STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2024

Kentucky

PART C DUE
February 2, 2026

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The State Lead Agency of the Kentucky Early Intervention System remains committed to exceptional services for families of children with developmental delays or disabilities. The scores for State Performance Plan/Annual Performance Report (SPP/APR) indicators exemplify the passion and forthright dedication of the State Lead Agency and its partners to demonstrate a full understanding of the federal regulations that underpin the Individuals with Disabilities Education Act, Part C and its immeasurable effect on Kentucky's families.

Slippage was noted in some indicators, but these are indicative of Kentucky's history of excellent performance and now having small margins to improve or maintain success. However, while acknowledging these slippages, the State Lead Agency is nonetheless encouraged by these results and will continue to pursue its path of exceptional performance.

Additional information related to data collection and reporting

The Kentucky Early Intervention System contracts for an external online data collection system called Technology-assisted Observation Teaming System (TOTS). TOTS is utilized by all early intervention providers to document services, assessments, procedural processes, and submit billing. The TOTS had no downtime during FFY24. Data collection was performed without interruption and yielded robust information for federal reports, compliance and auditing reports, financial status, and overall operations.

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.

Monitoring systems and dispute resolution systems are in place to ensure that IDEA Part C requirements are met. Contracts with the Local Lead Agencies (i.e., Points of Entry) and early intervention providers require compliance with all applicable federal and state laws. Contracts expectations are re-enforced by training and technical assistance and are enforced by corrective action plans. Late or lack of correction of noncompliance results in sanctions including restricting services, financial penalties, and contract termination.

The State Lead Agency uses multiple methods to ensure the IDEA Part C requirements are met. These methods include integrated monitoring activities, data on processes and results, the SPP/APR, fiscal management, policies, procedures, and practices that result in effective implementation, improvement, correction, incentives, and sanctions. Currently, the 15 Points of Entry have comprehensive monitoring every 3 years. Compliance indicators are monitored monthly for all Local Lead Agencies. A minimum of 10 early intervention services providers are audited each year. Additionally, more providers are monitored based on complaints and/or unclear service logs. Late service note entry is monitored daily by the TOTS database controls resulting in financial sanctions.

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

Desk Audits

The State Lead Agency conducts periodic comprehensive reviews of randomly selected client files in each Local Lead Agency (i.e, Point of Entry) to ensure compliance with federal and state regulations. Audits occur on a 3-year cycle, with five Points of Entry being reviewed each year. A random pull of 10% of client files with active Individualized Family Service Plans are selected. Points of Entry must securely submit documentation from a small sample of hard copy files to verify the information documented in the Technology-assisted Observation and Teaming System (TOTS).

Chart Audits

Point of Entry Managers conduct chart audits at least every 6 months, with each Service Coordinator reviewed at least once per year. The audits review selected hard copy files and the associated information in TOTS to ensure regulations and policies are followed. The results are maintained at the Point of Entry office and available to the State Lead Agency upon request. Points of Entry Managers summarize findings from these audits on a summary form, document the self-report of any noncompliance on another form, and provide them to the State Lead Agency. The State Lead Agency tracks the completion of these audits, coordinates any technical assistance that may be needed, monitors corrections, and determines if findings of noncompliance are necessary.

Billing Audits of the Points of Entry and Early Intervention Providers

Reviews of billing records for a Point of Entry or early intervention provider are conducted randomly for quality assurance purposes or when there is a report of billing irregularities. At a minimum, there are 10 early intervention provider billing audits yearly. Claims are matched to the Individualized Family Service Plan authorizations and service logs. Reviews are forwarded to the Office of the Inspector General for further investigation if billing irregularities are identified. Any compliance issues noted during the audit are addressed with the Point of Entry or early intervention provider and sanctions are enforced as needed.

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

Monitoring and SPP/APR data for the FFY24 period (July 1, 2024, to June 30, 2025) were obtained from the Technology-assisted Observation and Teaming System. Hard copy records and interviews were conducted, as necessary. Indicator 11 data was obtained from the early intervention training contractor (University of Louisville) records.

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.

The State Lead Agency issues findings to both Local Lead Agencies (i.e., Points of Entry) and early intervention providers. Findings are issued according to the number of instances of noncompliance.

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).

The State Lead Agency reviews the reports for Indicators 1, 7, and 8c for noncompliance. Results are tracked on a spreadsheet. If noncompliance is corrected at both the child and system levels before the issuance of a finding but no more than 3 months from the identification of the noncompliance, it is considered a pre-finding correction. The noncompliance is noted, but no formal finding is issued due to the pre-finding correction. This process occurs following OSEP QA 23-01.

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

The State Lead Agency uses a variety of enforcement actions:

• Increased frequency of technical assistance that addresses areas of concern and noncompliance;

• Focused onsite or virtual monitoring on a specific area of noncompliance;

• Development or revision of professional development plans related to the areas of noncompliance;

• Completion and verification of record reviews by the State Lead Agency staff at a frequency determined by the State Lead Agency;

• Mentoring with other Local Lead Agencies (i.e., Points of Entry) or early intervention providers demonstrating best practices in the identified area(s) of noncompliance;

• Collection and analysis of data related to area(s) of non-compliance reviewed by the State Lead Agency staff at a frequency determined by the State Lead Agency;

• Local stakeholder meetings to identify barriers to compliance, Corrective Action Plan (CAP) strategies, and additional avenues for technical assistance and support;

• Withholding of payments;

• Recovery of funds; and,

• Termination of the contract.

Methods to assess compliance include comprehensive reviews of Points of Entry or early intervention providers, Point of Entry data reports, and desk audits of the Points of Entry and early intervention providers. Depending upon the issues discovered by the desk audits and resources of the State Lead Agency, onsite verification visits may occur. Any suspicion of noncompliance, regardless of the method of discovery, is investigated further to determine if a finding of noncompliance is required by OSEP QA 23-01.

The State Lead Agency uses financial internal control systems, as required by IDEA and the Uniform Guidance for Government Agencies. The procedures in place ensure that Part C is the payor of last resort and that federal funds are appropriately expended. Before contracting with early intervention service providers, universities, and Point of Entry fiscal agencies, a risk assessment is conducted. The fiscal actions of the contractors are monitored through the payment process with multiple reviews by different staff, payment for approved expenses made by a separate group, and periodic evaluation of performance.

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.

In accordance with OSEP QA 23-01, the State Lead Agency considers the following factors when making an annual determination on the performance of each Local Lead Agency (i.e., Point of Entry):

• Performance on compliance indicators;

• Valid, reliable and timely data;

• Correction of identified noncompliance; and,

• Other data available to the State Lead Agency about the district's compliance with IDEA, including any relevant audit findings.

All State Performance Plan indicators (compliance and results) are part of the Point of Entry's District Determination process. The Determinations are issued in June (within the timelines established by law). The Points of Entry are informed of the results are publicly posted on the State Lead Agency website.

Each indicator has a point value based on exceeding, meeting, or not meeting the target for the indicator. A comparison of the total point score to cut-off scores for each level of the determination (Meets Requirements, Needs Assistance, Needs Improvement, and Needs Substantial Improvement) follows. Any Point of Entry that does not achieve "Meets Requirements" must participate in technical assistance. Further enforcement actions are taken as necessary in accordance with OSEP QA 23-01. The website where district determinations are posted is keis.ky.gov.

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

The website for general supervision policies and processes is hosted within the keis.ky.gov webpages. Website visitors may click on the report page for more detailed information.

Technical Assistance System:

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

The State Lead Agency assists Local Lead Agencies (i.e., Points of Entry) in understanding and analyzing their data, developing and monitoring corrective action plans and self-assessments, and providing ongoing training related to compliance. Email and telephone communications are the most frequent methods of technical assistance. Written guidance documents are another way that technical assistance occurs. Quarterly calls with Points of Entry are held with an agenda jointly developed by the Point of Entry and State Lead Agency. Service coordinators and District Child Evaluation Specialists frequently attend the meeting as well. Local early intervention provider meetings are held.

The State Lead Agency has dedicated staff for training and technical assistance. The technical assistance staff are trained in Part C and early intervention evidence-based practices. Other State Lead Agency staff provide technical assistance as needed based on the needed information. The State Lead Agency staff responsible for technical assistance, compliance, and billing processes work closely to maintain consistency in responses.

Evidence-based practices are targeted through contracts with the University of Kentucky and the University of Louisville. Assessment and evaluation practices for both Points of Entry staff and early intervention providers are frequent topics, as is coaching parents. Collaboration with the Kentucky Deaf-Blind Project, Kentucky School for the Deaf, and the Early Hearing Detection and Treatment Program results in highly specific technical assistance for the sensory-impaired population. A contract between the State Lead Agency and Wendell Foster, a community-based rehabilitative agency, provides technical assistance on assistive technology.

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.

The State Lead Agency provides specific mandatory early intervention training modules. Pre-orientation modules for new early intervention services providers include Kentucky Early Intervention System (KEIS) Foundation (mission statement, structure of the state program, program standards, state and federal regulations, policy and procedures), Local Lead Agency (i.e., Point of Entry) Structure, 45-day timeline, KEIS Federal Reporting, KEIS Core Competencies, and KEIS Providers Performance Standards. The State Lead Agency uses two Learning Management Systems (LMS), Adobe Learning Manager Captivate Prime and Zoom for webinars and online training. The LMSs provide a tracking system so the State Lead Agency can monitor compliance for required training. The addition or revision of modules occurs when needed. The Zoom platform facilitates interactive live training.

Once enrolled as an early intervention provider, required orientation training includes two modules: Mission and Key Principles of Part C Early Intervention and Foundational Pillars of Early Intervention. These modules provide the essential knowledge needed to participate as an early intervention provider in Kentucky. Orientation focuses on the different types of Individualized Family Service Plan (IFSP) meetings and how decisions are made, home visiting safety, mandatory reporting of abuse, and documentation of services. The third session focuses on assessment using one of the approved Five Area Assessment instruments, accessing the assessment instrument training, entering the assessment into the data portal and Technology-assisted Observation Teaming System (TOTS), finalizing the assessment report, and enrolling. Other topics addressed in orientation are record keeping and confidentiality, IFSPs, child assessment, KEIS model of early intervention, Provider Matrix and TOTS documentation, and billing. Service coordinators are trained in the Routines-based Interview as well. Point of Entry Managers complete a Leadership Series, which includes modules on motivating and supporting staff, data-driven decision-making, provider oversight, and goal achievement (Four Disciplines of Execution). In addition, the importance of the Kentucky Early Childhood Standards is introduced. Ongoing program implementation updates are provided through announcements posted on the TOTS home screen for all providers to see when logging in. Additionally, the monthly First Friday Focus newsletter is structured to include a specific provider procedure and billing update.

