-aged peers, as reflected in Summary Statement 1 for indicator C11.

Additional information related to data collection and reporting

Baby Watch reached out to and received federal technical assistance that addressed various topics and assisted Baby Watch to produce the following impacts/actions:

Infant and Toddlers Coordinators Association (ITCA) Finance Academy 2023: Two Division of Family Health financial staff and the Baby Watch Early Intervention Program Manager/Part C Coordinator attended the Individuals with Disabilities Education Act (IDEA) Part C Annual Finance Academy, hosted by ITCA. This Academy allowed Utah Part C to continue to improve fiscal staff and the Part C Coordinator's knowledge of implementation of IDEA fiscal requirements to ensure appropriate use and oversight of IDEA funds, increase capacity to collect, report and use special education fiscal data, as well as strengthen collaboration within and across states to support continued learning.

DMS 2.0 TA and OSEP calls – 2023/2024. Actions we took were to further knowledge into DMS 2.0 protocols and processes and prepare files.

Baby Watch served on Part C Data Manager Advisory Panel to identify state needs, review new data tools, and participate on calls throughout FFY 2023. As a result, Utah was at the forefront of Part C data discussion.

Baby Watch held regular calls with Utah's OSEP Part C State Lead during our team meetings throughout FFY 2023.

Challenges that continue to occur due to the COVID-19 pandemic (i.e., illness and hospitalizations, greater isolation from peer activities and relationships, and local EI program staff resignations causing staff shortages) continue to impact infants and toddlers social and emotional development which is evident in child outcome data. Although these challenges exist, local EI programs are continuing to find creative solutions to adapt and successfully provide EI services. This is evident in our FFY 2023 APR data.

General Supervision System

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

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

The Baby Watch Early Intervention Program (Baby Watch) is the State Lead Agency (LA) and oversees Early Intervention (EI) service activities in Utah for infants and toddlers up to three years of age and their families. Baby Watch contracts with 13 local EI programs, and directs one EI program in-house under the Utah Department of Health and Human Services, to provide EI services throughout Utah. Baby Watch performs ongoing surveillance and monitoring of Utah's EI service delivery and local EI program's compliance with requirements of Part C regulations and State policy. Baby Watch also evaluates family and other stakeholder perceptions of the impact of EI services to advise on data targets, topics, and trends.

Baby Watch's General Supervision System provides a multi-lens assessment of each local EI program ensuring accountability in meeting the provisions of subrecipient contracts, and compliance and quality improvement. The system is managed through Baby Watch's policies and procedures, informed by data, compliance, and results, and oversees identification and correction of noncompliance and improvement of low-quality performance. The system is supported with training and technical assistance (T/TA), and complemented by fiscal management and enforcement under the US Office of Management and Budget (OMB) Uniform Guidance.

State-initiated, integrated monitoring occurs for all local EI programs once every three years. Programs are selected randomly, but the selection progress is informed by the geographic location and size of the program. In addition, the administration of topical or focused monitoring for a select number of local EI programs annually is in response to reported or emerging issues, based upon systemic noncompliance or low performance with SPP/APR indicators and state-identified measures, Baby and Toddler Online Tracking System (BTOTS) data quality, performance, or reliability, and/or

requests from local EI programs for training and technical assistance. Baby Watch may perform intensive monitoring activities each year to provide individualized support to local EI programs through mandated improvement activities and the use of sanctions as deemed appropriate because of ongoing noncompliance with SPP/APR compliance and results indicators, state-identified compliance-related monitoring measures, or low performance. Intensive monitoring activities are based upon the severity of issues identified through general or focused monitoring activities, informed by the level of local EI program risk assigned (i.e., fiscal and program operations), the dispute resolution system, and/or as required under the direction of leadership within the Utah Department of Health and Human Services.

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

The Lead Agency reviews all child records for compliance with IDEA requirements and measures in the SPP/APR. Triennially, Baby Watch assesses a predetermined number of randomly selected child records based upon the size and assigned geographic region of each local EI program. Child records, randomly selected from the Baby Watch database, are based upon the following formula: Urban programs, 10% or a maximum of 50 records; Rural programs, 10% or a maximum of 30 records; and, Frontier programs, 10% or a minimum of 5 records. The records are assessed for compliance with state-selected IDEA requirements and findings, including requirements for child and systems-level correction and the timeline for correction, are identified in each program's written monitoring report. In each case, whether for SPP/APR compliance indicators or triennial state-initiated monitoring process, Baby Watch verifies that all required child-level correction occurred within the timeframe allotted using our database and verifies that 100% of the required number of subsequent child records selected for review are assessed and found in compliance.

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

The Lead Agency's (LA) comprehensive, statewide, web-based data system, Baby and Toddler Online Tracking System (BTOTS) is used by all 14 Baby Watch local EI programs and provides a detailed electronic child EI record from time of referral to exit. LA staff work closely with the BTOTS developer to ensure ongoing fidelity of the database with current Part C regulations, as well as LA policy and procedures. BTOTS generates alerts and reports to inform local EI programs of timelines for events such as initial Individualized Family Service Plan (IFSP) meetings, new initial IFSP services, and transition conferences. Field definitions were recently written by LA staff and added throughout all areas of the database to include descriptions of the data entry field and associated regulatory and policy references. The LA supports grantees in their understanding and use of BTOTS through conference calls, data system workgroups, user group enhancement meetings, and other feedback meetings as needed. Training and support to local EI program staff and administrators provides updates on development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug submission system are available to assist end users with the BTOTS system.

Data review period: FFY 2023

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.

Through relevant activities, noncompliance may be identified at all levels within the General Supervision System framework. The system monitors off-site and on-site, as well as through any additional activities that are deemed necessary and/or appropriate by Baby Watch. Intensive monitoring activities may be necessary based on issues identified, the complaints/resolution system, or other means. Focused monitoring activities are informed by local EI program data gathered from general monitoring activities and may apply to one or all local EI programs.

The State reviews all fiscal year data for Compliance Indicators in preparation for the submission of the SPP/APR. If a requirement was not met due to program cause, the child-level record is documented as a finding of noncompliance. The additional state-initiated monitoring process, which results in the issuance of findings of noncompliance with IDEA requirements, follows the same process as that of issuing findings of noncompliance with APR Indicators. Findings are issued by the number of instances within each EIS program.

Baby Watch conducts several annual general supervision activities for each local EI program to monitor implementation of the Individuals with Disabilities Act (IDEA) and identify possible areas of noncompliance and low performance. The general activities include: (a) collection and verification of the Baby and Toddler Online Tracking System (BTOTS) data for the SPP/APR compliance and results indicators, (b) program determinations, (c) review of the program data accountability plan, (d) fiscal management, (e) collection and verification of 618 data in BTOTS, (f) targeted technical assistance and professional development, and (g) identification and correction of any noncompliance on federal requirements. If Baby Watch finds noncompliance with any requirement, the local EI program responsible is given a written notification of the finding of noncompliance. Baby Watch will then require a corrective action for full correction of all individual child noncompliance from the individual EI program. All noncompliance will be corrected by the local EI program and verified by the State as soon as possible, and no later than one year from the date of written notification for findings of noncompliance. If noncompliance is not corrected within one year, Baby Watch may impose sanctions.

Low-quality documentation or EI service provisions may be identified at all levels within the General Supervision System. If Baby Watch finds that documentation and/or performance (e.g., EI services) does not meet Baby Watch policy and IDEA Part C regulations, the local EI program responsible is given a written notification of the finding of low-quality documentation or performance. Baby Watch will then require an Improvement Plan (IP) designed to identify necessary changes to systems and practices required at the local EI program level to achieve and sustain quality.

Baby Watch will ensure timely dispute resolution through resolution of administrative complaints, mediation and due process. All parties will be allowed to dispute any matter under Part C, including matters arising prior to the filing of a due process complaint, through a mediation process. The mediation process may be requested at any time, and may not be used to deny or delay a parent's right to a due process hearing or to deny any other rights afforded under Part C. Upon resolution by parties, a legally binding written agreement will be created to enforce confidentiality of all discussions that happened during the mediation process.

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).

N/A - Utah does not allow pre-finding correction

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.

Funding sources that support Baby Watch are State General Fund, IDEA Part C Grant Award, Medicaid, Children's Health Insurance Program (CHIP), and Family Cost Participation Fees. Utah ensures that Federal funds made available to the State under Part C are implemented and distributed in accordance with the provisions of Part C. Baby Watch provides grants to local EI programs in the State to support and carry out the purposes and requirements of Part C Regulations and State policy. Baby Watch utilizes its established system of payments and fees for EI services under Part C, including a schedule of sliding fees. Fees collected from the child's family to pay for EI services under Baby Watch's system of payments are considered program income. If a child is eligible for Medicaid or CHIP, Baby Watch can bill these public insurances for EI services received. EI services, as specified in the child's IFSP, and cannot be denied due to a parent's refusal to allow their public insurance to be billed for such services.

Contractual requirements with local EI programs requires that the Local EI Program subrecipient shall develop, in conjunction with DHHS, corrective

action and improvement plans with strategies and timelines for correction and prevention of noncompliance and improvement of results-related quality practices identified by DHHS, State, or Federal review. If the Subrecipient's performance falls below 5% of the established target for each required measure on any federal compliance and performance indicator, DHHS reserves the right to impose sanctions until performance meets compliance standards.

DHHS may terminate a Contract if Subrecipient's failure to meet a federal performance measure is not corrected within the timeframe established in a manner sufficient to end sanctions imposed. DHHS may withhold or deduct payment of administrative costs to the Subrecipient for non-compliance with federal performance measures. Withholding payment or payment deductions shall be described according to guidance for the imposed sanctions. State policy and procedures do not outline progressive sanctions.

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.

Noncompliance is defined as a violation of an IDEA requirement (i.e., less than 100% on any compliance indicators or other compliance measures identified through monitoring). When determining compliance, thresholds are not permitted, and local EI programs are notified timely in writing of any findings.

The Individuals with Disabilities Education Act requires Baby Watch to annually determine the performance status and determination level of local EI programs. Utah utilizes stakeholder input to develop and refine its annual determination process. Baby Watch utilizes a comprehensive Part C Results-Driven Accountability (RDA) matrix (in similar format to OSEP RDA matrix for Lead Agencies), and including the same determination categories that OSEP uses with states. Determinations are based on 1) compliance matrix (among the five compliance indicators (1,7,8A,8B,8C), 2) valid and reliable data (data verification), 3) correction of identified noncompliance (Corrective Action Plans) and 4) other state-determined results data matrix indicator (child outcome data completeness).

As the local EI programs are required by Baby Watch to verify their fiscal year data in an ongoing quarterly review manner, findings of noncompliance are reported to the programs after pulling the data for submission in the annual SPP/APR, Baby Watch reviews fiscal year data and completes program profiles and RDA matrices for each local EI program. Each local EI program is notified in writing by Baby Watch of its Matrix percentages and Determination status.

Following receipt of RDA matrices, determinations, program profiles, a Corrective Action Plan (CAP) is required to be developed by the program. The CAP requires review of each noncompliant case to determine root causes, correct the cases if applicable, ensure that services were provided late, if possible, and create a plan to improve on subsequent data. Specific Once the CAP has been accepted by Baby Watch, final Part C Results-Driven Accountability (RDA) Matrix, program profiles, and Determinations will be provided to the local EI program. Based on program compliance and performance measures, Baby Watch will determine the level of assistance and/or intervention required. Local program profiles are available to the general public. Determinations, RDA Matrices, and CAPs are made available to OSEP upon request.

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

The State's General Supervision System for Monitoring Implementation of Part C is available on the Baby Watch Early Intervention website at the following web link https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/General-Supervision-policy.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.

Lead Agency Technical Assistance. As the Utah Part C Lead Agency (LA), the Baby Watch Early Intervention Program (Baby Watch) has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to early intervention (EI) programs. The Utah Part C Program Manager is the official LA liaison for all 14 local EI programs and answers questions from program administrators related to Part C regulations and LA policy and procedures. LA staff are identified as points of contact based on their areas of knowledge and expertise and are the official contacts for program administrative and other staff to answer additional questions and concerns. The Part C Data Manager continues to support the processes used to collect and utilize valid and reliable data and works with Utah's local EI programs to provide program indicator data profiles, compliance indicator determinations, 618 data review, discussion on data/target-related changes, and other technical assistance. Baby Watch also employs a Senior Business Analyst to support technical system processes and two Compliance and Monitoring Specialists to ensure programs receive necessary feedback on their operations.