Specific activities associated with the State Systemic Improvement Plan (SSIP) enrich the professional development of those working in the early intervention system. The Coaching in Early Intervention Training and Mentorship Program (CEITMP) provides intense, individualized training and mentoring. Once fidelity to the Kentucky Model of Early Intervention is achieved, an ongoing professional development plan is developed to support practice maintenance.

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.

Stakeholder input is a foundational component of the Kentucky Early Intervention System. Stakeholders include parents, Early Intervention Service Providers, State Lead Agency staff, contracted staff, Interagency Coordinating Council (ICC) members, Local Lead Agency (i.e., Point of Entry) staff (including Service Coordinators), Primary Level Evaluators, and Intensive Level Evaluators. All geographic and population density areas of the state were represented.

Stakeholders receive regular updates on the early intervention system's performance. Issues are presented for discussion and possible resolution. Ad hoc stakeholders approach the State Lead Agency with issues such as contractual requirements, reimbursement, referrals, education surrogate appointments, etc. The State Lead Agency is open to meeting with such groups to share accurate information. New ad hoc workgroups are created to address specific topics/issues as needed.

The process of developing the State Performance Plan/Annual Performance Report (SPP/APR) continues to include gathering data, verifying data, setting targets, and writing narrative portions of the APR. Specific input from stakeholders with interest or expertise in the indicator area (topic) assists with drafting the APR. The stakeholder groups also recommend revisions to improvement activities after evaluating the status. The improvement activities undergo frequent revision based on feedback from continuous improvement loops. Holding virtual ICC meetings has resulted in an increase in early intervention provider attendance and input. Travel from many areas in western Kentucky to Frankfort, the location of the State Lead Agency is approximately 3-5 hours. Virtual meetings make the ICC accessible. Every year, the ICC and other stakeholders receive a formal presentation of the SPP/APR. Due to this collaborative development process, the ICC has certified the APR each year.

Ongoing communication with stakeholders occurs through a listserv and an announcement page in the Technology-assisted Observation Teaming System specifically for early intervention providers.

Targets for the SPP/APR were not revised during FFY23. However, a significant change in the collection of family survey data was implemented. Stakeholders and staff urged the change due to the low response rate from families. The development of the method was discussed with the ICC, Point of Entry Managers, and other stakeholders.

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

NO

Number of Parent Members:

21

Parent Members Engagement:

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

Parent engagement occurs through various methods. Primary engagement means in-person and virtual meetings, phone contacts, emails, workgroups, surveys, and newsletters. The Technology-assisted Observation Teaming System includes a secure parent portal so parents can access their child's early intervention record. Local Lead Agency (i.e., Point of Entry) Managers cultivate relationships with the community leaders of underrepresented groups, such as migrant workers. Efforts to educate communities and primary referral sources involve in-person meetings.

Parents and family members are given opportunities to review proposed policies and initiatives. No State Performance Plan/Annual Performance Report (SPP/APR) targets were changed during this reporting year. Parents on the Interagency Coordinating Council (ICC) also share information with other parents in their region so that the input represents more than personal opinion. Parents are at the table when setting targets, reviewing data to develop improvement strategies, and evaluating progress. Coherent strategies to reach more diverse parent representativeness are included in the revised State Systemic Improvement Plan (SSIP). Frequent requests are made to the Points of Entry to identify parents who desire to be members of the ICC. The parent consultant also seeks parents who want to participate in the ICC.

A Family Advisory Council (FAC) was developed in 2023, with 29 past and current parents of children with Kentucky Early Intervention System (KEIS) services serving on the committee. Quarterly FAC meetings are held to focus on forming internal focus groups, furthering the representation of the parent viewpoint/voice. For many of the parents, KEIS was their first experience with service systems for children with disabilities and developmental delays. The family-centered approach of KEIS provided understanding and knowledge that led to increased confidence in the parent's ability to advocate for improved services.

State Lead Agency staff meets with parent advocacy and advisory groups about hearing loss and autism. Parents on these councils frequently discuss KEIS policies and have access to the KEIS parent consultant to share their input, concerns, and questions. The KEIS Parent Consultant also works with the IDEA-funded parent center and Department for Behavioral Health, Intellectual and Developmental Disabilities parent center. Efforts are targeted at developing relationships with parent leaders of various groups to help. Effective engagement requires understanding the best way to connect.

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 Kentucky Early Intervention System (KEIS) early intervention service model is based on coaching the caregiver. The Coaching in Early Intervention Training and Mentoring Program (CEIMTP) phase-in has reached the last area of the state, the Kentuckiana (KIPDA) region, for initial training. Previously trained areas are now in the maintenance phase of the program. This process focuses on the parent/caregiver's ability to enhance the child’s growth and learning. The CEITMP is an evidence-informed approach built on adult learning principles, introduction and illustration of content, collaborative teaming with early intervention providers, job-embedded practice, provider self-reflection, and performance feedback. Once trained, each participant develops a plan for maintenance to ensure fidelity to the KEIS Coaching Model.

Parents/caregivers and early intervention providers use meaningful conversations to form a partnership to promote a child’s learning and development. Each early intervention session includes the following:

• Development of a shared plan based on parent/caregiver’s concerns and ideas;

• Observation of each other, seeing what the family has been working on, and trying new ideas;

• Reflection, problem-solving, and learning; and

• Development of a plan to implement until the next visit.

Parents/caregivers view a short video about coaching as part of the intake. The video explains why early intervention services are delivered this way and focuses on the parents/caregivers as the primary agents of change in their children’s lives. Anecdotal evidence indicates that parents acknowledge increased confidence in caring for their children. Pre/post-surveys completed by parents support the anecdotal data. Data indicates that the average increase in skill and confidence was +0.25 points. The range was +0.16 to +0.32.

Soliciting Public Input:

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

Several documents are posted on the website for public information. During the development of guidance documents, input from Local Lead Agency (i.e., Point of Entry) staff and early intervention providers is sought. A message is sent to all stakeholders when a new document is posted. The State Lead Agency issues announcements asking volunteers to join workgroups for target setting when revised, data review, improvement strategies development, and evaluation. Additional people are recruited based on their experience and/or expertise in the subject matter. It is difficult for early intervention providers to participate due to the need for billable service hours. Changes to the contract with early intervention providers made it possible for payment when participating in a workgroup.

Various reports provide data to the Interagency Coordinating Council (ICC). As more early intervention providers attend the quarterly ICC meetings, more providers request data and ask questions. This dialogue helps the State Lead Agency to make decisions with comprehensive input. Concerns with few providers offering in-person services are voiced, along with concerns that the mandatory training on the coaching model has caused individual providers to leave the Part C system.

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.

Electronic mechanisms are used to inform the public of various results and activities. Listserv messages reaching nearly a thousand individuals are sent out as needed. The State Performance Plan (SPP) and State Systemic Improvement Plan (SSIP) are posted on the State Lead Agency website and Interagency Coordinating Council (ICC) meeting notes and presentations. Information concerning stakeholders' and workgroup input is provided to the ICC at quarterly meetings. A call for volunteers is issued when preparing to revise implementation strategies or policies. The State Lead Agency makes every effort to reach the diverse stakeholders in Kentucky.

Reporting to the Public:

How and where the State reported to the public on the FFY 2023 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.

Annually, the State Performance Plan/Annual Performance Report (SPP/APR) is available on the State Lead Agency website upon submission to the U.S. Department of Education, Office of Special Education Programs. The website address is keis.ky.gov, or more specifically: https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx. At a minimum there are two versions of the SPP/APR--one for public comment and later, the one submitted. If revisions are required during the clarification period, a clarified version of the SPP/APR is posted. Interested parties without web access can contact the State Lead Agency for a copy.

According to federal requirements, Local Lead Agency (i.e., Point of Entry) determinations are posted on the State Lead Agency website within the timeline for each Point of Entry. The Point of Entry Determination Profiles include results for each SPP/APR indicator and 619 data.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State did not, as required, attach a signed copy of their 2026 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit the SICC form to confirm whether the SICC is supporting the State's submission of the FFY 2024 SPP/APR or submitting its own SICC annual report (and if so, the SICC must submit the annual report in a format that complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508)).

On April 12, 2024, OSEP issued findings in its monitoring report, which are not fully resolved. Longstanding noncompliance (from any unresolved finding identified by OSEP) may be a factor in the Department's 2027 determinations. OSEP will work with Kentucky to clarify what actions remain.

Intro - Required Actions

The State's IDEA Part C determination for both 2025 and 2026 is Needs Assistance. In the State's 2026 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2025 SPP/APR submission, due February 1, 2027, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	Not Valid and Reliable	99.46%	98.67%	97.86%	97.08%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,887	5,848	97.08%	100%	96.80%	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.

774

Provide reasons for delay, if applicable.

There were 187 noncompliant cases. For 25 cases, the reason for the delay was not determined because the reason was not documented in the file. In 114 cases, services were late due to the provider's actions—canceled visits for illness and inclement weather or scheduled visits after the 30-day period. In 35 instances, the delay was caused by the Local Lead Agency (i.e., Point of Entry), either unintentional oversight or staff shortages. Eleven services were late due to regional early intervention provider shortages. Two services were late due to interpreter shortage. In all instances, the child did receive their first service, although late, or are no under the jurisdiction of the Kentucky Early Intervention System. The range of days late was from one day to 100 days.

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).

Thirty days from the date that the parent or guardian gave written parental consent.

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

State database

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

July 1, 2024, through June 30, 2025

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

Every Individualized Family Service Plan (IFSP) (initial, six-month, requested review, and annual) is entered into the Technology-assisted Observation and Teaming System. The Planned Services section of the IFSP includes all services planned for delivery during the period of the IFSP and serves as the authorization for each service. The date of the IFSP meeting is matched to the date of service delivery for the first payment claim. Then, the number of days between the date of the IFSP and the date of the first service is calculated. A report, Timely Services, lists every initial service date for the IFSP period. The Local Lead Agency (i.e., Point of Entry) Manager reviews the Timely Services report and State Lead Agency staff verify the Point of Entry Manager's assessment. As part of preparing the Annual Performance Report, a different staff member at the State Lead Agency reviews and verifies the Timely Services report. For consistency, a comparison of the report's results with the monthly reports submitted by the Points of Entry occurs.