Data System. The LA's comprehensive, statewide, web-based data system, Baby and Toddler Online Tracking System (BTOTS) is used by all 14 Baby Watch local EI programs and provides a detailed electronic child EI record from time of referral to exit. LA staff work closely with the BTOTS developer to ensure ongoing fidelity of the database with current Part C regulations, as well as LA policy and procedures. BTOTS generates alerts and reports to inform local EI programs of timelines for events such as initial Individualized Family Service Plan (IFSP) meetings, new initial IFSP services, and transition conferences. Field definitions were recently written by LA staff and added throughout all areas of the database to include descriptions of the data entry field and associated regulatory and policy references. The LA supports grantees in their understanding and use of BTOTS through conference calls, data system workgroups, user group enhancement meetings, and other feedback meetings as needed. Training and support to local EI program staff and administrators provides updates on development progress, enhancement priorities, system security, etc. In addition, "Frequently Asked Questions" documents, a telephone helpline, and an electronic bug submission system are available to assist end users with the BTOTS system.

National and Local Technical Assistance Resources. LA staff access both national (e.g., Center for IDEA Fiscal Reporting, Early Childhood Technical Assistance Center, The Center for IDEA Early Childhood Data Systems) and local (e.g., Utah Parent Center) resources to stay current with and research questions about Part C regulations, evidence-based practices, etc.

Conferences and Trainings. The Utah Part C Program Manager, Compliance and Education Team Manager, and Data Team/618 Data Manager all attend the OSEP Leadership Conference, DaSy Improving Data Improving Outcomes (IDIO) conference, Division for Early Childhood (DEC) annual conference, Zero to Three conference, as well as other relevant national and local conferences and trainings, to stay current with the field.

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.

A Comprehensive System of Personnel Development (CSPD) is Utah's primary mechanism for improving the quality of services provided to young children and their families. The State's CSPD is comprised of five components including:

Leadership, Coordination, and Sustainability: Coordination of training and resources with other early childhood special education agencies and institutions of higher education

State of Utah Personnel Standards: An appropriate system of early intervention (EI) standards, content, and support to assist programs in preparing

qualified personnel.

Pre-service Personnel Requirement: A minimum of a completed bachelor's degree from an accredited institution of higher education in a field of study related to EI.

In-service Personnel Development: An EI Specialist credential training program for new direct service employees, with required renewal training every five years.

Recruitment and Retention: Training local EI programs to implement innovative employee recruitment and retention strategies and activities

Utah's requirements for ALL direct service personnel job candidates include:

A completed bachelor's degree from an accredited institution of higher education in a field of study related to EI.

For direct service personnel in licensed professions, a current Division of Occupational & Professional Licensing (DOPL) license that has been verified by the local EI program on the DOPL website.

All new hires who provide direct services or serve as program directors/coordinators are required to earn and maintain an Early Intervention Specialist credential. An Early Intervention Specialist credential is a training certificate that indicates completion of Baby Watch Early Intervention Program's (Baby Watch) Early Intervention Specialist training program. The credential is not a State-issued professional license and is not recognized by any other State or agency outside of Baby Watch. The two most common Early Intervention Specialist credential types are:

Early Intervention Specialist: Required for ALL direct service providers unless they meet the specific criteria for another credential type. The Early Intervention Specialist credential training must be completed within 6 months of hire, and the credential must be renewed every 5 years.

Professional Authorization: The credential type for DOPL-licensed direct service providers who work less than 0.5 FTE (20 hrs/wk) in EI. Professional authorization training must be completed within 3 months of hire, and the professional authorization must be renewed every 5 years. Professional authorization holders are NOT authorized to provide service coordination.

The initial/new hire training requirements for each Early Intervention Specialist credential type are:

Early Intervention Specialist: The following training requirements must be completed within 6 months of hire.

Early Intervention Specialist Course: Learners must complete ALL topics and achieve a cumulative quiz score of at least 80%.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

Individualized Credential Plan: A customized learning experience in which employees complete specific professional development opportunities to develop their professional knowledge and skills.

Service Observation: Supervised shadowing and observation of a wide range of EI services.

Service Demonstrations: Coach/supervisors observe direct service employees as they conduct and participate in three service visits: eligibility evaluation, IFSP meeting, and a home visit.

CPR training: First aid provided by a certified organization.

Renewal: 5 years from date issued. Credential expiration dates are tracked in BTOTS and printed on each employee's credential certificate.

Professional Authorization: The following training requirements must be completed within 3 months of hire.

Early Intervention Specialist Course: Learners must complete the assigned topics and achieve a cumulative quiz score of at least 80%.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

CPR training: First aid training provided by a certified organization.

Renewal: 5 years from date issued. Credential expiration dates are tracked in BTOTS and printed on each employee's credential certificate.

Early Intervention Specialist credential renewal requirements are the same regardless of credential type. The following renewal requirements must be completed and a renewal application submitted to Baby Watch before the expiration date listed in BTOTS:

Early Intervention Specialist Course: Learners must complete the assigned topics and achieve a cumulative quiz score of at least 80%. Learners who score below 80% must remediate.

Self-Assessment: A reflection activity where employees rate their professional knowledge and skills

CPR training: Current first aid training provided by a certified organization, documented in the employee's BTOTS profile

DOPL License: Current license information entered in BTOTS (if applicable)

Professional Development: 75 hours in the past 5 years, with the date, hours, and description entered in the BTOTS Professional Development tab or a separate document. Hours can include classes, workshops, and conferences related to EI as well as program-level training opportunities. It is the responsibility of the local EI program to determine which professional development activities are related to EI and should count toward credential renewal.

Continuous employment at a local EI program in the 5 years from the date the credential was issued.

PROCEDURE

Local EI programs must enter the following information into each employee's BTOTS profile as soon as possible upon hire and verify it periodically throughout the 5-year credential cycle:

Email address

Employment: Start date, Personnel Category, Position, and FTE. If an employee has multiple part-time positions at a local EI program, each position should be entered separately in BTOTS (e.g., administrator and direct service provider; service coordinator and interpreter, etc.).

Education: Institution, Level of Education, Field of Study, and Date Earned

DOPL License (if applicable): License Type, License number, Date Earned, and Expiration Date

CPR certification information

Local EI programs are responsible for verifying that the credential seeker has completed all of the initial or renewal training requirements before signing and submitting a credential application to Baby Watch.

Local EI programs are responsible for providing every new hire with a coach/supervisor who provides meaningful one-to-one mentoring and support throughout the credentialing process.

Baby Watch strongly recommends that all coaches/supervisors renew their credentials ahead of time, if they have not yet completed the current Early Intervention Specialist online training.

ALL direct service providers, regardless of employment type or FTE, are responsible for:

Monitoring their credential due dates and expiration dates in BTOTS, and for communicating proactively with their coaches/supervisors when extenuating circumstances prevent them from completing the required training on time

Completing the credential training requirements and submitting an application to Baby Watch BEFORE the due date or expiration date listed in BTOTS

Participating in at least 75 hours of professional development related to EI every five years, and documenting those professional development activities in the BTOTS Professional Development tab on an ongoing basis
Providing the local EI program with current information about the status of their DOPL license (if applicable), CPR certification, and education (if applicable)

Baby Watch will determine the most appropriate course of action when Early Intervention Specialist credentials are overdue or lapsed. These actions may include additional required training, reassignment of the employee's caseload, and involvement of Compliance & Monitoring.

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 Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

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

YES

Number of Parent Members:

5

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.

Multiple presentations and discussions were held with workgroups and the ICC during FFY 2023. The NCSEAM survey instrument and data were discussed with stakeholders. Parent members provided feedback on the survey questions. Parents are always invited and encouraged to participate in discussions and ask questions. ICC minutes and presentations are distributed to all members following the meeting, and members are encouraged to ask questions for further clarification and information.

Activities to Improve Outcomes for Children with Disabilities:

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

The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. An annual orientation is provided for ICC members during a scheduled meeting. In FFY 2023, the ICC created a handbook deliverable for its members. Parents serving on the ICC are very active and provided valuable feedback in handbook development geared toward parent representation.

Soliciting Public Input:

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

Stakeholder and public comment is always formally requested during ICC meetings during a public comment period. During FFY 2023, data was discussed during regularly scheduled meetings with stakeholder workgroup members and EI providers. During these meetings, targets for FFY 2020 through 2025 were discussed, data trends for APR indicators were analyzed and discussed, improvement strategies were vetted, and progress was evaluated.

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.

Baby Watch maintains a comprehensive website (<https://familyhealth.utah.gov/oec/baby-watch-early-intervention>) which is updated regularly with early intervention data, policy, and program information. The folder Track our Progress shares information about our federal applications, annual SPP/APP submissions, SSIP data and findings, program determinations, Baby Watch determinations, corrective action plans, and many other important documents. The Baby Watch website also has a Contact Us tab that provides an email and mailing address, and welcomes feedback from families about their Part C Early Intervention experience.

Reporting to the Public:

How and where the State reported to the public on the FFY 2022 performance of each EIS Program located in the State on the targets in the SPP/APP as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APP, 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/APP, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APP in 2024, is available.

The FFY 2022 SPP/APP has been posted on the Baby Watch website under the Track Our Progress tab, State Performance Plan/Annual Performance Report (SPP/APP) with a web link of https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/APP-2022C-UT.pdf

Local EI program profiles of indicator performance have been distributed to providers and posted to the Baby Watch website under the local EI programs section in August 2024 at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf. Local EI programs received their notifications of noncompliance in April 2024 and received their program profiles and determinations in August 2024.

Utah's Part C determinations from OSEP are posted to the Baby Watch Website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/2024-Utah-Determination-Letter.pdf.

Intro - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APP**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/APP 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/APP documents.

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

Intro - Required Actions

The State did not, as required by the OSEP Response to the State's FFY 2023 SPP/APP, provide a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2024 SPP/APP, the State must provide the required information.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.40%	98.63%	98.51%	98.91%	98.97%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6,070	6,385	98.97%	100%	99.19%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delays during FFY 2023 included: Staff shortages in local EI programs, provider cancellations, family availability, providers schedules with attempting to maintain services, local EI program visit scheduling and coordination challenges, local EI program staffing issues impacting availability and training of providers, and provider-caused gaps in service due to schedule misunderstandings or mistakes.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. These findings indicate that reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, inconsistent response from families to schedule visits, families moving, and others, some of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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).

Timeline for Provision of Services: Each EI service shall be provided as soon as possible and no later than forty-five (45) days after the parent provides written consent for that service (Day one (1) of the forty-five (45) days being the day the consent is given 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).

Full reporting period of July 1, 2023 - June 30, 2024

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

The data was collected for this indicator for all local Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who have received their initial individual early intervention (EI) services from July 1, 2023 to June 30, 2024.

Provide additional information about this indicator (optional)

Improvement Activities Completed in FFY 2023: During FFY 2023, with support from local EI programs, Baby Watch initiated the requirement that these early intervention programs verify BTOTS data on a quarterly manner. Additionally, the APR 1 indicator report was expanded to look at completed visit time related to required service on the IFSP.

Baby Watch encouraged EI providers to run and review BTOTS monitoring reports systematically for the timeliness indicators and bring alerts from the reports to their staff's attention. These activities were incorporated into all EI providers required corrective action plans relating to data accuracy. Local EI programs were also encouraged to investigate cases by drilling down to the child level for reasons for delays and make necessary process adjustments to prevent future delayed service provision. Additionally, input from providers and other stakeholders was utilized to address BTOTS APR 1 report function errors or enhancement requests.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
72	72		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The State identified and reported 72 child-level noncompliant records among 8 of the 14 Utah early intervention programs during this period for APR 1. It has verified that each provider with each noncompliance reported by the State in FFY2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2022 related to timely services on the IFSP. The Corrective Action Plan (CAP) included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plans, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified within the 365-day timeframe for timely corrections and found that 100% compliance was achieved. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the formal Determinations and Corrective Action Plans can be provided upon request.