Provide additional information about this indicator (optional)

These Points of Entry are the local lead agency for Part C services. Each month, the Point of Entry Managers must review the Timely Services Report for their district to identify any missing documentation and noncompliance. Copies of the verified reports are submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviews the Timely Services Reports and reviews all noncompliance. Results are tracked on a spreadsheet. If noncompliance is corrected both at the child and systemic levels before the issuance of a finding but no more than 3 months from the identification of the noncompliance, it is considered a pre-finding correction. The noncompliance is noted, but no formal finding is issued due to the correction. This process occurs following OSEP QA 23-01. In addition to the monthly reviews, the Part C Coordinator reviews the Timely Services Report for the entire state and fiscal year at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliance missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY23, two Points of Entry – serving the Northern Kentucky and Lake Cumberland regions– were found to be non-compliant and issued findings. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. In addition, the FFY22 finding for the Point of Entry serving the KIPDA region was outstanding. In each instance, the monthly reporting continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected. Points of Entry serving the Northern Kentucky and Lake Cumberland regions both achieved 100% compliance in August 2024, and the findings were resolved. KIPDA has greatly improved but continues to be noncompliant.

During FFY24, no additional findings of noncompliance were issued. In each instance of noncompliance, the monthly reporting continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected. In each instance, the Point of Entry achieved systemic and child-level correction prior to the issuance of a finding, resulting in a pre-finding correction. The only exception was KIPDA, which continues to be noncompliant. This Point of Entry serves the largest number of children but struggles to maintain the number of providers and Point of Entry staff needed to ensure timely services.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Verified as Corrected

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

Each month, the Local Lead Agency (i.e, Point of Entry) managers reviewed the Timely Services Report for their district to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

During FFY23, the two Points of Entry serving the Northern Kentucky and Lake Cumberland regions were issued findings of noncompliance. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. In each instance, the monthly reporting continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected. Based on this information, the State Lead Agency determined noncompliances were corrected. Both Points of Entry achieved 100% compliance in August 2024, and the findings were resolved.

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

The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 1 uncorrected finding of noncompliance identified in a FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed the Timely Services Report for their region to identify any missing documentation and noncompliance. Copies of the cleaned reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

During FFY23, two Points of Entry serving the Northern Kentucky and Lake Cumberland regions were issued findings of noncompliance. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. In each instance, the monthly reporting

continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. To determine child-level correction, the file for each child identified as non-compliant was individually reviewed to ensure the child had received the service, although late, or was no longer eligible or enrolled in the Kentucky Early Intervention System. This process occurred following OSEP QA 23-01, using updated data to determine noncompliances were subsequently corrected. Both Points of Entry achieved 100% compliance in August 2024, and the findings were resolved.

The FFY22 finding for the Point of Entry serving the KIPDA region remains outstanding. Data continues to be reviewed monthly in accordance with OSEP QA 23-01.

1 - OSEP Response

The State did not report on the actions taken to address findings identified in FFY 2022 not yet verified as corrected.

1 - Required Actions

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.70%

FFY	2019	2020	2021	2022	2023
Target>=	98.70%	99.83%	99.83%	99.83%	99.83%
Data	99.83%	100.00%	99.93%	99.98%	99.98%

Targets

FFY	2024	2025
Target >=	99.83%	99.83%

Targets: Description of Stakeholder Input

The targets were determined with stakeholder input and have not been changed.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	4,780
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	4,783

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,780	4,783	99.98%	99.83%	99.94%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The targets were determined with stakeholder input and have not been changed.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2019	Target>=	64.00%	64.05%	64.10%	64.15%	64.20%
A1	64.00%	Data	58.16%	66.32%	65.11%	71.05%	64.32%
A2	2019	Target>=	44.00%	44.05%	44.10%	44.15%	44.20%
A2	44.00%	Data	37.18%	45.89%	43.82%	43.11%	42.99%
B1	2019	Target>=	63.00%	63.05%	63.10%	63.15%	63.20%
B1	63.00%	Data	58.07%	62.69%	61.20%	65.63%	61.11%
B2	2019	Target>=	42.00%	42.05%	42.10%	42.15%	42.20%
B2	42.00%	Data	39.25%	48.53%	47.58%	46.64%	44.79%
C1	2019	Target>=	62.00%	62.05%	62.10%	62.15%	62.20%
C1	62.00%	Data	59.07%	66.07%	61.21%	59.98%	60.23%
C2	2019	Target>=	48.00%	48.05%	48.10%	48.15%	48.20%
C2	48.00%	Data	42.38%	52.37%	49.89%	47.42%	46.30%

Targets

FFY	2024	2025
Target A1>=	64.25%	64.30%
Target A2>=	44.25%	44.30%
Target B1>=	63.25%	63.30%
Target B2>=	42.25%	42.30%
Target C1>=	62.25%	62.30%
Target C2>=	48.25%	48.30%

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	99	3.63%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	854	31.35%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	682	25.04%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	717	26.32%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	372	13.66%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,399	2,352	64.32%	64.25%	59.48%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,089	2,724	42.99%	44.25%	39.98%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

The score for A1 was 4.77% below the target score and 4.84% lower than the score for FFY23. The FFY24 number of children who increased their rate of growth was fewer than the FFY23 number (1,399 vs. 1,516). It is unknown why the decrease in scores occurred except that fewer children were included in the data pool. Each year, more than one-third of the children in KEIS exit, and the majority of referrals are when children are more than 15 months of age. The enrollment and exiting pattern impact the effect of intervention dosage. Another impact on dosage is the number of opportunities children have to practice new skills. This is unknown.

Provide reasons for A2 slippage, if applicable

The score for A2 was 4.27% below the target score and 3.01% lower than the score for FFY23. The FFY24 number of children who increased their rate of growth was fewer than the FFY23 number (1,089 vs. 1,168). It is unknown why the decrease in scores occurred except that fewer children were included in the data pool. Each year, more than one-third of the children in KEIS exit, and the majority of referrals are when children are more than 15 months of age. The enrollment and exiting pattern impact the effect of intervention dosage. Another impact on dosage is the number of opportunities children have to practice new skills. This is unknown.

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	77	2.83%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	819	30.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	676	24.82%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	730	26.80%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	422	15.49%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,406	2,302	61.11%	63.25%	61.08%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	1,152	2,724	44.79%	42.25%	42.29%	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	82	3.01%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	840	30.84%

Outcome C Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	615	22.58%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	685	25.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	502	18.43%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,300	2,222	60.23%	62.25%	58.51%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,187	2,724	46.30%	48.25%	43.58%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

KEIS uses a restrictive eligibility, meaning all children enter the program with a documented significant developmental delay or a condition that results in developmental delay/intellectual disability. The presence of motor, cognitive, and/or communication delays results in an inability to meet ongoing self-help/adaptive behaviors. When delays in communication limit the ability of toddlers to tell others what they need or want, they resort to other communication means, such as crying, tantrumming, biting, and screaming. Motor and cognitive delays limit toddlers' ability to perform and sequence activities. Together, the foundational delays restrict adaptive behavior independence. Additionally, the limited exposure to various environments and people (due to pandemic restrictions) reduced the opportunities to see models of appropriate behaviors.

Another factor impacting the results was revising the Assessment, Evaluation, and Programming System (AEPS), one of the approved assessments used in Kentucky. The revised edition included different test items and revised scoring. Early intervention providers using the older version had to be re-trained on the new one. Confidence in administration may have been less. This was the first year that the AEPS-3 was used.

Provide reasons for C2 slippage, if applicable

The score for C2 was 4.67% below the target score and 2.72% lower than the score for FFY23. Multiple factors may have influenced the results. Children exiting with more than six months of early intervention services but less than one year may have needed a longer tenure in Kentucky Early Intervention System. Motor, cognitive, and/or communication delays result in an inability to meet ongoing self-help/adaptive behaviors. When delays in communication limit the ability of toddlers to tell others what they need or want, they resort to other communication means, such as crying, tantrumming, biting, and screaming. Motor and cognitive delays limit toddlers' ability to perform and sequence activities. Together, the foundational delays restrict adaptive behavior independence.

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	4,980
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.	1,133
Number of infants and toddlers with IFSPs assessed.	2,724

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."

The analysis algorithms measure changes more accurately in child functioning by focusing on a 6-month age range corresponding to the child's age at the time of assessment to identify age-appropriate functioning compared to same-age peers. In consultation with Kentucky Early Intervention System stakeholders, age-appropriate functioning for categories C, D, and E was set at 40% (i.e., a child had to have mastered 40% of the items within the child's chronological 6-month age range at the time of assessment). The 40% criteria level was decided based on research and consultation with national and state assessment experts.

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

Three assessment instruments are used for monitoring children's progress:

1. Assessment, Evaluation, and Programming System for Infants and Children Third Edition (AEPS)
2. Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN)
3. Hawaii Early Learning Profile (HELP)

These assessment instruments fulfill the state regulation for a criterion-referenced Five Area Assessment (5AA). The 5AA is administered to each child upon entry, annually, and exit. Each assessment item is entered into the Kentucky Early Childhood Data Portal (KEDS). The District Child Evaluation Specialist (DCES) or contracted evaluator enters the entry data; then the subsequent entry is by the early intervention provider who served as the primary service provider. The data is then used to analyze progress and reported in the State Performance Plan/Annual Performance Report.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

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

Data Source

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

Measurement

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

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

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2007	Target>=	99.45%	99.52%	99.52%	99.52%	99.52%
A	83.20%	Data	99.70%	100.00%	95.36%	98.17%	99.85%
B	2007	Target>=	99.52%	99.43%	99.43%	99.43%	99.44%
B	74.30%	Data	99.41%	98.83%	95.52%	98.39%	98.77%
C	2007	Target>=	99.03%	98.80%	98.80%	98.80%	98.80%
C	89.60%	Data	99.11%	98.64%	94.89%	98.39%	98.31%

Targets

FFY	2024	2025
Target A>=	99.52%	99.53%
Target B>=	99.44%	99.45%
Target C>=	98.80%	98.85%

Targets: Description of Stakeholder Input

The targets were determined with stakeholder input and have not been changed.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	2,316
Number of respondent families participating in Part C	1,112
Survey Response Rate	48.01%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,100
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,097
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	1,102
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,087
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	1,099
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,076

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	99.85%	99.52%	100.27%	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)	98.77%	99.44%	101.38%	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)	98.31%	98.80%	102.14%	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?	YES
If your collection tool has changed, upload it here.	Revised Family Survey-English 6.24

Response Rate

FFY	2023	2024
Survey Response Rate	6.28%	48.01%

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

To determine the representativeness of the family survey/Indicator 4 data, a metric of +/- 3% discrepancy in the proportion of respondents compared to the target group was used.

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

In FFY24, the State Lead Agency implemented several changes to the family survey process to improve response rates and reduce barriers to participation. The State Lead Agency partnered with the Division for Early Childhood Parent Advisory Council (PAC) to review the existing Family Survey tool (2010 Early Childhood Outcomes Center Survey). During FFY23, the State Lead Agency administered Sections A and B of the survey; however, stakeholder feedback indicated that the survey's length may have discouraged completion. As a result, the Parent Advisory Council provided input on the questions to keep, and the number of survey questions was reduced.

The State Lead Agency also took steps to ensure accessibility and equity in survey completion. When surveys are completed during family assessments, interpreters may assist families who are not proficient in speaking and/or reading English. Surveys may be completed electronically via tablet, computer or phone, or in paper format if preferred. Secure links are available in English and Spanish, the two most commonly used languages in Kentucky. These options were designed to reduce participation barriers related to language, technology access and location

Although fewer surveys were distributed under the revised process, integrating the family survey into the existing annual Individualized Family Service Plan workflow resulted in a significant increase in the number of completed surveys.

2,316 family surveys were distributed to families prior to the annual Individualized Family Service Plan meeting. 1,112 surveys were completed. The response rate was 48.01%. The State Lead Agency has continued to revise the survey methods to encourage completion of the family surveys and is excited about the increase in responses.

Surveys were sent to 2,316 families. One survey was sent to American Indian or Alaska Native families, 46 to Asian families, 184 to Black or African American Families, 186 to Hispanic/Latino families, 4 to Native Hawaiian or Other Pacific Islander families, 157 to families of two or more races, and 1,738 to White families.

The proportion of surveys distributed by race was calculated to assess equitable outreach. American Indian or Alaska Native families received 0.04% of the surveys, Asian families received 1.99%, Black or African American families received 7.94%, Hispanic families received 8.03%, Native Hawaiian or Other Pacific Islander families received 0.17%, families of two or more races received 6.78%, and White families received 75.04% of the surveys.

Response rates by race were also calculated based on the 1,112 returned surveys. Of the responses received, 0% responses were from American Indian or Alaska Native families, 1.62% were from Asian families, 6.56% were from Black or African American families, 7.55% were from Hispanic/Latino families, 0.09% were from Native Hawaiian or Other Pacific Islander, 6.21% were from families of two or more races and 77.97% were from White families.

The comparison of survey distribution and response rates demonstrates that the returned surveys are representative of the populations surveyed. For all racial groups, the variance between the proportion of surveys distributed and the proportion of surveys returned was within +/- 3%, indicating minimal response bias and supporting the reliability and representativeness of the survey data.

The family survey data was analyzed by the child's gender, age and location (Point of Entry region) in FFY24. A total of 2,316 surveys were distributed, with 36.83% (853) sent to families with female children and 63.17% (1,463) sent to families with male children. Of the 1,111 surveys returned, 437 (39.30%) were from families with female children, and 675 responses (60.70%) were from families with male children.

The close alignment between the proportion of surveys distributed and the proportional responses received by gender demonstrates that the survey data are representative of the population surveyed. The minimal variance between the distribution and response rates indicates balanced participation across genders, supporting the reliability of the survey results.

Analysis of survey responses by child age indicates that participation was heavily concentrated among families with children between one and three years of age, who accounted for over 93% of all completed surveys. This aligns with overall Kentucky Early Intervention System participation patterns.

Specifically, families with children under six months of age completed six surveys (0.54%); families with children older than 6 months but less than 1 year completed 52 surveys (4.68%); families with children between one and two years of age completed 419 surveys (37.68%); families with children between 2 and 3 years of age completed 618 surveys (55.58%); and families with children older than 3 years completed 16 surveys (1.44%).

These results suggest that families are most engaged, or most likely to complete the survey, during the middle to later stages of early intervention services. Lower response rates among families early in the system may reflect factors such as the initial adjustment to a new diagnosis, competing demands during service initiation or limited familiarity with early intervention services.

The family survey data were analyzed by location across 15 Local Lead Agency (i.e., Point of Entry) regions. A total of 2,316 surveys were distributed statewide to families prior to their annual Individualized Family Service Plan meetings. Distribution and response rates varied by district.

The largest number of surveys was distributed in the KIPDA region (543; 23.45% of total), with 351 surveys returned (64.64% response rate). Bluegrass region distributed 346 surveys (14.95% of total), receiving 115 responses (33.24%), while Northern Kentucky region distributed 326 surveys (14.08%) and received 124 responses (38.04%).

Mid-range distribution districts included Lincoln Trail region (175 distributed; 42 returned; 24% response rate), Barren River region (185 distributed; 88 returned; 47.57%), Purchase region (131 distributed; 64 returned; 48.85%), Kentucky River region (113 distributed; 90 returned; 79.65%), Cumberland Valley region (99 distributed; 69 returned; 69.70%), and FIVCO region (84 distributed; 42 returned; 50%).

Smaller districts included Green River region (75 distributed; 32 returned; 42.67%), Lake Cumberland region (76 distributed; 11 returned; 14.47%), Pennyrile region (65 distributed; 27 returned; 41.54%), Big Sandy region (42 distributed; 20 returned; 47.62%), Buffalo Trace region (33 distributed; 17 returned; 51.52%, and Gateway region (23 distributed; 19 returned; 82.61%).

Survey distribution was generally proportional to district size. Larger districts accounted for a significant share of total survey distribution. KIPDA region demonstrated both high distribution and strong engagement. Several mid-size districts demonstrated notably strong response rates. These results suggest the need for effective local follow-up or stronger family engagement practices within these districts. Conversely, some districts exhibited low response rates regardless of distribution size. These patterns may indicate challenges such as limited follow-up or timing issues.

Overall, the data suggests that survey return rates are influenced more by region-level practices and engagement strategies than by the volume of surveys distributed. Regions with high response rates, regardless of size, can provide useful models for improving survey participation statewide. In contrast, districts with persistently low response rates may benefit from focused support to identify and address participation barriers.

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.

Building on the positive outcomes observed in FFY24, the State Lead Agency will continue to refine and strengthen its family survey process to further increase response rates over time.

First, the State Lead Agency will continue integrating the family survey into the annual Individualized Family Service Plan workflow, as data indicate this approach significantly increased completed surveys despite fewer overall distributions. Administering the survey prior to the annual Individualized Family Service Plan meeting ensures families have sufficient experience with early intervention services to provide informed feedback while reducing the likelihood that the survey is overlooked or deprioritized. This strategy also supports earlier engagement with families who may otherwise be less likely to respond later in their participation.

Second, the State Lead Agency will maintain the shortened survey format, which was developed in collaboration with the Division for Early Childhood Parent Advisory Council. Stakeholder feedback clearly indicated that survey length was a barrier to completion, and the revised tool has contributed to improved response rates. Ongoing review of survey items will ensure the tool remains concise, relevant and family-friendly while capturing meaningful data.

To address equity and accessibility, the State Lead Agency will expand targeted supports for families with language and communication needs. Interpreters will continue to be available during family assessments when surveys are completed, and secure electronic survey links will remain available in both English and Spanish. The State Lead Agency will explore additional language options as demographic needs evolve, particularly to support families from racial and ethnic groups with smaller response counts. These strategies aim to reduce barriers related to language proficiency, literacy and comfort with written surveys.

Given the lower response rates among families with children under 1 year of age, the State Lead Agency will enhance outreach strategies for families early in the system. This may include providing clearer explanations of the survey's purpose and value, reassurance that feedback is confidential and used for program improvement, and flexibility in timing for survey completion. These approaches acknowledge that families new to early intervention may be adjusting to a diagnosis or learning about services and may need additional encouragement to participate.

Local Lead Agency (i.e., Point of Entry) region analysis indicates that response rates vary more by the local practices than by the number of surveys distributed. As a result, the State Lead Agency will leverage high-performing Points of Entry as models for improvement. Points of Entry demonstrating consistently strong response rates, regardless of size, will be engaged to share effective engagement strategies, such as staff follow-up practices, family reminders and integration of survey completion into routine interactions. Points of Entry with persistently low response rates will be asked to identify barriers related to timing, follow-up or family engagement and to implement tailored improvement strategies.

Finally, the State Lead Agency will continue to monitor survey representativeness across race, gender, age and location to ensure that response patterns remain aligned with the populations served. Although FFY24 data demonstrate strong representativeness with minimal variance across demographic groups, ongoing monitoring will allow the State Lead Agency to quickly identify emerging gaps and adjust outreach strategies accordingly.

Together, these strategies are expected to support continued growth in survey participation, strengthen equity in family voice and ensure that survey results remain reliable, representative and useful for program improvement year over year.

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.

In FFY24, the State Lead Agency distributed 2,316 family surveys and received 1,112 responses, yielding a 48.01% response rate, a substantial improvement from prior years following revisions to survey administration.

Nonresponse bias was assessed across race, child gender, child age, and Point of Entry district. Survey responses closely matched the distribution by race, with all groups within a variance of +/- 3%, indicating minimal bias. Gender responses were similarly aligned (39.3% female; 60.7% male). Response rates were concentrated among families with children aged 1-3 years (over 93% of responses), reflecting typical engagement patterns. Lower participation by families with children under one year suggests an expected early service adjustment rather than systemic exclusion. Local Lead Agency (i.e., Point of Entry) region response rates varied, highlighting local engagement practices as a key factor in participation.

To reduce bias and broaden participation, the State Lead Agency shortened the survey, shifted the distribution to take place prior to the annual Individualized Family Service Plan meeting, and provided multiple completion options (electronic or paper) with English and Spanish language support and interpreter assistance. Survey integration into routine service processes further encouraged responses. High-performing districts were identified as models of effective engagement, while low-response districts received targeted support.

Overall, FFY24 data indicate survey respondents were broadly representative of families receiving Part C services. Continued monitoring and targeted strategies aim to further reduce bias and increase response rates in future years.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

The Kentucky Early Intervention System continues to monitor survey representativeness across race, gender, age and location to ensure that response patterns remain aligned with the populations served. Although FFY24 data demonstrate strong representativeness with minimal variance across demographic groups, ongoing monitoring will allow Kentucky's Early Intervention System to quickly identify emerging gaps and adjust outreach strategies accordingly.