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

Corrected Findings of Noncompliance Identified in FFY 2022

The Lead Agency reviewed individual noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. The Lead Agency reviewed subsequent data from after corrective actions took place and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 72 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 72 children received the early intervention services on their IFSP, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

1 - OSEP Response

1 - Required Actions

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	77.90%

FFY	2018	2019	2020	2021	2022
Target>=	95.00%	95.00%	95.00%	96.00%	96.00%
Data	94.84%	95.24%	96.91%	97.59%	97.56%

Targets

FFY	2023	2024	2025
Target >=	96.00%	96.00%	97.00%

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as

a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,779
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	4,882

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,779	4,882	97.56%	96.00%	97.89%	Met target	No Slippage

Provide additional information about this indicator (optional).

Table 1. Indicator 2 Targets and Actual Target Data for Previous Ten Fiscal Years FFY (December 1 Count) Indicator 2 Target Indicator 2 Actual Target Data

FFY 2009 (December 1, 2009) 77.50% 84.30%
 FFY 2010 (December 1, 2010) 78.00% 89.20%
 FFY 2011 (December 1, 2011) 78.50% 87.40%
 FFY 2012 (December 1, 2012) 79.00% 94.30%
 FFY 2013 (December 1, 2013) 79.50% 95.44%
 FFY 2014 (December 1, 2014) 91.00% 95.37%
 FFY 2015 (December 1, 2015) 92.00% 95.69%
 FFY 2016 (December 1, 2016) 93.00% 95.59%
 FFY 2017 (December 1, 2017) 94.00% 94.42%
 FFY 2018 (December 1, 2018) 95.00% 94.84%
 FFY 2019 (December 1, 2019) 95.99% 95.24%
 FFY 2020 (December 1, 2020) 95.00% 96.91%
 FFY 2021 (December 1, 2021) 96.00% 97.59%
 FFY 2022 (December 1, 2022) 96.00% 97.56%
 FFY 2023 (December 1, 2023) 96.00% 97.89%

The Baby Watch Early Intervention Program (Baby Watch) Indicator 2 targets for reporting years FFY 2005 through FFY 2010 were based on "hand collected" data from years prior to the introduction of the Baby and Toddler Online Tracking System (BTOTS) database in 2005. For three of these ten reporting years (FFY 2006 through FFY 2008), the percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings was static at approximately 71.00%. Since these early years, performance on this indicator has successfully increased. The FFY 2023 percentage of infants and toddlers with IFSPs receiving early intervention services primarily in home or community-based settings (97.89%) exceeds any previous year, including the FFY 2022 (97.56%) and FFY 2021 (97.59%) percentages.

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 = $\left[\frac{\text{\# of infants and toddlers who did not improve functioning}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers}}{\text{\# of infants and toddlers with IFSPs assessed}} \right] \times 100$.

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 = $\left[\frac{\text{\# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in category (d)}}{\text{\# of infants and toddlers reported in progress category (a) plus \# of infants and toddlers reported in progress category (b) plus \# of infants and toddlers reported in progress category (c) plus \# of infants and toddlers reported in progress category (d)}} \right] \times 100$.

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 = $\left[\frac{\text{\# of infants and toddlers reported in progress category (d) plus \# of infants and toddlers reported in progress category (e)}}{\text{total \# of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)}} \right] \times 100$.

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2022	Target>=	69.00%	69.00%	42.00%	42.25%	25.50%
A1	25.58%	Data	64.04%	54.94%	40.10%	34.49%	25.58%
A2	2022	Target>=	56.00%	56.50%	69.00%	70.00%	79.00%
A2	79.09%	Data	60.50%	65.28%	69.72%	76.42%	79.09%
B1	2022	Target>=	75.50%	75.50%	75.50%	75.50%	75.50%
B1	75.79%	Data	68.36%	70.77%	72.17%	73.06%	75.79%
B2	2022	Target>=	51.00%	51.50%	54.00%	55.00%	57.00%
B2	57.36%	Data	51.71%	52.87%	54.06%	55.93%	57.36%
C1	2022	Target>=	76.20%	76.20%	76.20%	76.20%	87.00%
C1	87.05%	Data	70.56%	72.46%	75.60%	82.39%	87.05%
C2	2022	Target>=	60.00%	60.50%	71.00%	72.00%	81.50%
C2	81.92%	Data	61.19%	69.72%	71.98%	79.46%	81.92%

Targets

FFY	2023	2024	2025
Target A1>=	26.00%	26.50%	27.00%

Target A2>=	79.50%	80.00%	80.50%
Target B1>=	80.00%	80.50%	81.00%
Target B2>=	57.50%	58.00%	58.50%
Target C1>=	87.50%	88.00%	88.50%
Target C2>=	82.00%	82.50%	83.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	73	2.65%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	423	15.38%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	46	1.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	131	4.76%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	2,077	75.53%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	177	673	25.58%	26.00%	26.30%	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	2,208	2,750	79.09%	79.50%	80.29%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	13	0.47%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	402	14.62%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	712	25.89%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	712	25.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	911	33.13%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they	1,424	1,839	75.79%	80.00%	77.43%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
turned 3 years of age or exited the program							
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	1,623	2,750	57.36%	57.50%	59.02%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	10	0.36%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	122	4.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	354	12.87%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	483	17.56%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,781	64.76%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	837	969	87.05%	87.50%	86.38%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	2,264	2,750	81.92%	82.00%	82.33%	Met target	No Slippage

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,471
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,988
Number of infants and toddlers with IFSPs assessed	2,750

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

"Comparable to same-aged peers" would be defined as children having an Initial DQ >= 78 and Exit DQ >= 78.

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

The Battelle Developmental Inventory, Second Edition, Normative Update (BDI 2-NU) was exclusively implemented in November 2018 and was the only tool used to determine child exit scores for children during FFY 2023.

Procedures: Although this information is typically reported by families at time of referral, Baby Watch is currently developing additional methods of gathering this information prior to child exit. Baby Watch has discontinued using the COS, as the final group of children who received COS entry scores

in FFY 2018 have aged out of service during FFY 2021. In FFY 2023, Baby Watch consulted with the Interagency Coordinating Council (ICC) as well as a Baby Watch-organized stakeholder workgroup comprised of local EI program administrators and providers to gather input on the best way to transition from BDI-2 NU to BDI-3 child outcome measurements, and started using BDI-3 in August 2024.

Provide additional information about this indicator (optional).

The calculated data completeness percentage of infants and toddlers with completed entry and exit scores (2750) out of all who exited the Part C program during the reporting period (5471) appears to be increasing from previous years and moderate (50.27%). However, during this period there were 1988 infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. The data completeness percentage would be much higher if the 1988 infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program, and therefore could not receive an exit score, were subtracted from the total number of children who exited during FFY 2023 (79.0%).

As noted in the submitted FFY 2021 State Performance Plan/Annual Performance Report, the Baby Watch Early Intervention Program intended to reestablish the indicator 3 baselines. FFY 2022 was the first full cohort of children, and the baseline, to have entry and exit scores determined by the BDI-2 NU evaluation tool. FFY 2023 continues to have entry and exit scores determined by the BDI-2 NU evaluation tool.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2006	Target>=	86.50%	90.00%	93.00%	94.00%	94.50%
A	76.00%	Data	96.01%	96.49%	93.77%	93.24%	94.31%
B	2006	Target>=	83.25%	88.00%	76.00%	77.00%	77.50%
B	73.00%	Data	93.49%	94.68%	76.88%	76.72%	78.22%
C	2006	Target>=	92.50%	93.00%	85.00%	85.25%	85.50%
C	83.00%	Data	96.43%	96.05%	85.02%	84.88%	86.39%

Targets

FFY	2023	2024	2025
Target A>=	95.00%	95.50%	96.00%
Target B>=	78.00%	78.50%	79.00%
Target C>=	85.75%	86.00%	86.25%

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	5,099
Number of respondent families participating in Part C	1,861
Survey Response Rate	36.50%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,306
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,373
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	1,115
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,373
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	1,211
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,373

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	94.31%	95.00%	95.12%	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)	78.22%	78.00%	81.21%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	86.39%	85.75%	88.20%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	40.78%	36.50%

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

The ECTA response rate and representative calculator (updated 2024) was utilized to apply proportional testing and determine if the surveys received were representative of the target population. The new tool update integrates, but does not display percent discrepancy between datasets entered. Overall, the response group was representative of the population.

According to the calculator results and alignment with the above stated discrepancy level the survey data is representative of the number of families participating in Part C by White, Asian, and Native Hawaiian or Pacific Islander race category, and the survey data is representative of the number of families surveyed by White, African American or Black, and Asian, race category. The data by Hispanic origin or not Hispanic were not representative of the number of families participating in Part C and the number of families surveyed. However, the ECTA calculator results show that the survey data were representative of the number of families participating in Part C and the number of families surveyed by Spanish as the primary language.

Additional data analyses were performed to look at the geographic distribution of respondents by local EI program (i.e., urban/rural/frontier) compared to the target group. Using the ECTA representative calculations, difference between the target population and respondents from any geographic designation were not representative.

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.

As noted in the below analysis, FFY 2023 survey demographics of responding families indicate ubiquitous representativeness and unrepresentativeness compared to actively enrolled children in the Baby & Toddler Online Tracking System (BTOTS). Geographic status of regions where programs serve for responding families was collected and analyzed (n=1373), with results (Urban=56.0%, Rural=37.4%, Frontier=6.6%). With some contrast, FFY 2023 618 Active Child data assessed (n=4866) indicate greater proportion of children served in urban areas than responded to the survey (Urban=73%, Rural=23%, Frontier=4%).

The instrument utilized child-level primary language (English/Spanish) demographics and race/ethnicity data collection. FFY 2023 survey data identified that the count of respondents with English as their primary language was 1258 (91.6%), compared with Spanish as their primary language (8.4%, n=115). The proportion of Spanish language respondents with applicable responses to the survey shows an increasing trend with 7.3 percent in 2022, 7.0 percent in 2021, and 6.5 percent in FFY 2020 compared with 5.9 percent in FFY 2019, and 4.5 percent in FFY 2018.

One in four respondents (25.1%, n=345) reported that their child was of Hispanic, Latino, or Spanish origin, greater than 22.8 in FFY 2022, and in line with the demographics of children enrolled in the Part C program (25.7%). More than one in nine (11.7%) reported that their child's race was other than white. Utah's 2023 population estimates indicate that 16.0 percent of the population is Hispanic or Latino. Further analyses identify that most respondents reported that their child has private health insurance (66.5%), while fewer report to have other health insurance such as Medicaid (34.4%), Children's Health Insurance Program (1.9%), or no insurance at all (4.4%). Only 1.5% reported to not know their child's health insurance status.

Nearly all reporting to have private health insurance report English as their primary language (n=892, 97.7%), rather than Spanish as their primary

language (2.3%). Among those reporting to have Medicaid insurance (n=472), a majority also report English as their primary language (88.4%), rather than Spanish as their primary language (11.7%). Among those reporting to not have any health insurance at this time (n=60), a majority also identify English as their primary language (66.6%), but an increasing percentage identify Spanish as their primary language (33.3%). Nearly one in ten families reporting to have private health insurance identify their child to be of Hispanic, Latino, or Spanish origin (17.8%). Nearly one in three families reporting to have Medicaid insurance identify their child to be of Hispanic, Latino, or Spanish origin (30.9%).

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

YES

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

As strategies to increase response rate year over year, Baby Watch will continue to plan and prepare for the family survey with local EI programs. Programs having the lowest response rates during the previous survey collection period will be focused on and reinforcing preparations will be taken in order to improve response rate. Baby Watch will train local program administrators and directors, as well as other staff needed as to the methodology of survey collection to limit biases and ensure that programs thoroughly know proper protocol and potentially increase response rates among all families. Over the last few years, Baby Watch has distributed similar family surveys clarifying perceptions and needs to the same target group at a different time period but during the same fiscal years as the NCSEAM Family Survey. As this may have contributed to the lower response rate trend, Baby Watch plans not to inundate surveys during FFY 2024.

Data from FFY 2023 identifies that local early intervention programs in urban areas overall disproportionately had low response rates, compared with frontier or rural programs. Prior to the FFY 2023 NCSEAM Family Survey, Baby Watch requested that local EI programs ensure all family email addresses are current and up to date, which will naturally increase the number of urban families who successfully receive the email survey link. Baby Watch has also encouraged providers to have conversations with families about the importance of the survey and the power of their voice. Local EI programs have also received communication from Baby Watch regarding the importance of participation from all families, including those with culturally diverse backgrounds, being critical in determining strategies to support ongoing improvement of early intervention services across the state. Baby Watch will continue these methods in order to increase response rate year over year. Baby Watch intends to explore additional languages that would be appropriate for this survey.