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.49%

FFY	2019	2020	2021	2022	2023
Target >=	0.52%	0.64%	0.64%	0.64%	0.65%
Data	0.64%	0.30%	0.52%	0.46%	0.38%

Targets

FFY	2024	2025
Target >=	0.68%	0.70%

Targets: Description of Stakeholder Input

The targets were determined with stakeholder input and have not been changed.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	242
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	52,554

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
242	52,554	0.38%	0.68%	0.46%	Did not meet target	No Slippage

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

A major contributing factor to this decline in the number of children served is the lack of parent awareness of services and processes. Lack of a coordination between healthcare providers and families may have created gaps in identifying children needing early intervention. This is evident across the state. Local Lead Agencies (i.e., Points of Entry) report that many families are not completing their child's preventive care visits with their primary care provider, resulting in declining specialist referrals. Health care providers are also aware of provider shortages in the state and are making referrals to outpatient clinics. Another reason for lower Birth-1 referrals is that most children with established risk conditions are referred after age 1.

Health Care Providers may adopt a “wait and see” approach rather than referring early, which delays identification for birth to 1 year old. Parents and providers often do not know about Child Find or early intervention programs. Rural or underserved areas in Kentucky often have fewer pediatric providers who recognize developmental delays or trigger referrals to Child Find/early intervention.

Outreach by Points of Entry is difficult due to staffing vacancies. Overburdened staff may struggle to meet the needs of all children, leading to delays in screening or referral processes. Families are not responding to referrals for services, staff unable to locate families after several attempts. Agencies often lack brochures, media campaigns, and outreach resources to effectively promote Child Find and early developmental screening.

Parents are not following up with the child’s preventive care visits for milestone assessments with the primary care provider. Also, families’ ability to navigate the system and engage with Child Find services may be hindered by lack of time, support, or knowledge. Families that live in rural or remote areas are facing difficulties in accessing services due to distance, limited transportation, no public transportation, or lack of nearby resources. No access to computers and internet. There is a lack of personal transportation, coupled with financial hardship, can restrict service access for families. With adequate outreach in underserved areas may leave certain communities unaware of available services.

However, education, outreach and child-finding efforts is continuing throughout the state.

Provide additional information about this indicator (optional)

State Lead Agency's "Empowering Education" through Outreach Events include:

- Advancing education through knowledge-sharing and event participation
- Events for networking and knowledge exchange
- Bridging gaps with agencies, and learners
- Building stronger communities via learning and collaboration
- Exposure to new ideas
- Networking opportunities
- Professional development
- Provide Kentucky Early Intervention System support: branded materials, sessions, and educational resources
- Workshops and seminars
- Student engagement programs
- Partnerships with schools and universities
- Accessible, impactful learning experiences
- Official endorsement videos
- Message: Kentucky Early Intervention System as a trusted partner
- Distributed via Kentucky Early Intervention System website, social media, and events
- Strengthen Kentucky Early Intervention System visibility across Kentucky
- Promote education initiatives through diverse media
- Build partnerships with government, family court judges and community leaders

A robust plan for Provider Recruitment includes collaborating and partnering with:

- Pediatricians and family practitioners
- Speech, occupational, and physical therapists
- Developmental interventionists
- Behavioral/mental-health specialists
- Early-childhood special educators
- Pediatric nurse practitioners
- Rural health clinics and Federally-Qualified Health Centers
- University pediatric and therapy programs
- State medical conferences
- Healthcare workforce events
- Hospital-association meetings
- Residency program job fair
- Identify Providers in each Point of Entry region to become Provider Recruitment Champions
- Post openings or Kentucky Early Intervention System provider opportunities on LinkedIn, Indeed, and therapy job boards.
- Use a simple landing page on the state site with easy steps to become a provider.
- Host short webinars on “How to Become a Kentucky Early Intervention System Provider.”

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.17%

FFY	2019	2020	2021	2022	2023
Target >=	2.55%	3.36%	3.36%	3.36%	3.40%
Data	3.35%	2.19%	2.71%	3.12%	2.98%

Targets

FFY	2024	2025
Target >=	3.50%	3.75%

Targets: Description of Stakeholder Input

The targets were determined with stakeholder input and have not been changed.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	4,783
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	159,674

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,783	159,674	2.98%	3.50%	3.00%	Did not meet target	No Slippage

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

A major contributing factor to this decline in the number of children served is the lack of parent awareness of services and processes. Lack of a coordination between healthcare providers and families may have created gaps in identifying children needing early intervention. This is evident across the state. Local Lead Agencies (i.e., Points of Entry) report that many families are not completing their child's preventive care visits with their primary care provider, resulting in declining specialist referrals. Health care providers are also aware of provider shortages in the state and are making referrals to outpatient clinics. Another reason for lower Birth-1 referrals is that most children with established risk conditions are referred after age 1.

Health Care Providers may adopt a “wait and see” approach rather than referring early, which delays identification for birth to 1 year old. Parents and providers often do not know about Child Find or early intervention programs. Rural or underserved areas in Kentucky often have fewer pediatric providers who recognize developmental delays or trigger referrals to Child Find/early intervention.

Outreach by Points of Entry is difficult due to staffing vacancies. Overburdened staff may struggle to meet the needs of all children, leading to delays in screening or referral processes. Families are not responding to referrals for services, staff unable to locate families after several attempts. Agencies often lack brochures, media campaigns, and outreach resources to effectively promote Child Find and early developmental screening.

Parents are not following up with the child’s preventive care visits for milestone assessments with the primary care provider. Also, families’ ability to navigate the system and engage with Child Find services may be hindered by lack of time, support, or knowledge. Families that live in rural or remote areas are facing difficulties in accessing services due to distance, limited transportation, no public transportation, or lack of nearby resources. No access to computers and internet. There is a lack of personal transportation, coupled with financial hardship, can restrict service access for families. With adequate outreach in underserved areas may leave certain communities unaware of available services.

However, education, outreach and child-finding efforts is continuing throughout the state.

Provide additional information about this indicator (optional).

State Lead Agency's "Empowering Education" through Outreach Events include:

- Advancing education through knowledge-sharing and event participation
- Events for networking and knowledge exchange
- Bridging gaps with agencies, and learners
- Building stronger communities via learning and collaboration
- Exposure to new ideas
- Networking opportunities
- Professional development
- Provide Kentucky Early Intervention System support: branded materials, sessions, and educational resources
- Workshops & seminars
- Student engagement programs
- Partnerships with schools and universities
- Accessible, impactful learning experiences
- Official endorsement videos
- Message: Kentucky Early Intervention System as a trusted partner
- Distributed via Kentucky Early Intervention System website, social media, and events
- Strengthen Kentucky Early Intervention System visibility across Kentucky
- Promote education initiatives through diverse media
- Build partnerships with government, family court judges and community leaders

A robust plan for Provider Recruitment includes collaborating and partnering with:

- Pediatricians & family practitioners
- Speech, occupational, and physical therapists
- Developmental interventionists
- Behavioral/mental-health specialists
- Early-childhood special educators
- Pediatric nurse practitioners
- Rural health clinics and FQHCs
- University pediatric and therapy programs
- State medical conferences
- Healthcare workforce events
- Hospital-association meetings
- Residency program job fair
- Identify Providers in each Point of Entry region to become Provider Recruitment Champions
- Post openings or Kentucky Early Intervention System provider opportunities on LinkedIn, Indeed, and therapy job boards.
- Use a simple landing page on the state site with easy steps to become a provider.
- Host short webinars on “How to Become a Kentucky Early Intervention System Provider.”

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	61.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.01%	98.56%	98.36%	92.02%	93.47%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,970	4,697	93.47%	100%	97.00%	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.

1,586

Provide reasons for delay, if applicable.

Delays were attributed to delays in receiving medical records or hearing evaluation results, needing additional evaluations or reviews by experts, and vacancies of Local Lead Agency (i.e., Point of Entry) staff, evaluators, and interpreters. The range in days late was 1 to 172.

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

State database

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

July 1, 2024, through June 30, 2025

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

Upon receipt and verification of demographic information, all referrals are entered into the Technology-assisted Observation and Teaming System (TOTS). A unique numeric identifier is assigned to each referral. The TOTS data system has data controls to prevent duplicate entries. The date of the initial Individualized Family Service Plan was matched to the date of referral and calculated the forty-five (45) day timeline. The Single Timeline Report was generated for the date range indicated above (July 1, 2024-June 30, 2025), including all children with an initial Individualized Family Service Plan developed during the period. In preparation for submitting the Annual Performance Report, a State Lead Agency staff person reviews the statewide report to verify late initial Individualized Family Service Plans.

Provide additional information about this indicator (optional).

Early intervention services in Kentucky are administered through 15 regional offices, known as Points of Entry (Point of Entry). These Points of Entry are the Local Lead Agency for Part C services. Each month, the Point of Entry Managers are required to review the Single Timeline Report for their region to identify any missing documentation and noncompliances. Copies of the verified reports are submitted to the State Lead Agency along with forms to self-report any noted noncompliances. The State Lead Agency checks the Single Timeline Reports and reviews all noncompliances. Results are tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels before the issuance of a finding, but no more than 3 months from the identification of the noncompliance, it is considered a pre-finding correction. Noncompliance is noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01. In addition to the monthly reviews, the Single Timeline Report for the entire state and fiscal year is reviewed by the Part C Coordinator at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliances missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the database system. Each Point of Entry corrected to 100% before the issuance of a finding, in 3months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

During FFY24, one finding of noncompliance was issued to the Purchase Point of Entry. All other Points of Entry quickly corrected noncompliance at the child level and verified by the State Lead Agency as corrected in the TOTS. Each Point of Entry corrected to 100% before the issuance of a finding, in 3 months or less, achieving systemic correction and resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

Please note that one finding of noncompliance from FFY21 was resolved in FFY24. This finding relates to the Point of Entry serving the KIPDA region and is discussed further below in the section “Correction of Findings of Noncompliance Identified Prior to FFY 2023.”

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	1	1	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed the Single Timeline Report for their district to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

When the Point of Entry did not have noncompliance for a month, this was considered systemic correction. To determine child-level correction, the file for each child identified as non-compliant was individually reviewed to ensure the child had received the service, although late, or was no longer eligible or enrolled in the Kentucky Early Intervention System. This process occurred following OSEP QA 23-01. The Point of Entry serving the KIPDA region achieved 100% compliance in June 2025.

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

The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed the Single Timeline Report for their region to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

When the Point of Entry did not have noncompliance for a month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the Technology-assisted Observation and Teaming System. Each Point of Entry corrected to 100% before the issuance of a finding, in 3 months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

During FFY21, one Point of Entry serving the KIPDA region was issued a finding of noncompliance. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. In each instance, the monthly reporting continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected. The Point of Entry serving the KIPDA region achieved 100% compliance in June 2025, and the finding was resolved.

7 - OSEP Response

7 - Required Actions

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,980	4,980	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

Not applicable.

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

State database

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

July 1, 2024 through June 30, 2025

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

The Technology-assisted Observation and Teaming System (TOTS), the online data collection system, requires a transition outcome with appropriate steps and early intervention services in every Individualized Family Service Plan. Guidance to service coordinators and early intervention services providers includes this requirement and provides a framework for identifying typical transitions that infants and toddlers experience. As a child nears 2 years, the transition focus becomes planning for an exit from Part C services.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,813	4,980	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.

167

Provide reasons for delay, if applicable.

Not applicable.

Describe the method used to collect these data.

Every child's record in the Technology-assisted Observation and Teaming System (TOTS) includes a transition section. The screen includes all key transition requirements from Part C to Part B. An electronic file exchange process with the State Education Agency was developed as part of the State Improvement Grant. There is a data-sharing agreement between Part C and the State Education Agency to facilitate transition.

A report through the TOTS lists all directory information for children ages 2 and older. The list is generated quarterly. The TOTS is designed to default to parent agreement for transition activities. Parents can refuse notification to the local and/or state education agencies. Parents who choose this option must provide a written indication of their desire to opt-out, and the family's assigned service coordinator must change the field on the TOTS so that the refusal is stored electronically. Parents are informed verbally and in writing that this refusal can be changed at any time.

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).

July 21, 2024 through June 30, 2025

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

All children ages 2 or older are included in the list sent to the State Education Agency. The Technology-assisted Observation and Teaming System (TOTS) is programmed to generate the list based on birth date and the parent's choice as indicated on the transition screen. Children who meet the age criteria for the list that enroll in Kentucky Early Intervention System after the previous are added to the next quarter's list.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.64%	99.76%	99.81%	99.43%	99.60%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
3,118	3,589	99.60%	100%	99.62%	Did not meet target	No Slippage

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

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

161

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.

297

Provide reasons for delay, if applicable.

Thirteen (13) conferences were not held on time. Eleven (11) conferences were scheduled too early or too late by the family's assigned service coordinator. Two (2) conferences were held with the initial Individualized Family Service Plan and delayed due to delays in the intake process.

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

State database

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

July 1, 2024 through June 30, 2025.

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

The Technology-assisted Observation and Teaming System (TOTS), the online data collection system, includes a list of all children assigned to the service coordinator with an upcoming transition period. The transition screen in TOTS includes a banner that provides the time window for the transition conference. Other data elements collected on the screen are the date the parents consented to convene the meeting and the date of the Local Education Agency invitation to the meeting. These prompts assist the service coordinator's compliance with timelines.

The Transition Conference Report was generated for the date range indicated above (July 1, 2024-June 30, 2025) and includes all children who had a transition conference due during the period. In preparation for submitting the Annual Performance Report, State Lead Agency staff reviews and verifies the statewide report.

Provide additional information about this indicator (optional).

Early intervention services in Kentucky are administered through 15 regional offices, known as Points of Entry (Point of Entry). These Points of Entry are the Local Lead Agency for Part C services. Each month, the Point of Entry managers must review the Transition Conference Report for their district to identify any missing documentation and noncompliances. Copies of the verified reports are submitted to the State Lead Agency along with forms to self-report any noted noncompliances. The State Lead Agency checks the Transition Conference Reports and reviews all noncompliances. Results are tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels prior to the issuance of a finding, but no more than 3 months from identifying the noncompliance, it is considered a pre-finding correction. Noncompliance is noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01. In addition to the monthly reviews, the Part C Coordinator reviews the Transition Conference Report for the entire state and fiscal year at the end of the fiscal year. Results from this review are compared to the monthly reporting to identify any noncompliances missed due to timing of documentation or manager oversight. Additional findings of noncompliance are issued as needed.

During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the Technology-assisted Observation and Teaming System (TOTS). Each Point of Entry corrected to 100% prior to the issuance of a finding, in 3 months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

During FFY24, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the TOTS. Each Point of Entry corrected to 100% prior to the issuance of a finding, in 3 months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Each month, the Point of Entry Managers reviewed the Transition Conference Report for their district to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet. This was considered systemic correction when the Point of Entry had no noncompliance for a month. To determine child-level correction, the file for each child identified as non-compliant was individually reviewed to ensure the child had received a transition conference, although late, or was no longer eligible or enrolled in the Kentucky Early Intervention System. This process occurred following OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

Each month, the Point of Entry managers reviewed the Transition Conference Report for their region to identify any missing documentation and noncompliances. Copies of the verified reports are submitted to the State Lead Agency along with forms to self-report any noted noncompliances. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels prior to the issuance of a finding, but no more than 3 months from identifying the noncompliance, it is considered a pre-finding correction. Noncompliance is noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01.

During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the Technology-assisted Observation and Teaming System. Each Point of Entry corrected to 100% prior to the issuance of a finding, in 3 months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a

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

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The State Lead Agency adopted the Part C dispute resolution procedures.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

No stakeholder input was sought regarding mediation, and target setting was not required, as there have been no requests for mediation in the past five years.

Historical Data

Baseline Year	Baseline Data
2005	0.00%

FFY	2019	2020	2021	2022	2023
Target>=	80.00%			0.00%	0.00%
Data					

Targets

FFY	2024	2025
Target>=		

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0				N/A	N/A

Provide additional information about this indicator (optional)

Targets are not required due to the low instances of mediations.

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Early intervention providers will change their ability to coach parents on interventions and strategies to help their children develop and learn, and parents will change their self-perception of their ability to help their children develop and learn.

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx

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
2013	99.03%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	99.11%	99.12%

FFY 2024 SPP/APR Data

No. of Parents Responding that KEIS helped them "take care" of their child's needs	No. of Parents Responding to the Survey	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,079	1,081	97.00%	99.11%	99.81%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

Parent Perception Survey

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

New families receiving Part C services complete a baseline survey at intake that is uploaded to the State Lead Agency's online data collection portal, a function of the Technology-assisted Observation and Teaming System. The survey is linked to each child's record so that demographic data elements are gathered and analyzed. The survey format includes a space for family comments. Families respond electronically or by mail. A reminder to complete

the online survey is sent weekly. Families who do not respond are mailed a paper copy coded with their children's Kentucky Early Intervention System unique identifier with a postage-paid envelope.

Data is then analyzed by a State Lead Agency epidemiologist and disaggregated by district. Results are reported by percentage and mean for each target question (those from Indicator 4 associated with the Family Self-perception Survey, specifically questions 1-4 and 10-12 of Section A) statewide and by comparison group. The Family Self-perception Survey questions are most relevant to family members' ability to help their child learn and develop and, therefore, are used to measure progress towards the achievement of the SiMR. Race is reported by the State Lead Agency and Local Lead Agency (i.e., Point of Entry) as well. Points of Entry receive all results disaggregated by question and all written comments.

Families located in areas of the state where early intervention service providers are participating in the Coaching in Early Intervention Training and Mentoring Program complete the parent perception survey multiple times to measure change.

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx

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.

Coaching in Early Intervention Training and Mentorship Program: A thoughtful, planned implementation continued. The original implementation plan approved by the U.S. Department of Education, Office of Special Education Programs described a phase-in of Local Lead Agencies (i.e., Point of Entry) regions. In some situations, regions were combined due to the smaller number of providers in the regions. Those who have completed the training and reached fidelity continue on the maintenance phase of the program. Periodic fidelity checks are conducted. The final region for the initial training launched under an accelerated plan in January 2024. Once the last region's initial training is completed, the majority of early intervention providers will be in maintenance. The program will adapt to continue training new early intervention providers and support those in maintenance.

Rate Restructuring Workgroup: The workgroup completed its part to recommend restructuring the reimbursement process. Additional funds to implement a 30% rate increase was not feasible. Despite this setback, the Commissioner of Public Health met with the Rate Workgroup and announced the intention to increase rates by 15%. A proposed regulation was filed and moved through the promulgation process. The regulation change was approved and the rate increase was the first in 27 years.

District Child Evaluation Specialist (DCES) Performance Standards Workgroup: The workgroup developed both a set of performance standards and a self-assessment tool. These tools are aligned with the previously developed documents, Service Coordinator Performance Standards and Early Intervention Provider Standards. All documents are based on the Kentucky Early Intervention System Program Standards, Core Competencies, and best practices. A new workgroup was convened to develop the Point of Entry Managers Performance Standards Workgroup. Members included Point of Entry Managers, service coordinators, early intervention providers, and state staff. Discussions on the tasks Point of Entry Managers are to complete and leadership skills occurred to facilitate understanding of the role. Further work will ensue in 2025.

Access to Services: Progress is slow on this element of the State Systemic Improvement Plan. The Kentucky Early Intervention System was rebranded with a name change and logo. Approval for refreshed posters and brochures was pending for several years. This lack of visibility may have impacted referrals. Primary referral sources also needed time to ramp up referrals. Significant early intervention service provider shortages in several areas of the state resulted in families seeking services from clinic settings outside of the Part C system. Families waited for in-person services when all that was available was tele-intervention, thus delaying services.

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.

Coaching in Early Intervention Training and Mentorship Program: This long-term project addresses quality standards and professional development. New cohorts of early intervention providers join each year as the project is phased in across the state. Staff continue to produce infographics and podcasts to support participants. Due to the growing number of early intervention providers in maintenance, staff have been reorganized to meet the demand. Work with multiple cohorts occurred throughout the year. This work includes teaching content, coaching participants, troubleshooting technology issues, reviewing videos, and scoring fidelity. Looking forward, adaptions to the program will be implemented. Ongoing support to early intervention providers over time is necessary to support and sustain change in practice.

Rate Restructuring Workgroup: The rate increase request currently in progress was based on data and workgroup input. Passage of the increase would help early intervention providers and entice new providers to enroll.

Performance Standards Workgroup: A representative group of stakeholders is developing performance standards and a self-assessment tool for the Local Lead Agency (i.e., Point of Entry) manager. The set of performance standards for each role at the Point of Entry creates a foundation of consistency and quality.