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.

NCSEAM Survey Utilized for FFY 2023 Data Collection

The Utah Department of Health adopted the standards recommended by NCSEAM as a way of obtaining the percentages to be reported for Indicators 4a, 4b, and 4c. To establish a recommended standard, NCSEAM utilized a group of nationally representative stakeholders, including parents of children with disabilities, state directors of special education, state early intervention coordinators, district and program personnel, advocates, attorneys, and community representatives.

Of the delivered anonymous survey links, over one-third (n=1861, 36.5%) were accessed and language selected by the respondent family members. Fewer surveys were applicable (n=1373), meaning they consisted of at least one response to NCSEAM survey questions. The response rate of applicable responses was 26.9 percent.

Among all respondent families, 66.3% reported their child to be of White race, aligning with demographics of children receiving Part C services (66.5%). When looking at families with applicable responses, the proportion of both White children and Hispanic children increased, indicating that local program efforts to communicate the importance of the survey with the families had been heard.

Analysis of nonresponse bias identified that if families served by urban local EI programs responded in like proportion as rural programs, indicator 4A, 4B, and 4C percentages would have decreased overall. Comparison of percentages of families responding in any level of agreement to the measure indicators (non-Rasch) are as follows: Rural (4A=97.9%, 4B=95.9%, 4C=96.8%) and Urban (4A=97.5%, 4B=94.7%, 4C=723/736=98.2%). During FFY 2023, Baby Watch will assess family perceptions through qualitative data collection in an attempt to better understand family concerns.

Provide additional information about this indicator (optional).

The Baby Watch Early Intervention Program (Baby Watch) held stakeholder meetings regarding development of the survey instrument in the previous fiscal years and revised the tool to include other parent-reported demographic data including race/ethnicity and income. This data was collected during FFY 2023.

Utah's NCSEAM method also includes program-specific survey links that are used when families do not receive an electronic survey and would like to participate. As virtual services were approved during COVID-19, an increased number of email addresses have been verified and collected.

Through May 2024, the Utah Department of Health, Baby Watch, implemented a multilingual electronic survey using a tool developed by the National Center for Special Education and Accountability Monitoring (NCSEAM) to assess perceptions from family members of children enrolled in Part C early intervention. A link to the survey was distributed through electronic mail or web link means to 5,099 families of Utah children meeting certain criteria: being ages birth to three, having disabilities or delays, being under an individualized family service plan as of April 28, 2024, and having a documented email address.

In addition, the lead agency has supplemented the NCSEAM electronic survey analyses using RASCH during FFY 2023 as stakeholders support.

Survey question response identifying agreement with indicator 4A, 4B, and/or 4C

4A: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family: understand the rights of parents regarding Early Intervention Services (V19_A ; the rights of parents regarding Early Intervention services. ; Item 15 : 15-15)= 454+50=504). A Rasch framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2023, 1306 of 1373 (95.12%) met or exceeded Rasch standards of agreement with this measure.

4B: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family: communicate more effectively with the people who work with my child and family." (V43_A ; communicate more effectively with the people who work with my child and family. ; Item 39 : 39-39)=505+50=555). A Rasch

framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2023, 1115 of 1,373 (81.21%) met or exceeded Rasch standards of agreement with this measure.

4C: A response of "agree," "strongly agree," or "very strongly agree" with this item on the NCSEAM survey's Impact of EI Services on Your Family scale: "Over the past year, Early Intervention services have helped me and/or my family understand my child's special needs." (V47_A ; understand my child's special needs. ; Item 43 : 43-43)=481+50=531) A Rasch framework is used as the measurement approach by the NCSEAM. The percentages reported are calculated as the percent of families whose measures are at or above a standard that is specific to each indicator. In FFY 2023, 1211 of 1,373 (88.20%) met or exceeded Rasch standards of agreement with this measure.

4 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether its FFY 2023 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population. Additionally, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

Response to actions required in FFY 2022 SPP/APR

4 - OSEP Response

The State reported that the data for this indicator were collected from a response group that was representative of the population. However, in its narrative, the State reported the demographics of responding families appear to not be representative of actively enrolled children in the Baby & Toddler Online Tracking System (BTOTS). Therefore, OSEP is unclear whether the response group was representative of the population. OSEP notes that the State did not include strategies or improvement activities to address this issue in the future.

The State did not analyze the steps taken to reduce any identified bias to promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

4 - Required Actions

In the FFY 2024 SPP/APR, the State must describe strategies which are expected to increase the response rate for those groups that are underrepresented.

In the FFY 2024 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services, as required by the Measurement Table.

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.66%

FFY	2018	2019	2020	2021	2022
Target >=	0.88%	1.05%	1.15%	1.15%	1.20%
Data	1.05%	1.11%	1.09%	1.26%	1.21%

Targets

FFY	2023	2024	2025
Target >=	1.20%	1.20%	1.20%

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the

Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	544
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	45,759

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
544	45,759	1.21%	1.20%	1.19%	Did not meet target	No Slippage

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

Baby Watch's supervision includes a multi-lens assessment of each of the 14 local early intervention programs ensuring accountability in meeting the provisions of subrecipient contracts. As a goal, Baby Watch remains determined to meet or exceed target levels for all measures and support local EI program policies and processes for data quality. In reviewing data trends, we see a slightly decreasing trend not meeting the Utah FFY 2023 target (1.20%), or the national average percentage (1.35%). Even as the national average denominator decreased, the numerator increased to raise the percentage.

To understand and assess the root cause of child find identification rates, Baby Watch reviewed data and discussed with stakeholders to help understand the situation. An Ishikawa or Fishbone diagram was developed whose purpose was to reflect upon many factors contributing to the causes of the problem statement. Factors included: 1) Policies- (Impacted by documented eligibility determination periodicity and category), 2) Processes- (Caseload Management, Deactivation, Exiting, Eligibility), 3) People- (Staffing, Caseload Management, Training on Eligibility, Time Management), 3) Systems- (Caseload and Time Management, Family Perceptions) 4) Local Program Understanding- (Policies, Eligibility, Medical Diagnosis, Standard Score, Exiting, Virtual Services and Evaluations), 5) BTOTS Database Function- Functionality, Tools, Meaningfulness, Capabilities, Enhancements. Next, our team used the factors identified in the Ishikawa Diagram to drill down through the five whys to the root causes of the problem. The percentage of children (ages birth to 1 and birth to 3) under IFSP has a decreasing trend, compared to previous year and national average. A) Policies and procedures for establishing eligibility are not in place at the local level. Policies and procedures for establishing eligibility are not written at the local level. Local programs are not implementing the policies and procedures. Local programs are not training to their policies and procedures. B) Policies and procedures for establishing eligibility are not in place at the local level. Children who should be eligible are not being determined eligible. Local EI programs' caseload management is negatively driving eligibility determination outcomes. Local EI programs appear to lack understanding of eligibility criteria and may be miscommunicating eligibility information and/or outcomes to families. Training specific to the eligibility hierarchy (Medical Diagnosis, Standard Score, ICO) is not being completed.

Provide additional information about this indicator (optional)

According to IDEA 2023 Part C Child Count and Settings data (developed November 2024), the national average percentage of all children under the age of one receiving early intervention services was 1.35%. The percentage of infants birth to 1 receiving early intervention services in Utah in 2023 was 0.16 percent lower (1.19%). Data trends indicate that FFY 2023 was the third highest percentage of infants and toddlers birth to one with IFSPs, below 2022 (1.21%), 2021 (1.26%) and above 2020 (1.09%), 2019 (1.11%), 2018 (1.05%), and 2017 (1.03%). Despite challenges from COVID-19, the Baby Watch Early Intervention Program moved forward with its goal to increase referrals for this age group and worked with other programs to understand potential ways to be increasingly successful at finding children.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.90%

FFY	2018	2019	2020	2021	2022
Target >=	2.35%	3.10%	3.20%	3.20%	3.20%
Data	3.06%	3.21%	3.03%	3.50%	3.69%

Targets

FFY	2023	2024	2025
Target >=	3.30%	3.40%	3.40%

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as

a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	4,882
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	136,401

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,882	136,401	3.69%	3.30%	3.58%	Met target	No Slippage

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

Baby Watch's supervision includes a multi-lens assessment of each of the 14 local early intervention programs ensuring accountability in meeting the provisions of subrecipient contracts. As a goal, Baby Watch remains determined to meet or exceed target levels for all measures and support local EI program policies and processes for data quality. In reviewing data trends, we see a decreasing trend (3.58%), though meeting the Utah FFY 2023 target (3.30%). However, Utah's 2023 percentage is 0.62 percent below the national average (4.20%). To understand and assess the root cause of child find identification rates, Baby Watch reviewed data and discussed with stakeholders to help understand the situation. An Ishikawa or Fishbone diagram was developed whose purpose was to reflect upon many factors contributing to the causes of the problem statement. Factors included: 1) Policies- (Impacted by documented eligibility determination periodicity and category), 2) Processes- (Caseload Management, Deactivation, Exiting, Eligibility), 3) People- (Staffing, Caseload Management, Training on Eligibility, Time Management), 3) Systems- (Caseload and Time Management, Family Perceptions) 4) Local Program Understanding- (Policies, Eligibility, Medical Diagnosis, Standard Score, Exiting, Virtual Services and Evaluations), 5) BTOTS Database Function- Functionality, Tools, Meaningfulness, Capabilities, Enhancements. Next, our team used the factors identified in the Ishikawa Diagram to drill down through the five whys to the root causes of the problem. The percentage of children (ages birth to 1 and birth to 3) under IFSP has a decreasing trend, compared to previous year and national average. A) Policies and procedures for establishing eligibility are not in place at the local level. Policies and procedures for establishing eligibility are not written at the local level. Local programs are not implementing the policies and procedures. Local programs are not training to their policies and procedures. B) Policies and procedures for establishing eligibility are not in place at the local level. Children who should be eligible are not being determined eligible. Local EI programs' caseload management is negatively driving eligibility determination outcomes. Local EI programs appear to lack understanding of eligibility criteria and may be miscommunicating eligibility information and/or outcomes to families. Training specific to the eligibility hierarchy (Medical Diagnosis, Standard Score, ICO) is not being completed.

Provide additional information about this indicator (optional).

According to IDEA 2023 Part C Child Count and Settings data (develop November 2024), the national average percentage of all children under the age of three receiving early intervention services was 4.20%. The percentage of infants birth to 3 receiving early intervention services in Utah in 2023 was 3.58%. Utah's 2023 percentage is 0.62 percent below the national average. This percentage difference is the highest out of the last five years (2023 – 0.62%, 2022 - 0.32%, 2021 - 0.16%, 2020 - 0.17%, 2019 - 0.26%).

Data trends indicate that FFY 2023 was the second highest percentage of infants and toddlers birth to three with IFSPs (3.58%), below 2022 (3.69%), but above 2021 (3.50%), 2020 (3.03%), 2019 (3.21%). Utah has had success at increasing this over the past several years. The Baby Watch Early Intervention Program regularly collaborates with workgroups, the public, and service programs to develop targets and dedicate SSIP activities. These efforts may have increased referrals and retention of some families in the target population.

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 = $\left[\left(\frac{\text{\# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline}}{\text{\# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted}} \right) \times 100 \right]$

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.60%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.16%	98.95%	99.58%	99.54%	99.22%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,593	5,383	99.22%	100%	99.18%	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.

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Provide reasons for delay, if applicable.

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delays during FFY 2023 included: Providers and managers admitted to insufficient time to complete the IFSPs due to challenging circumstances, insufficient communication with the families in scheduling the processes, increased caseloads, staffing changes and turnover in local EI program staffing, staff taking holiday or seasonal breaks and not completing the IFSP timely, gaps in service due to schedule misunderstandings or mistakes, provider scheduling and coordination challenges, and inconsistent response from families to schedule visits.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. Reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, family not responding to contact attempts, families moving, and others, some of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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).

Full reporting period of July 1, 2023 to June 30, 2024

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all newly-referred children who were found eligible and for whom an initial IFSP was required to be conducted between July 1, 2023 through June 30, 2024.

Provide additional information about this indicator (optional).**Correction of Findings of Noncompliance Identified in FFY 2022**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
47	47		0

FFY 2022 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 47 child-level noncompliant records among 4 of the 14 Utah early intervention programs during this period for APR 7. The Lead Agency verified that the programs that had findings of noncompliance were implementing the regulatory requirements. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2022 related to timely establishment of the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and determinations as well as corrective action plans can be provided upon request.