Access to Services is an effort to address equity statewide: Access to early intervention services is an ongoing issue related to child find and provider services. This will be at the heart of efforts to maintain a strong system.

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

NO

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

Specific to the Coaching in Early Intervention Training and Mentorship Program, planned activities for FFY24 include:

1. Accelerate the statewide rollout to engage all KIPDA region providers in the calendar year 2025, thereby completing the planned statewide rollout approximately 1 year ahead of schedule.

3. Maintain a reimbursement rate increase as specified in regulation.

4. Complete the Point of Entry Manager Performance Standards and hold training on its use.

5. The number of children enrolled will increase, enhancing access to services. This will be accomplished through a child find campaign and enhanced collaboration with the HANDS and Help Me Grow programs. The increased rate of reimbursement should result in more individuals enrolling as early intervention providers.

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

The identified evidence-based practices critical to achievement of the SiMR draw from the Mission and Key Principles of Early Intervention (OSEP Workgroup, 2008a, b) to include caregiver capacity-building interventions, routines-based interventions, natural environment learning practices, and strengths-based coaching.

Provide a summary of each evidence-based practice.

Parent-mediated/parent capacity-building interventions emphasize families as equal partners in the early intervention process and underscore the role of early intervention providers to support caregiver problem-solving and caregiver-child interactions during everyday activities and routines (e.g., play, mealtime, bath, bedtime) in natural environments (e.g., home, park, restaurant, place of worship) to enhance their child's learning and development.

Capacity-building approaches support families within natural routines, so they are confident in continuing strategies in between visits without the provider present (Rush & Shelden, 2020). Caregiver coaching emphasizes triadic interactions between the caregiver, provider, and child, facilitating active caregiver participation in EI sessions (Aranbarri et al., 2021; Ciupe & Salisbury, 2020; Cole et al., 2019; Douglas et al., 2020; Friedman et al., 2012; Pellecchia et al., 2022; Rush & Shelden, 2020). This collaborative approach enhances caregiver competence and confidence in supporting their child (Douglas et al., 2020; Jayaraman et al., 2015; Kemp & Turnball, 2014; Rush & Shelden, 2020; Salisbury, et. al. 2018; Salisbury & Copeland, 2013; Stewart & Applequist, 2019) and creates opportunities for caregivers to practice during everyday routines when providers are not present (Mahoney & McDonald, 2007; Meadan et al., 2014; Meadan et al., 2016).

In addition to enhanced caregiver outcomes, research also highlights positive outcomes for children (Adams et al., 2013; Ciupe & Salisbury, 2020; Douglas et al., 2020; Romano et al., 2021; Salisbury, et. al. 2018; Salisbury & Copeland, 2013). Based on this body of literature, caregiver coaching is recognized as an evidence-based practice (EBP; Adams et al., 2013; Noll et al., 2021).

A more comprehensive listing of caregiver coaching, early intervention, and professional development/adult learning can be found here: https://louisville.box.com/s/egn1f54otdypb4226a0y3pcb8utj4lny

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.

Kentucky Early Intervention System (KEIS) program standards and Early Intervention (EI) Provider Performance Standard related to conducting EI visits align with identified evidence-based practices (EPB). The Coaching in Early Intervention Training and Mentorship Program (CEITMP) is the key professional development (PD) activity supporting ongoing service providers in developing intervention fidelity to the identified EBPs. Specifically, the PD supports providers to transform their practice from traditional child-focused therapy to strengths-based caregiver coaching practices in natural environments with fidelity. Research shows that achieving the SiMR will not only change provider practices, but in doing so, leads to improved child outcomes and caregiver capacity, empowerment, confidence, and competence.

The CEITMP (see Wheeler et al., 2025 for full program description), an evidence-informed approach built on adult learning principles (Childress et al., 2021; Coogle et al., 2019; Dunst et al., 2015; Romano et al., 2021; Tomchek & Wheeler, 2022), includes coaches and PD specialists introducing and illustrating content, collaborative teaming with EI providers, job-embedded practice, provider self-reflection, and performance feedback over a 32-week period. Follow-up support is provided to facilitate maintaining coaching practices. Active Implementation Frameworks (Fixsen et al., 2021) were used to guide ongoing process improvement activities. Participant feedback following each phase of the CEITMP continues to be a key driver for potential curriculum changes. Teams of 3-6 providers and a PD specialist continue to collaborate for curriculum content. Current CEITMP curriculum, including the syllabus quick view for recently completed Cohort 24 can be accessed here: https://louisville.box.com/s/zicv9iw01smbu3avc8qwdbftbqg5d7pk. Cohorts, districts, provider numbers, and curricular changes are summarized in Table 1. All supplemental tables and figures can be found here: https://louisville.box.com/s/canl0esf2nplmmum3p8unjushppxgo61

The cascading rollout of cohorts continued in this reporting period. The CEITMP team followed the rollout plan vetted and approved by SSIP stakeholders in January 2021. The Western Kentucky tornado in December 2021 altered Purchase region participation in the rollout but has now been completed. The CEITMP North/South/West rollout districts (Northern KY, Buffalo Trace, Cumberland Valley, Lake Cumberland, Purchase regions) were completed in this reporting period. Rather than enrolling new EI providers in these districts, the CEITMP accelerated the rollout plan at the guidance of the State Lead Agency (SLA) to allow for KIPDA, the final region with the largest provider pool, to be enrolled. Service provider availability and KEIS referrals have not returned to pre-Covid levels. These factors created fluidity in the available provider pool for enrollment in the CEITMP. Teleintervention (TI) service delivery continued to be utilized, though in-person services or hybrid service delivery (i.e., both in person and TI) continued to rise and was felt to be preferred by families. EI Provider availability coupled with referral patterns that have not fully rebounded from pre-pandemic levels, often created situations where providers did not have, or lost recording opportunities required of the CEITMP. Therefore, the CEITMP continues to track providers that require additional support with flexible timelines or individualized joint plans (IJP) for successful completion (see flex/IJP column in Table 1). Since tracked with Cohort 8 to present, 63.9% of providers utilized flexibility or an IJP. Cohorts completed in this reporting period (C21 – C23) have continued to see a rise in providers demonstrating fidelity (24.8%) or close to fidelity (16.5%) to caregiver coaching at baseline allowing for individualized plans for CEITMP completion.

In addition to coordinating EI provider cohorts, systemic communication strategies persisted, intentionally promoting the evidence-based practice of caregiver coaching. Families continued to complete the self-perception survey at intake and exit. Additionally, at the time of the KIPDA region launch, all families received direct communication from the SLA to explain that they may see changes in provider practices during their home visits because of the CEITMP and the anticipated transition of practice is to be more consistent with evidence-based EI under IDEA. Technology guides and recording support materials were updated to enhance use of program platforms. The CEITMP team also developed several additional coaching in EI infographics for providers in this reporting period to support quarterly newsletters. These infographics (Scaffolding From Concern to Functional Priority, Support Caregivers to Use Their Own Things, Building Reflective Complexity: Take the Elevator to Success, Common Questions About Early Intervention in Childcare Settings, Early Intervention Visits in Childcare Settings: What to Expect - A Guide for Teachers, Supporting Your Growth in Caregiver Coaching with Practical Resources and Activities, 6 Steps to Earn 4 CEUs for Completing a Maintenance Period) are systematically embedded into the CEITMP curriculum. Infographics and newsletter content can be found on the Materials and Resources tab here: https://louisville.edu/medicine/departments/pediatrics/divisions/developmental-behavioral-genetics/coaching-in-early-training-and-mentorship-program

The CEITMP provided one keynote address and five additional oral platform sessions at Kentucky regional meetings showcasing KEIS's caregiver coaching model, the CEITMP and evidence-based inservice PD. Beyond Kentucky specific communication strategies, the CEITMP PD specialists continue national dissemination of CEITMP programming. Development, field testing, and initial validation of the Kentucky Coaching Adherence Rubric - Revised, the primary measure for fidelity to the KEIS coaching EBP is published in Frontiers in Education - https://www.frontiersin.org/journals/education/articles/10.3389/feduc.2024.1324118/full. A CEITMP description with preliminary implementation fidelity was recently published in Topics in Early Childhood Special Education - https://doi.org/10.1177/02711214251383501. CEITMP outcome data described below has been presented in poster format at the OSEP Leadership Conference and the Division for Early Childhood's (DEC) 41st Annual International Conference on Young Children with Disabilities and Their Families. Additionally, the team led a preconference session and six additional oral platform sessions at DEC showcasing KEIS's caregiver coaching model, the CEITMP and evidence-based inservice PD and equitable access to quality EI services.

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

Review of available measures of coaching fidelity evaluated key components of coaching practices on a binary (i.e., present/not present) or tripartite (i.e., present/emerging/not present) scale. The CEITMP team sought a tool to both reliably measure fidelity to caregiver coaching in EI and be sensitive to measuring change over time. Therefore, the CEITMP team used a multi-step process to develop, field-test, and deploy a fidelity measure of coaching practices. Key ingredients of effective coaching methods were identified from a review of relevant coaching and early intervention literature from multiple fields (Dunn et al., 2018; Friedman et al., 2012; Graham et al., 2009; Kemp & Turnbull, 2014; Pellecchia et al., 2022; Rush & Shelden, 2011). The summarized review of literature elucidated key elements of building collaborative relationships with caregivers and identifying the coaching quality indicators to be emphasized as Kentucky's model of EI. The CEITMP team and consultants completed an iterative process to select and refine quality indicator labels, descriptors for ratings using early intervention home visit video examples. Coaching quality indicators (CQ) and descriptors of Kentucky's Coaching Adherence Rubric – Revised (KCAR-R) include:

I7. Fostering Trusting Relationships: Partners with caregiver by connecting, listening, and responding in respectful, supportive ways to foster trusting relationships.

II7. Joint Plan (Beginning): Engages caregiver early in session to review their previous joint plans and develop plans around their priorities for the current visit.

III7. Observation: Observes caregiver and child in prioritized, established routine or activity, to understand what has been occurring followed with reflection to promote insight and/or flow to guided practice.

IV7. Action/Practice: Proactively captures opportunities for caregiver to practice new or refined ideas with child followed with reflection to promote insight.

V7. Feedback: Offers substantive feedback to caregiver reflections throughout the visit to affirm and attempt to enhance their learning experience, insights, or actions.