The State has verified that each provider with each noncompliance reported by the State in FFY2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has established an IFSP for each child, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01.

Routine compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2023, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2023 data.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the local EI programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that an IFSP meeting occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY2022 involved 47 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 47 children received a timely initial evaluation and assessment and initial IFSP meeting, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

7 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

7 - OSEP Response

7 - Required Actions

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.75%	99.76%	98.97%	99.41%	99.95%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,768	3,181	99.95%	100%	94.31%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

A majority of the cases in which transition steps and services were not provided at all or within the correct timeline were due to exceptional family circumstances. However, many of the remaining 181 cases were due to local EI programs completing the transition steps and services, although outside required timelines.

Number of documented delays attributable to exceptional family circumstances

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

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Provide reasons for delay, if applicable.

Reasons for the 181 provider-caused delays were acquired through provider inquiry and review of child records. Reasons for the delays during FFY 2023 included: an increase in referrals and children served, children being discharged earlier than expected from local EI programs, local EI program lack of understanding and following of transition steps and services timelines, local EI program documentation of transition planning, local EI program scheduling and coordination challenges.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. These findings indicate that reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, family not responding to contact attempts, families moving, coordination challenges due to family illness or deciding not to proceed with the transition conference, and others, some of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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).

Full reporting period of July 1, 2023 to June 30, 2024.

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who have received early intervention (EI) services from July 1, 2023 to June 30, 2024.

Provide additional information about this indicator (optional).

Improvement Activities Completed in FFY 2023: During FFY 2023 and FFY 2024, BTOTS transition report function was vetted for timelines, inclusions, and exclusions. Baby Watch modified the BTOTS transition report coding processes in order to more thoroughly align with required timelines. Baby Watch thoroughly discussed and prioritized data quality and discussed optional enhancements with contractors and stakeholders for capability to put into production.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 2 child-level noncompliant records among 2 of the 14 Utah early intervention programs during this period for APR 8A. Baby Watch reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. The program implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data

Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regulatory requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2022 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the determinations/corrective action plans can be provided upon request.

FFY 2022 cases were also reviewed to identify any continued noncompliance. FFY 2022 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that services occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2023 data.

The 2 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Service coordinator did not contact family timely manner, data entry errors, provider needing to cancel/reschedule, inadequate staff training, inadequate documentation of transition. The State has verified that each provider with each noncompliance reported by the State in FFY 2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) tracks each child under 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, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY 2022 related to timely services on the IFSP.

The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the local early intervention programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition steps and services occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 2 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 2 children received transition steps and services, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8A - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

8A - OSEP Response

8A - Required Actions

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

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	93.00%

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

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,047	4,213	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

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Provide reasons for delay, if applicable.

Describe the method used to collect these data.

The data for the FFY 2023 APR submission for this indicator includes all children 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 exiting Part C where these children that were at least 33 months old and exited EI from July 1, 2023 through June 30, 2024.

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

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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).

Full reporting period of July 1, 2023 to June 30, 2024

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who have received early intervention (EI) services from July 1, 2023 to June 30, 2024.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.00%	99.07%	99.08%	99.20%	99.61%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,571	3,255	99.61%	100%	99.36%	Did not meet target	No Slippage

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

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

309

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.

356

Provide reasons for delay, if applicable.

Reasons for provider-caused delay were acquired through provider inquiry and review of child records. Provider-caused delay on this indicator during FFY 2023 included: local EI program inability to coordinate timely transition conference with family and school district, local EI program inability to coordinate with school districts during holiday/summer timelines, child referrals near 33 months of age, staff inability to coordinate transition due to personal leave, challenges hiring staff in local EI programs.

A family circumstance causing a documented delay was counted as "exceptional family delay." Reasons for documenting the cases as such were pulled from contact logs and visit notes. These findings indicate that reasons for family-caused delays include missed appointments, family cancelling/rescheduling the service, family not responding to contact attempts, families moving, coordination challenges due to family illness or deciding not to proceed with the transition conference, and others, some of which had an underlying documented reason reflective of concern for their family health or local/State COVID-19 laws.

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).

Full reporting period of July 1, 2023 - June 30, 2024

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

The data was collected for this indicator for all Baby Watch Early Intervention programs through the statewide database, the Baby Toddler Online Tracking System (BTOTS), and includes all children with IFSPs who have received early intervention (EI) services from July 1, 2023 to June 30, 2024.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 12 child-level noncompliant records among 6 of the 14 Utah early intervention programs during this period for APR 8C. The Baby Watch Early Intervention Program (Baby Watch) reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the determinations/corrective action plans can be provided upon request.

Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regulatory requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2022 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. FFY 2023 cases were also reviewed to identify any continued noncompliance.

FFY 2022 cases deemed to be provider-caused were addressed during determinations and program compliance was reviewed with plans for improvement. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition conferences occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2022, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2022 data.

The 12 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Local EI program cancellation or transition conference, inaccurate data entered into BTOTS, local EI program inability to coordinate with family or school, local EI program inability to coordinate due to holiday breaks.

The State has verified that each provider with each noncompliance reported by the State in FFY 2022 under this indicator: (1) is correctly implementing the specific regulatory requirements 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 has aged out or otherwise is no longer within the jurisdiction of the EIS program or provider. The State tracks each child 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, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions.

Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY 2022 related to untimely transition conferences on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the early intervention programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The local EI programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition conferences occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 12 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 12 children received a timely transition conference, although late, unless the child had aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8C - Prior FFY Required Actions

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

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

Response to actions required in FFY 2022 SPP/APR

8C - OSEP Response

8C - Required Actions

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

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The State has not adopted Part B due process procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2022 SPP/APR

9 - OSEP Response

9 - Required Actions

OSEP notes that this indicator is not applicable.

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

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

Targets: Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate

valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

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

Targets

FFY	2023	2024	2025
Target>=	0.00%	0.00%	0.00%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Utah's SiMR is: "To substantially increase the rate of growth in positive social-emotional skills (including social relationships) for culturally diverse infants and toddlers with disabilities in Utah by the time they exit Part C. These children will move closer in functioning to that of same-aged peers, as reflected in Summary Statement 1."

By FFY 2023, Utah Part C will increase child social relationships (Child Outcome A) by substantially increasing the rate of growth (SS1) for children of culturally diverse backgrounds as measured by the Child Outcomes Summary (COS) and Battelle Developmental Inventory Second Edition, Normative Update (BDI 2-NU). Outcomes for children referred since 11/12/2018 are measured using the BDI-2 NU alone.

We have revised indicator 11 targets to reflect improvement over the State's FFY 2013 baseline data. We reestablished the baseline for indicator 11 in FFY 2022. This is a result of fully transitioning from using the COS tool to using the BDI-2 NU to evaluate child progress.

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)

YES

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

Children of culturally diverse backgrounds who have received Part C Early Intervention services.

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

NO

Please provide a link to the current theory of action.

The current Theory of Action is located on the Baby Watch web page (<https://familyhealth.utah.gov/oec/baby-watch-early-intervention>) under Track our Progress, State Systemic Improvement Plan (SSIP) Phase III Years 2-5. The direct document link is: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/2023-Utah-SSIP-ToA-ONLY.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
2022	24.03%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	24.50%	25.00%	25.50%

FFY 2023 SPP/APR Data

Count of Child Outcomes in C and D	Count of Child Outcomes in A,B,C, and D	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
72	286	24.03%	24.50%	25.17%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

The Baby & Toddler Online Tracking System (BTOTS) database

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

Data are collected through BTOTS which provides secure access to child records for local Early Intervention providers as well as state monitoring and compliance access. The Baby Watch Early Intervention Program (Baby Watch) employs a business analyst to prepare code in order to pull data from databases and develop reports. Baby Watch also employs Utah's Part C Data Manager to utilize analytical software to drive analysis to support decision-making among staff and stakeholders, including to lead to discussion about appropriate action plans.

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

YES

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

General information about data collected that supports the SiMR are below. For detailed data measures and findings, please review Baby Watch's Evaluation Plan (https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf).

Parent Surveys

Baby Watch Compliance & Monitoring embedded various methods for collecting SiMR-related data into its FFY 2023 activities. The C&M team observed progress toward achieving Utah's SiMR in culturally diverse parent survey responses and progress towards quality improvement of evidence-based practice that support social-emotional development of all families, with emphasis on cultural humility. Within the reporting period, local EI providers have also: applied relationship-based practices across the IFSP development process with families; delivered culturally sensitive services; identified family concerns/priorities; connected families to resources and supports; promoted parent/child attachment; and built parent capacity to support child learning in daily routines.

Training Surveys

Post-survey results of the Social-Emotional Development & Outcome online training suggested positive impact to the SiMR by increasing knowledge and changing provider practices to improve social-emotional relationships among all children and those from culturally diverse background.

IFSP Outcome Statements

Providers and families developed IFSP outcomes with a Social-Emotional component and children from culturally diverse backgrounds are receiving IFSP services to improve social-emotional outcomes.

Anecdotal Data from Discussions

Baby Watch T/TA created virtual discussions for online courses to extend learning and move towards real life implementation of content. Courses contain information on evidence-based practice including relationship-based practices, family-centered practices, social-emotional development and cultural understanding which will support understanding and practices. Participants offered real life experiences, and offered peer support and brainstorming of solutions to overcome barriers to implementing course content into everyday practice.

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://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.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.

Governance

The combination of the previously completed Cost Study (2021) and Feasibility Study (2023) for Utah's Part C Early Intervention will help determine if there would be a practical funding benefit to bill private insurance companies for services rendered from local early intervention programs across the State of Utah. Baby Watch has met with Department leadership to formulate appropriate recommendations, which have been provided to the Utah Legislature and are currently with the Social Services Appropriations Subcommittee.

Baby Watch staff has had the opportunity to participate in the OSEP TA Center's DMS Data and Topical Working Series. Baby Watch's Part C Data Manager participated on the TA Center's Data Manager Advisory Panel.

Utah Part C is in Cohort 2 for the Office of Special Education Programs' (OSEP) Differentiated Monitoring and Support (DMS) 2.0. OSEP's onsite visit took place during the week of November 18, 2024, and Baby Watch continues to work closely with the OSEP DMS 2.0 team, Department, Stakeholders, and OSEP TA Centers to ensure Utah's Part C system is in alignment with federal regulation and Baby Watch policy. The final audit report will be

provided to Baby Watch in approximately 120 days, and the lead agency will be prepared to respond to any findings within 90 days following report delivery.

Finance

The Baby Watch fiscal team provides fiscal monitoring for local EI programs on a regular and as-needed basis, as outlined in the Baby Watch subrecipient contracts. In addition to annual Financial Risk Assessments, the Baby Watch fiscal team conducted their triennial on-site fiscal monitoring between July 2023 and July 2024 for all of Utah's local early intervention programs.

Personnel/CSPD

Baby Watch distributed the 2023-2024 CSPD Requirements handout including updated credential policy requirements, training time estimates, and technical troubleshooting suggestions. Local EI programs were encouraged to communicate proactively with Baby Watch when extenuating circumstances prevent providers from completing credential training on time.

Baby Watch CSPD continues to enforce the 2018 CSPD Policy requirement that all direct service providers have completed bachelor's degrees from an accredited institution of higher education. This requirement is included in the updated 2023 CSPD Policy, however with exceptions for bilingual service providers and select categories of licensed team members.

Data System

Baby Watch continued to maintain data infrastructure using the Baby & Toddler Online Tracking System (BTOTS). Baby Watch vetted and discussed ongoing aspects related to maintaining an efficient and robust database system, including implementing BTOTS data verification requirements and policies/procedures for data security, reporting, and handling of production data anomalies. Baby Watch held regular meetings with contractors and stakeholders to ensure accurate data and functionality. With feedback from stakeholders and local program administrators/directors, each aspect for child outcome transition use of BDI-3 was vetted. Baby Watch oversaw the use of processes to review data for accurate documentation and timeliness. Baby Watch continued also to thoroughly discuss and prioritize optional enhancements with contractors and stakeholders for capability to put into production.

Accountability & Quality Improvement

Baby Watch thoroughly discussed FFY 2022-2026 targets and data for compliance/performance measures, as well as other measures internally and among stakeholders, including the ICC and several workgroups. Baby Watch calculated program determinations, prepared local EI program data profiles, and discussed fiscal year data trends for each of the measures during meetings. Local EI programs received ongoing T/TA to make progress toward improvement objectives. Baby Watch addressed noncompliance and worked with local programs to develop corrective action plans (CAP), as well as reviewed subsequent data, in line with federal requirements.

Baby Watch completed programmatic audits of all local EI programs, including the Utah School for the Deaf and Blind (USDB) Parent Infant Programs (PIP) and Deaf Blind (DB) Program, coordinated onsite fiscal and programmatic monitoring activities, gathered data on fidelity of implementation of state-selected monitoring measures, and ensured compliance with Baby Watch's CSPD policy. With the support of Baby Watch T/TA, local EI programs updated their Improvement Plans (IP) and received ongoing T/TA in order to make progress toward ongoing or newly identified improvement objectives. Refer to the Evaluation Plan for further information about the results of local program performance. https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

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.

Governance

Outcome Achieved: Recommendations for billing private insurance for Baby Watch Early Intervention services have been provided to the Utah Legislature's Social Services Appropriations Subcommittee.

Achievement Measures: Data from the Cost and Feasibility Studies will help the LA determine if there would be a practical funding benefit to bill private insurance companies for services rendered from local early intervention programs across the State of Utah. The Social Services Appropriations Subcommittee will provide a decision for implementation to the Baby Watch Early Intervention Program.

Supports Systems Change: Continued analysis of Utah's Part C funding formula, recommendations of the 2021 Cost Study, and 2023 Feasibility Study will help ensure that sufficient funds and resources are in place to support and sustain Utah's EI system. Having adequate resources in place facilitates implementation of evidence-based EI practices, which will lead to improved outcomes for children, including those children represented in Utah's SiMR.

Finance

Outcomes Achieved: Ensure local EI programs comply with 2 CFR 200 and 34 CFR 300, as well as their contract provisions and Baby Watch policies.

Measures/Rationale: Fiscal monitoring of the use of Baby Watch funds by local EI programs including financial and programmatic audits.

Supports System Change: Regular monitoring of finances and resources ensures that spending is in compliance with contract performance and all federal, state, and local fiscal requirements. EI programs can then maintain access to the various funding sources ensuring that sufficient funds and resources are in place to support Utah's EI system, including implementation of evidence-based EI practices which will lead to improved outcomes for children, including children represented in Utah's SiMR.

Personnel/CSPD

Outcomes Achieved: Gather service provider feedback on EI Specialist credentialing process and curriculum. Service providers complete initial and renewal credential training tasks and submit applications to Baby Watch on time (within 30 days of the deadline in BTOTS).

Achievement Measures: BTOTS personnel records indicate appropriate credentialing for all service providers. For the calendar year 2023, 85% of initial credentials and 80% of credential renewals were completed on time.

Supports System Change: Collecting stakeholder feedback in order to improve credentialing is critical to meeting the needs of EI service providers and creates buy-in when things change. Providing data on service providers who submit credential applications before the deadline informs decision-makers and providers about current practice. Gathering stakeholder feedback and sharing data help build understanding on what's happening, what's working,

and what isn't so decision-makers can make informed changes to produce desired results. Maintaining feedback loops strengthens system change efforts and ensures practice is informing policy.

Accountability & Quality Improvement

Outcomes Achieved: Stakeholders are knowledgeable about FFY 2023-2027 targets and compliance/performance measures; local EI programs receive T/TA and access resources to meet federal requirements, state-identified (i.e., state-selected) compliance and results-related monitoring measures, and the implementation of EBPs; Data errors are identified and corrected in partnership with local EI programs and Corrective Action Plans (CAPs) are developed/executed as needed; Baby Watch leadership have up-to-date information on the performance of local EI programs in meeting the state-identified monitoring measures; and, Improvement Plans are updated or newly identified improvement objectives included in local EI program improvement plans; both on- and off-site monitoring processes, tools, reports, and Improvement Plan (IP) templates are updated in partnership with stakeholders.

Achievement Measures: Baby Watch audit debriefing meetings with local EI program administrators, written audit reports, parent survey results, and submission of evidence of systems-level and provider practice change.

Supports Systems Change: Routine monitoring, the submission of audit reports, and the requirement to develop IPs addressing both compliance- and results-related findings ensures continuous progress in implementing EBP designed to improve outcomes for infants and toddlers represented in Utah's SiMR.

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.

Accountability & Quality Improvement

Baby Watch introduced a new monitoring activity effective SFY24/FFY23. Verification of the provision of a random selection of 20% of IFSP services or services for a maximum of eight children for a one-month period for all direct service providers at each local EI program, including the USDB, as part of the triennial monitoring process.

Short-Term Outcomes

Assess for the provision of IFSP services as written in IFSPs for compliance and as a method to promote positive child outcomes including progress in meeting our SiMR.

Personnel/CSPD

Launched updates to online training course entitled "Transition." This optional training is available to all service providers and provides information on EBP for supporting families in the transition from early intervention to Part B or community services, as well as compliance timelines and additional supports for documenting transition activities in the BTOTS database.

Short-Term Outcomes

Educate providers on EBP and compliance. Furthermore, educate providers on the importance of transition, and on the value of integrating transition planning activities throughout each family's early intervention experience, not just as the child's 3rd birthday approaches.

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

Governance

Next Steps: Utilize recommendations from the Social Services Appropriations Subcommittee and ensure that appropriate actions for billing private insurance, or not, are implemented within Utah's Part C system.

Anticipated Outcomes: Develop sustainable fiscal approaches for Part C Early Intervention in Utah.

Finance

Next Steps: Continue to ensure subrecipients are maintaining compliance with all Baby Watch funding.

Anticipated Outcomes: Successfully fund EI services and establish fiscal approaches for DHHS, Baby Watch, and local EI programs.

Personnel/CSPD

Next Steps: Continue to promote the use of online Self-Assessment and Individual Credential Plans, to increase accountability and transparency regarding these credential training tasks and to encourage local EI programs to complete these tasks paperlessly. Use the Canvas platform to monitor employee training participation; report trends and progress to SSIP Professional Development Workgroup. Communicate and prepare local EI programs for the 2025 transition to online-only Self-Assessments and Individual Credential Plans.

Anticipated Outcomes: Over time, fewer service providers will complete the Self-Assessment and Individual Credential Plans on paper.

Coaches/supervisors will provide guidance and mentoring about the online Self-Assessment and Individual Credential Plans. Local EI programs will encourage new hires to complete training online in the Canvas learning platform, where coach/supervisors and Baby Watch can remotely monitor employee responses. The number of university student credentials issued increases over time. Students who earn credentials at the University of Utah (7 in 2023) and Utah State University (1 in 2023) are successfully recruited by local EI programs and make valuable long-term contributions to Utah's early intervention workforce.

Data System

Next Steps: Baby Watch will assess data performance by local EI program, cultural diversity, and catchment area populations for each measure. Baby Watch will discuss local EI program needs and course of action to improve noncompliance following development of FFY 2023 CAPs.

Anticipated Outcomes: Baby Watch will continue to review established targets and engage local EI programs in the ongoing review of data policies and procedures, resulting in fewer instances of noncompliance.

Accountability & Quality Improvement

Next Steps: Complete revisions to compliance and results-related monitoring tools and corresponding guidance documents in collaboration with stakeholders, and the process for correction of noncompliance with state-identified compliance-related measures and improvement with state-identified results-related measures in alignment with OSEP requirements and recommendations. Modify the fidelity threshold score established for quality and the implementation of EBPs based upon analysis of aggregate data collected during FFY 2023 monitoring cycle. Discuss if/how the process for verifying the

provision of IFSP services should be altered including sample size.

Anticipated Outcomes: Monitoring tools and corresponding monitoring guides tease apart state-identified compliance and results-related measures to ensure that all compliance-related measures are observed/enforced at 100%. Correction of noncompliance with state-identified compliance-related measures parallels the correction process for noncompliance with APR Indicators. The state-identified fidelity threshold is revised to promote a culture of continuous quality improvement and the ongoing implementation of EBPs. Local EI programs make progress toward IP objectives. Local EI programs prioritize the provision of IFSP services by rescheduling family cancellations as their schedule permits. Local EI programs internalize the importance of timely, accurate, and valid BTOTS data entry.

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

Baby Watch continues to incorporate components from Family Guided Routines Based Intervention, and to use the Seven Key Principles of Early Intervention and the 2020 DEC Initial Practice-Based Professional Preparation Standards for Early Interventionist/Early Childhood Special Educators to guide early intervention practices. With these as foundational beliefs and standards, Baby Watch implements several evidence-based practices (EBP) or recommended practices (RP). Baby Watch completed child records reviews and observations of IFSP services for all local EI programs to identify progress in meeting state-identified results-related monitoring measures selected from the list of evidence-based or recommended practices below. These practices are embedded into the Baby Watch Child Record Review Rubric and the Baby Watch IFSP Service Observation Form:

- Developing High-Quality, Functional IFSP Outcomes (ECTA Center)
- Strengthening Families and the Protective Factors Framework
- Coaching in Natural Learning Environments
- Division for Early Childhood: DEC Recommended Practices (RPs)

Furthermore, in collaboration with stakeholders, Baby Watch amended the monitoring tool used to assess the provision of IFSP services to embed or better define state-selected evidence-based or recommended practices from the following frameworks:

- The Utah Pyramid Model

Provide a summary of each evidence-based practice.

ECTA Center Developing High-Quality, Functional IFSP Outcomes:

- Necessary and functional for child's and family's life;
- Reflect real-life contextualized settings;
- Cross developmental domains and are discipline-free (transdisciplinary);
- Jargon-free;
- Emphasize the positive;
- Based upon information gathered from the family (e.g., priorities and concerns); and
- Use active words.

Strengthening Families and the Protective Factors Framework:

- Supporting families in their everyday settings;
- Connecting families to services, as applicable, to promote parent resilience;
- Identifying family resources and social connections that provide emotional and informational support;
- Building the capacity of parents to understand and promote their child's development; and,
- Promoting family and child interactions to strengthen social and emotional development.

The Utah Pyramid Model:

- Share resources with caregivers based on their priorities or concerns;
- Use materials found in the natural environment (i.e., family's own toys/resources);
- Invite caregivers to determine priorities for each visit (i.e., strategies to discuss/practice);
- Use a variety of active listening techniques during interactions with caregivers (i.e., smiling/nodding, open posture, eye contact, validation, paraphrasing);
- Direct caregiver's attention or focus to child communicative initiations, responses, cues, and/or expressions;
- Invite caregivers to practice skills/strategies;
- Provide feedback, coaching, and comment on caregiver strengths during caregiver-child interactions; and
- Use strategies to encourage/support caregivers in following child-initiated interactions.

Coaching in Natural Learning Environments:

- Joint Planning
- Observation
- Action/Practice
- Reflection Feedback

DEC Recommended Practices:

- A2. Practitioners work as a team with the family and other professionals to gather assessment information;
- A4. Practitioners conduct assessments that include all areas of development and behavior to learn about the child's strengths, needs, preferences, and interests;
- A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current levels of functioning and to determine the child's eligibility and plan for instruction;
- A9. Practitioners implement systematic ongoing assessment results to identify learning targets, plan activities, and monitor the child's progress to revise instruction as needed;
- F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances;
- F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs;

- F7. Practitioners work with the family to identify, access, and use formal and informal resources and supports to achieve family-identified outcomes or goals;
- INS2. Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments;
- INS3. Practitioners gather and use data to inform decisions about individualized instruction;
- TC1. Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family;
- TR1. Practitioners in sending and receiving programs exchange information before, during, and after transition about practices most likely to support the child's successful adjustment and positive outcomes; and,
- TR2. Practitioners use a variety of planned and timely strategies with the child and family before, during, and after the transition to support successful adjustment and positive outcomes for both the child and family.

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.

ECTA Center Developing High-Quality Functional IFSP Outcomes: These practices are intended to help improve our SiMR by guiding necessary changes to local EI program policies, procedures and EI practices so that providers better collaborate with families in developing functional IFSP outcomes that promote regulation of infant/toddler emotions and social interactions.

Strengthening Families and the Protective Factors Framework: These practices are intended to help improve our SiMR by changing local EI program policies, procedures, and EI practices so that families and EI providers work together to better identify and mobilize a family's formal and informal resources. The presence of strong social connections and concrete resources of support in times of need serve as buffers so that parents can be emotionally available and responsive to their infant/toddler; foster a healthy attachment with their infant/toddler; and, overall, parent with increased capacity, even under stress.

The Utah Pyramid Model: These practices are intended to help improve our SiMR by changing EI provider behavior and local program procedures to ensure that EI service providers promote: parent-child attachment, healthy child social-emotional skills and development through the implementation of universal practices, responsive caregiving practices during the provision of IFSP services, and intensive supports for caregivers of toddlers with persistent challenging behaviors in order to address underlying needs early on. Local EI programs have been provided the option to participate, and the LA will be able to measure the impact implementation of practice has on increasing skills in the area of social and emotional development.

Coaching in Natural Learning Environments: These practices are intended to help improve our SiMR by encouraging the EI provider to build the confidence and competence of caregivers, through active guidance and reflection, to promote their child's development, including social and emotional development, within the context of everyday routines and activities. This includes maximizing learning opportunities by utilizing naturally occurring situations and delivering positive feedback and celebrating small achievements fostering a supportive learning environment for both the child and their caregiver(s).

DEC Recommended Practices: These practices are intended to help improve our SiMR by changing EI provider behavior and local program policies and procedures that guide the development of meaningful IFSP outcomes and the provision of services that support parent-child interaction, infant/toddler self-regulation, and promote social connections.

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

The Baby Watch Compliance and Monitoring Team completed their triennial universal monitoring of local EI programs and the Utah School for the Deaf and Blind (USDB) Parent Infant Programs (PIP) and Deaf Blind (DB) Program. Monitoring activities conducted included observations and child records reviews to assess progress in meeting state-identified, results-related monitoring standards and measures. The results of records reviews indicate that local EI programs are continuing to make progress as evidenced in BTOTS documentation and are implementing recommended/evidence-based practices as evidenced in observations of the provision of IFSP services and family-directed assessments. Please refer to the Baby Watch Evaluation Plan for more information about the data collected to monitor fidelity of implementation and to assess EI provider practice change.

https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

Providers who completed the High-Quality IFSPs and Family-Directed Assessment training completed a post-training self-assessment of their awareness and application of evidence-based practices. Providers reported they are aware of evidence-based practices and know how to implement them. Please refer to the Baby Watch Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

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.

Baby Watch completed observations and child records reviews for all local EI programs in SFY24. Upon completion, local EI programs developed IPs following receipt of their program's monitoring report in order to target areas requiring improvement. To assess local EI program progress in meeting improvement objectives, strategies, and activities identified in IPs, a member of the Baby Watch Compliance and Monitoring Team conducted random child records reviews at the request of local EI program administrators. The results indicate that local EI programs continue to have varying performance among measures. Baby Watch is providing T/TA as requested by local EI program administrators to clarify expectations, support internal monitoring procedures, and other improvement efforts. Please refer to the Baby Watch Evaluation Plan.

https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

Online Canvas course participants report that the training is easy to access and relevant to their jobs. Please refer to the Baby Watch Evaluation Plan for more information. https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

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

Next Steps:

- Gather feedback from the SSIP Workgroups about the new/changing training needs of local EI programs. What are the strengths/weaknesses of the current Early Intervention Specialist curriculum? What new training topics need to be addressed? Which groups of employees have the most urgent unmet training needs?
- Identify data trends from the audit reports and on- and off-site monitoring activities completed during FFY23. What revisions need to be made to existing Canvas courses? What state-level training would all programs benefit from?
- Improve IFSP guidance with support from stakeholders.
- Continue to individualize T/TA for local EI programs to target evidence-based practices and adherence to compliance.

Anticipated Outcomes:

- Identify local EI program's short- and long-term training needs that require Baby Watch's attention and resources.
- Develop and provide new training resources on requested topics and in areas of identified need: virtual webinars, new Canvas courses, and training for specific roles (i.e., service coordinators).
- Make enhancements and updates to the Early Intervention Specialist curriculum and educate local EI programs about those changes. Verify that existing content is up-to-date and reflects Baby Watch's SiMR and SSIP priorities.
- Programs will boost performance, and align policies, processes, and procedures to achieve best practice with state-identified results-related monitoring measures when entering data in a child's electronic record, and in the implementation of EBPs through the provision of IFSP services.

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.

Baby Watch CSPD continued its partnership with University of Utah's Department of Special Education. Seven University of Utah students earned Early Intervention Specialist credentials as part of their coursework in calendar year 2023, which included internships and observations completed at local EI programs.

Based upon stakeholder feedback and further analysis of data collected during universal monitoring of local EI programs, Baby Watch is:

- Soliciting feedback from stakeholders to address performance trends.
- Continuing to participate on the Utah Pyramid Model State Leadership Team (SLT) to promote local EI program participation in the Utah Pyramid Model coaching cohorts, live training, and archived webinars in partnership with Utah State University.
- Continuing to promote participation in The Children's Center of Utah webinars and consultation program.

As a result of participant testimonials, Baby Watch continues to promote, support and participate in the following Project ECHO knowledge-sharing, virtual learning communities of practice hosted by Utah State University: Early Intervention (Early ECHO), Substance Abuse, and Mental Health. These learning communities increase the capacity of professionals to identify and implement best practices in healthy social-emotional development, resiliency, trauma, infant/toddler and caregiver mental health, and the complexities and implications of substance abuse on caregivers and their young children.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The Baby Watch Early Intervention Program (Baby Watch) solicits ongoing stakeholder discussion and input from various groups on setting of policies, development and tracking of data measures and establishment of their targets, the development and implementation of the State's SSIP, and methods for ensuring family awareness. Furthermore, Baby Watch solicits feedback regarding the value of resources distributed monthly as a method of independent and ongoing professional development. Please refer to the Evaluation Plan for more information: https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf. Baby Watch is always looking to facilitate valuable partnerships.

Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and enhancements to the monitoring process. Conversations occur during ICC meetings and stakeholder workgroup meetings. The ICC has several subcommittees, including ICC members and public, that work on various tasks for the lead agency. There is culturally diverse parent representation from different geographical areas of the state and active participation on each of the subcommittees. Stakeholders provide input on targets and discussion on data results for all indicators during the FFY 2023-2027 State Performance Plan/Annual Performance Report (SPP/APR) review sessions. On an ongoing basis, data findings and targets are discussed with stakeholder workgroups and committees. The Interagency Coordinating Council (ICC) is presented performance and data findings for the SPP/APR fiscal years and provides supportive insight for the calculated data. In particular, during multiple ICC meetings in 2023 through January 2025, the ICC was consulted on data findings, discussing new SPP/APR data requirements, and establishment of future targets.

Meetings continue to be held to present data and seek involvement from stakeholder groups that are comprised of ICC members, including parents, EI Provider Consortium members, and partnering agencies and programs including Utah State Board of Education, Migrant and Homeless, Utah Parent Center, Children with Special Health Care Needs, Early Head Start, Child Protection, The Utah Parent Center, the Office of Home Visiting, Utah Schools for the Deaf and the Blind, Medicaid, CHIP, University Personnel Preparation Centers, Center for Persons with Disabilities and Utah Department of Insurance, and early intervention service coordinators, specialists, therapists and administrators.

During extended ICC meetings, Baby Watch staff present historical data and targets for APR indicators, as well as local and national comparisons and improvement activities that have contributed to statewide performance for each indicator. By the conclusion of each meeting the stakeholders made their recommendations with rationales for setting each of the indicator's targets. Additionally, targets for indicator 11 are discussed and refined. These data are showcased through the State Systemic Improvement Plan. Much data is reflective of our State-identified Measurable Result (SiMR). Implication, impacts, and reasoning related to FFY 2023-2027 SiMR data was discussed in depth with the ICC.

On January 27, 2025, the Chair of the ICC signed and dated the Annual Report Certification of the Interagency Coordinating Council Under Part C of the Individuals with Disabilities Education Act (IDEA) asserting to use the State's Part C SPP/APR for FFY 2023 and confirms provision to our Governor (attached to APR). Baby Watch solicits feedback from EI providers and administrators statewide regarding the value of resources distributed monthly as

a method of independent and ongoing professional development. Please refer to the Evaluation Plan https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf for more information. Baby Watch is always looking to facilitate valuable partnerships with early childhood and social service agencies. Stakeholders inform changes to our system of general supervision, including identifying any new or ongoing training needs and changes to monitoring measures, activities, and processes. Conversations with stakeholders occur during ICC meetings and SSIP workgroup meetings.

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

During FFY 2023, Baby Watch continued engaging with SSIP workgroups comprised of local EI program administrators, direct service providers, and community partners, in addition to ICC members, regarding SiMR and other performance improvement efforts. Strategies used to implement stakeholder engagement include email, video conferencing, ICC meetings, and Subcommittee meetings. Some of the engagement strategies are one-way interactions where Baby Watch shares or disseminates information; others gather input from stakeholders that is used to improve or change something. We also use more engaging strategies where we work together as decision-makers on a problem or issue. A key example is development and incorporation of BDI-3 in the BTOTS system. Two of our workgroups, ICC, and subcommittees are cross-stakeholder engagement representing a diverse group of people who are dedicated to improving the EI system and ultimately improving outcomes for children and families. Consensus building is used at times in order to ensure that everyone at the table has a voice in decisions.

Baby Watch continued partnering with local universities and early childhood organizations to support statewide initiatives. These partnerships help Baby Watch align with Early Childhood Utah's strategic plan to strengthen families.

Baby Watch continued participating in statewide initiatives designed to promote child social-emotional development, infant and caregiver mental health, and parent engagement, support, and education. Baby Watch continued its collaboration with the following community partners to bring training designed to promote healthy social and emotional development of young children and their families. Please refer to the Evaluation Plan for attendee information. https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/UTAH-FFY-2023-EVALUATION-PLAN.pdf

Utah State University (USU)

- Pyramid Model Infant/Toddler Modules
- Utah Pyramid Model Infant/Toddler Coaching Cohorts
- Parents Interacting with Infants (PIWI)

Institute for Disability Research, Policy & Practice | USU Project ECHO

- Early Intervention
 - o Social Communication
 - o Neonatal Abstinence Syndrome (NAS)
- Mental Health
 - o Social Emotional Health and Development
 - o Racial Disparities in Infant Mental Health
 - o Early Warning Signs of Infant Mental Health
 - o ACES/Counter ACES
 - o LGBTQ-Mental Health
 - o Suicide Prevention
 - o HOPE
 - o Mental Health in the Workplace
- Substance Abuse
 - o Cultural Barriers That Affect Seeking Help with Substance Abuse
 - o Substance Awareness
 - o Grandfamilies
 - o Stigma Awareness
 - o DCFS Foster Care

The Children's Center of Utah (TCCU)

- Zero To Three (ZTT) The Growing Brain
- Infant and Early Childhood Mental Health (IECMH) webinars
 - o Behavioral Communication of Infants and Toddlers
 - o Supporting Social and Emotional Growth Through Caregiver-Child Interactions
 - o Understanding Behavior in the Context: Development, Temperament, and Environmental Stressors
 - o The ABC's of Social and Emotional Well-Being
 - o Supporting Sleep in Early Childhood
 - o Domestic Violence in the Context of Early Childhood
 - o Trauma-Informed Engagement with Young Children
 - o The Foundations of Healthy Attachment
- Teleconsultation

The Utah Association of Infant Mental Health (UAIMH)

- Lifting Up the Hands that Lift Up Our Children
- Cultivating Care: Reflective Practice for Infant and Early Childhood Providers
- Promoting Social and Emotional Development Post-COVID, While Holding a Lens of Equity

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.

- "High-Quality IFSP" online course updates

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

"High-Quality IFSP" online course updates
Timeline: Spring 2025

Data Collection: Gather input about course updates

Expected Outcome: Service providers will implement results and compliance-based practices to develop High-Quality IFSPs in compliance with IDEA and Baby Watch policies.

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

Baby Watch identified barriers to anticipated data collection, measures, and outcomes through discussion with local EI programs, federal technical assistance, and reviewing of BTOTS records, include:

- Child outcome entry and exit completions and category data trends, including assessment tools and denominator composition, impacting data anomalies
 - o Regularly monitor trend data internally and discuss data reports with local EI programs
 - o Discuss current and historical decisions about denominator composition with federal technical assistance
 - o Review BDI-3 data trends to ensure accurate measurement and identify needs.
 - o Develop BDI-3 child outcome algorithm and propose modification to align Baby Watch business rules to Utah's eligibility policies.
- BTOTS database verification was changed from annual to quarterly
 - o Baby Watch, stakeholders, and local program directors/administrators feel this will improve data quality and timeliness, despite potential additional work for Baby Watch and local program staff.
 - o This schedule has facilitated proper timing for compliance data requirements and will eliminate a separate verification for child count data.
- Illness and hospitalizations highly impacting families attempting to maintain services
 - o Disseminated health and safety guidance to prevent the spread of COVID-19
 - o Reviewed Baby Watch policy/guidance with local EI programs for proper documentation in contact and visit logs
- COVID-19 prevention measures, cancellation policy, and illnesses impacting local EI program staff
 - o Disseminated CDC and Utah Department of Health vaccination information and facts to local EI programs for distribution
- Local EI programs note more families deciding to have their child leave the programs unexpectedly from 25-36 months of age.
 - o Created some transition challenges and program had to review documentation and protocol.
- Local EI programs note many more children referred for communication concerns and social emotional delays
 - o Baby Watch continues to provide ongoing assistance and professional development to address the social-emotional domain to more confidently identify delays in this area
- Local EI program staff, including transition coordinator, resignations causing staff shortages
 - o Baby Watch worked closely with programs to support them in identifying avenues to access qualified incumbents as well as supported them with onboarding and credentialing new staff
- Local EI program staff timely and thorough documentation
 - o Baby Watch continues to provide ongoing training to local EI program administration about the importance and reasons for timely, accurate, and reliable documentation
 - o Baby Watch utilization of reports to identify data changes and untimely data entry is increasing
- Local EI programs note a challenge to address social-emotional growth
 - o Baby Watch continues to work with community partners to identify resources across the State of Utah specific to infant mental health and social-emotional development
 - o Baby Watch is working to understand decreasing trend in child outcome summary statement A1, as well as the heightened category "E" outcomes
- COVID-19 and quarantining has led to a decrease in exposure (for our EI population) to everyday social situations
 - o Baby Watch provided guidance to all direct service providers for resuming in person visits during the ongoing COVID-19 pandemic
- COVID-19 impact on children with greater isolation from peer activities and relationships with daycare, church attendance, and family gatherings
 - o Baby Watch regularly provides resources for families to address child and family activities and relationship building
 - o Assessing social-emotional measures trends reflective of isolation.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
72	0	72	0	0

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

N/A

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*:

The State identified and reported 72 child-level noncompliant records among 8 of the 14 Utah early intervention programs during this period for APR 1. It has verified that each provider with each noncompliance reported by the State in FFY2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has initiated services for each child, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2022 related to timely services on the IFSP. The Corrective Action Plan (CAP) included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plans, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified within the 365-day timeframe for timely corrections and found that 100% compliance was achieved. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the formal Determinations and Corrective Action Plans can be provided upon request.

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

Corrected Findings of Noncompliance Identified in FFY 2022

The Lead Agency reviewed individual noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. The Lead Agency reviewed subsequent data from after corrective actions took place and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 72 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 72 children received the early intervention services on their IFSP, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
47	0	47	0	0

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

N/A

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*:

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 47 child-level noncompliant records among 4 of the 14 Utah early intervention programs during this period for APR 7. The Lead Agency verified that the programs that had findings of noncompliance were implementing the regulatory requirements. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY2022 related to timely establishment of the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and determinations as well as corrective action plans can be provided upon request.

The State has verified that each provider with each noncompliance reported by the State in FFY2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) has established an IFSP for each child, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01.

Routine compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2023, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2023 data.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the local EI programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that an IFSP meeting occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY2022 involved 47 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 47 children received a timely initial evaluation and assessment and initial IFSP meeting, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

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

N/A

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*:

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 2 child-level noncompliant records among 2 of the 14 Utah early intervention programs during this period for APR 8A. Baby Watch reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. The program implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regulatory requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2022 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the determinations/corrective action plans can be provided upon request.

FFY 2022 cases were also reviewed to identify any continued noncompliance. FFY 2022 cases deemed to be provider-caused will be addressed during determinations and program compliance will be reviewed with plans for improvement. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that services occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2021, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2023 data.

The 2 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Service coordinator did not contact family timely manner, data entry errors, provider needing to cancel/reschedule, inadequate staff training, inadequate documentation of transition. The State has verified that each provider with each noncompliance reported by the State in FFY 2022 under this indicator: (1) is correctly implementing the specific regulatory requirements; and (2) tracks each child under 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, although late, unless the child has aged out or otherwise is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions. Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY 2022 related to timely services on the IFSP.

The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the local early intervention programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition steps and services occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 2 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 2 children received transition steps and services, although late, unless the child has aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

N/A

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*:

N/A

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

N/A

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
12	0	12	0	0

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

N/A

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*:

Corrected Findings of Noncompliance Identified in FFY 2022

The State identified and reported 12 child-level noncompliant records among 6 of the 14 Utah early intervention programs during this period for APR 8C. The Baby Watch Early Intervention Program (Baby Watch) reviewed compliance indicator data and developed profiles/reports outlining targets, percentages, necessity of corrections, and determined level of compliance for each of the early intervention programs to review and verify that noncompliant cases be reviewed to determine causes. The programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. The program plans and following actions affirmed that they had corrected each case of noncompliance. The FFY 2022 program profiles are available on the Baby Watch website at https://familyhealth.utah.gov/wp-content/uploads/Office_EC/pdf/BabyWatch/Program-Profile-Summary.pdf and the determinations/corrective action

plans can be provided upon request.

Each of the cases were listed with identified reasons for the noncompliance, steps to correct the error(s), and agreement to correctly implement the specific regulatory requirements identified through reports and documentations. Baby Watch discussed, with local EI program administrators, individual cases identified in FFY 2022 to verify that the program is correctly implementing regulatory requirements by satisfactorily fulfilling the agreed upon plan for improvement. FFY 2023 cases were also reviewed to identify any continued noncompliance.

FFY 2022 cases deemed to be provider-caused were addressed during determinations and program compliance was reviewed with plans for improvement. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition conferences occurred following delay/noncompliance. Regular compliance and monitoring with each of the local EI programs continues to address improvement activities toward fulfilling all regulatory requirements. Local EI programs participated in monitoring provided by Baby Watch Training and Technical Assistance in FFY 2022, which addressed program adherence to their quality assurance plan items including collecting evidence of change. Discussions with local EI programs regarding their performance/compliance using program profile and determination data included follow-up questions regarding improvement from previous year corrective action plan findings and goals. Discussions identified that despite internal/external challenges (including due to COVID-19), programs maintain resolve to prevent future noncompliance as addressed based on FFY 2022 data.

The 12 UT findings of noncompliance are corrected. Reasons for not meeting the timeline that were discovered during focused monitoring and that the EI programs reported in their corrective action plans include: Local EI program cancellation or transition conference, inaccurate data entered into BTOTS, local EI program inability to coordinate with family or school, local EI program inability to coordinate due to holiday breaks.

The State has verified that each provider with each noncompliance reported by the State in FFY 2022 under this indicator: (1) is correctly implementing the specific regulatory requirements 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 has aged out or otherwise is no longer within the jurisdiction of the EIS program or provider. The State tracks each child 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, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP QA 23-01. Baby Watch monitored each program through the Baby and Toddler Online Tracking System (BTOTS), yearly program self-assessment, and on-site verification of data. The process included evaluating each program for an annual determination; notifying each program of any identified findings of non-compliance; and notifying each program of any required actions.

Each program submitted a Corrective Action Plan for each finding of non-compliance identified in FFY 2022 related to untimely transition conferences on the IFSP. The Corrective Action Plan included a program analysis of the root cause for the non-compliance and action steps with responsible parties and dates to correct the identified issues that led to non-compliance. Upon completion of the Corrective Action Plan, the Lead Agency reviewed subsequent data that was 100% compliant to close each finding of non-compliance. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

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

Corrected Findings of Noncompliance Identified in FFY 2022

Baby Watch contacted each of the early intervention programs to review data findings from FFY 2022. Noncompliant cases were reviewed to determine causes. The local EI programs implemented plans to retain compliance, including regularly monitoring data reports and agreed to collaborate with the Baby Watch Data Manager on future analyses and projects. Tracking determinations and showcasing compliance indicator data, targets, determination levels (1-5) to programs led to appropriate program response. Programs documented that they have corrected noncompliant cases, when possible, upon submission of their corrective action plans and discussion with the Lead Agency. The Lead Agency reviewed noncompliant FFY 2022 cases to verify that they had been corrected by the local EI programs. Updated data review of these cases indicated that transition conferences occurred following delay/noncompliance. The Lead Agency reviewed subsequent data and verified, based on that data, that previous noncompliance had been corrected. Corrected findings in FFY 2022 involved 12 individual cases of non-compliance. The State verified through the State's process of Focused Monitoring that the 12 children received a timely transition conference, although late, unless the child had aged out or otherwise was no longer within the jurisdiction of the EIS program, consistent OSEP QA 23-01. As a result of the review of subsequent or updated data, it was verified that 100% compliance was achieved.

Optional for FFY 2023, 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

N/A

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*:

N/A

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

N/A

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
133	0	133	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
133	133		100%	100.00%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%
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Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	133
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)	133
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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.

N/A

12 - OSEP Response

The State did not provide a baseline year and data for this indicator, as required by the Measurement Table.

12 - Required Actions

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

Certification

Instructions

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

Certify

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

Select the certifier's role

Lead Agency Director

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:

Lisa Davenport, PhD

Title:

Program Manager, Part C Coordinator

Email:

lisadavenport@utah.gov

Phone:

801-273-2961

Submitted on:

04/22/25 3:03:33 PM

Determination Enclosures

RDA Matrix

Utah

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	5	62.50%
Compliance	16	16	100.00%

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	2,750
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	5,471
Percentage of Children Exiting who are Included in Outcome Data (%)	50.27
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

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

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	2
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	26.30%	80.29%	77.43%	59.02%	86.38%	82.33%
FFY 2022	25.58%	79.09%	75.79%	57.36%	87.05%	81.92%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	99.19%	YES	2
Indicator 7: 45-day timeline	99.18%	YES	2
Indicator 8A: Timely transition plan	94.31%	YES	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.36%	YES	2
Indicator 12: General Supervision	100.00%	YES	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/FFY2023-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	2,750
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	73	423	46	131	2,077
Performance (%)	2.65%	15.38%	1.67%	4.76%	75.53%
Scores	1	1	1	0	0

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	13	402	712	712	911
Performance (%)	0.47%	14.62%	25.89%	25.89%	33.13%
Scores	1	1	1	1	0

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	10	122	354	483	1,781
Performance (%)	0.36%	4.44%	12.87%	17.56%	64.76%
Scores	1	1	1	1	0

	Total Score
Outcome A	3
Outcome B	4
Outcome C	4
Outcomes A-C	11

Data Anomalies Score	1
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	26.30%	80.29%	77.43%	59.02%	86.38%	82.33%
Points	0	2	1	2	2	2

Total Points Across SS1 and SS2	9
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Your State's Data Comparison Score	2
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Appendix D

II. (b) Performance Change Over Time:

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

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

Test of Proportional Difference Calculation Overview

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

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

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

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

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

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

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

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	692	25.58%	673	26.30%	0.72	0.0237	0.3043	0.7609	NO	1
SS1/Outcome B: Knowledge and Skills	1,809	75.79%	1,839	77.43%	1.65	0.0140	1.1741	0.2404	NO	1
SS1/Outcome C: Actions to meet needs	942	87.05%	969	86.38%	-0.67	0.0155	-0.4322	0.6656	NO	1
SS2/Outcome A: Positive Social Relationships	2,716	79.09%	2,750	80.29%	1.20	0.0109	1.1063	0.2686	NO	1
SS2/Outcome B: Knowledge and Skills	2,716	57.36%	2,750	59.02%	1.65	0.0133	1.2400	0.215	NO	1
SS2/Outcome C: Actions to meet needs	2,716	81.92%	2,750	82.33%	0.41	0.0104	0.3911	0.6958	NO	1

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

Utah

FFY 2023 APR (1)

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

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

APR Score Calculation

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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

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

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

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

Dispute Resolution

IDEA Part C

Utah

Year 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	0
(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.	0

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:

Utah

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

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

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