VI7. Reflection: Asks effective reflective questions to stimulate thinking, promote problem solving, and elicit insights from the caregiver.

VII7. Joint Plan (End): Engages caregiver to intentionally develop detailed plans for their actions between visits and for the next visit centered on their priorities.

Ratings are established along a 5-point Likert scale (i.e., not yet, knowledge, awareness, application, mastery) to ensure sensitivity to measuring intervention fidelity and practice change. The KCAR-R can be reviewed on pages 26-27 of the syllabus. Interrater reliability, defined as exact agreement on 4 of 7 ratings and within one on the score for the other 3 quality indicator ratings, was established using ongoing home visits of the PD specialists. Provider submitted videos are now used to ensure ongoing reliability and descriptor refinement activities. The Coaching in Early Intervention Training and Mentorship Program team revised some rating descriptors to clarify ratings for both providers and the PD team. The internal scoring guide was refined as part of ongoing process improvement activities. Development, field testing, and initial validation of KCAR-R can be found here - https://www.frontiersin.org/journals/education/articles/10.3389/feduc.2024.1324118/full .

The CEITMP team continues to conduct reliability checks on 20% of all video submissions within a phase (i.e., baseline, fidelity, maintenance), with randomly assigned second raters blinded (unaware) to initial scores. The CEITMP team continued to demonstrate excellent inter-rater reliability with

97.5% agreement at video level across all eight CEITMP team raters. Intra-class Correlation Coefficients were 0.962 for KCAR-R total score and ranged from 0.893 to 0.955 at individual CQ level.

Formal measures of EI provider EBP implementation is done by PD specialists at baseline (prior to CEITMP cohort kick-off) and during the Fidelity Phase by scoring provider submitted video recordings of ongoing visits. PD specialists also give performance feedback to providers on each rubric CQ using video clips/session segments during focused training on each indicator in Mentorship Phase. When providers transition to Fidelity Phase, they receive performance feedback using the rubric on full EI visits. To minimize the risk of bias, coaches who are not the lead PD specialist for a provider score subsequent videos in Fidelity Phase. Fidelity is reached with a score of 18 on the KCAR for at least one full video submission in Fidelity Phase, as long as no quality indicators scored at the “Not Yet” (i.e., 0) or “Knowledge” (i.e., 1) level. This reflects demonstration of more application and/or mastery level caregiver coaching skills than awareness, with no skills at the not yet or knowledge level. This cut score also acknowledges that providers may not have opportunities to demonstrate all CQs at mastery during any one visit.

Analysis of provider performance in completed Cohorts 1 through 23 demonstrates sensitivity of the rubric in measuring adherence to Kentucky’s quality indicators of caregiver coaching practices. Though variable, performance at baseline is consistently lower than at fidelity. In review of full video submissions, a similar pattern of sensitivity is observed, with not all providers reaching fidelity on any of the Fidelity Phase full video submissions. Since completion of the CEITMP and demonstrating the ability to coach with fidelity is a condition of maintaining vendor agreements, providers who did not reach fidelity had a 30-day self-correction period to do so consistent with State Lead Agency policy.

Figure 1 shows average performance on the KCAR-R for the 503 providers who have completed the CEITMP in Cohorts 1 through 23. Average scores at baseline were 9.85, with scores in Fidelity Phase ranging from 19.38 to 20.80. Cohorts 21–24, with 175 enrolled providers, were in process this reporting period accounting for 359 full session reviews of caregiver coaching quality. Review of individual data indicates consistently improved application of coaching practices with movement across the KCAR-R. Table 2 summarizes baseline and fidelity performance of cohorts that have completed the CEITMP. Also noted are percentages of videos submitted with TI service delivery. Findings note stability in scores regardless of cohort size with a clear pattern of improvement of application of caregiver coaching practices from baseline to demonstration of fidelity. KEIS providers are implementing the EBP of caregiver coaching with fidelity following the CEITMP. With the sizable growth of scores from baseline to fidelity, Mixed Model Regression Analysis with fidelity scores nested within the EI provider showed statistically significant increases in adherence to coaching practices on the KCAR-R ($p < .0001$).

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.

Following demonstration of fidelity to caregiver coaching, providers enter the Maintenance Phase where they have access to ongoing supports and periodic fidelity checks are conducted. The goal of this Maintenance Phase is to ensure Kentucky Early Intervention System (KEIS) providers are continuing to implement the EBP of caregiver coaching. Ongoing progress monitoring is coordinated through periodic fidelity checks. EI providers submit a recording of a full EI session with an accompanying self-assessment highlighting evidence and fidelity to caregiver coaching. The CEITMP has developed a data driven variable schedule for these fidelity checks. Initial fidelity checks in maintenance are determined by the total score on the two highest scoring in program fidelity phase videos on the KCAR-R.

Scores on maintenance videos determine interval periods for subsequent fidelity checks in maintenance. Analysis of provider performance data in maintenance validates the CEITMP variable schedule. Historic CEITMP data indicated that 68-90% of providers maintained fidelity to caregiver coaching with their first video submission in a maintenance period, with the remaining providers demonstrating practice slippage and requiring additional submissions to reach fidelity. Additional exploratory analyses indicated that statistically significant differences were not observed when comparing EI provider highest KCAR-R fidelity scores at program completion (mean 21.43) and initial maintenance period fidelity score (mean 20.41). That is, level of caregiver coaching performance in the CEITMP was consistent with maintenance performance (i.e., higher performing providers continue to demonstrate higher caregiver coaching quality on the KCAR-R). Further, we noted that providers scoring near the fidelity threshold (i.e., 18–19) on their highest scoring fidelity video when in the CEITMP were 9.25 times (95% confidence interval 5.86, 19.92) more likely to require more than one video submission to demonstrate fidelity in their initial maintenance period than those with scores above 20. Based on these analyses, the variable maintenance schedule procedures for providers with lower range fidelity scores were revised during FFY22 persisted. At present, the variable schedule indicates that providers with a total score of 38 or below on their 2 highest Fidelity Phase videos have their initial maintenance fidelity check approximately 4 months following program completion. Performance on this initial submission determined next submission timeframe (ranging from 4 to 12 months). Providers with a total score on their 2 highest Fidelity Phase videos between 39-43 are scheduled in 9 months; 44-50 in 12 months; >50 in 18 months.

To date, 994 fidelity checks in maintenance have been completed for 395 different providers representing cohorts one (1) through twenty-three (23). Based on the variable schedule and cohort participation, providers may have participated in one or up to nine (9) maintenance periods. Review of updated data (see Figure 2) for those with one (1) through six (6) indicates that 82-90% of providers maintain fidelity to coaching with their initial video submission in maintenance with the remaining providers demonstrating some degree of slippage and requiring additional video submissions to demonstrate fidelity to coaching. Average fidelity scores on initial video submissions in a maintenance period (see Figure 3) remain stable, ranging from 19.75 to 20.97 on the KCAR-R. Maintenance periods eight (8) and nine (9), given their small number of providers (3 and 1 respectively) were not included in the analyses here. KEIS providers continue to demonstrate the EBP of caregiver coaching.

The CEITMP continues to implement its multi-faceted, tiered approach to support providers’ continued fidelity to caregiver coaching as they plan and prepare to submit videos in a maintenance period. All providers have the opportunity to attend PD specialist facilitated maintenance refresher group meetings, with 127 different providers attending these meetings during this reporting period. All providers also have access the TORSH exemplar library and are able to complete suggested reflection activities (rubric coaching quality indicator intro videos, handbook, PD Plan, coaching review resources, past feedback from PD specialists). In addition to standard supports, Targeted Maintenance Support (TMS) is provided for those providers at risk to not or have demonstrated challenges with sustaining fidelity. These include PD specialist feedback on a self-assessment of a video/clip(s) and more frequent support. Peer supporters were added to the CEITMP maintenance during this reporting period. High performing EI providers with demonstrated coaching ability partner with the PD specialists to support EI providers struggling to implement coaching practices in maintenance. The peer supporters share coaching experiences at refresher meetings, support development of content exemplars that illustrate quality practices, partner with a peer identified as needing additional supports in TMS and/or provide technical support to providers.

In addition to the tiered support, the CEITMP continues to distribute a quarterly newsletter sent via listserv to all providers who are in maintenance phase to promote sustained fidelity. Newsletter topics highlight a specific CQ and include access to video exemplars illustrating the content. An accompanying infographic is also developed and made available to all EI providers via the KEIS website: keis.ky.gov.

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

In FFY25, Coaching in Early Intervention Training and Mentorship Program (CEITMP) planned activities for include:

· Enroll new and returning providers to Kentucky Early Intervention System who have not completed the CEITMP statewide to ensure all providers supporting families are demonstrating the EBP of caregiver coaching in natural environments

· Curriculum revisions to more intentionally highlight Kentucky Early Intervention System model of early intervention while updating the flow of content and materials used for the full statewide implementation. Stakeholder input will be used to guide curriculum revisions for in-program and maintenance supports.

· Disseminate Kentucky's caregiver coaching model and CEITMP implementation fidelity and intervention fidelity outcomes through peer-reviewed publications and national/international presentations.

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.

Evaluation data supports the progress made on many of the State Systemic Improvement Plan (SSIP) activities. However, some work remains to be completed and/or supplemented in future years. Also, the state desires to track improvements over time.

Regarding the primary activity, Coaching in Early Intervention Training and Mentorship Program (CEITMP), following demonstration of fidelity to coaching, providers enter the Maintenance Phase where they have access to ongoing support and periodic fidelity checks are conducted. Ongoing progress monitoring is coordinated through periodic fidelity checks where providers submit a recording of a full EI session with an accompanying self-assessment highlighting evidence and fidelity to caregiver coaching. The CEITMP has developed a data driven variable schedule for these fidelity checks. Initial fidelity checks in maintenance are determined by the total score on the 2 highest scoring fidelity phase videos on the KCAR-R. Scores on maintenance videos determine interval periods for subsequent fidelity checks in maintenance. Analysis of provider performance data in maintenance validates the Coaching in Early Intervention Training and Mentorship Program variable schedule. Historic CEITMP data indicates that 68-84% of providers maintain fidelity to caregiver coaching with their first video submission in a maintenance period, with the remaining providers demonstrating practice slippage and requiring additional submissions to reach fidelity. Additionally, statistically significant differences were not observed when comparing the EI provider highest KCAR-R fidelity scores at program completion (mean 21.03) and initial maintenance period fidelity score (mean 20.62), indicating the level of performance in the CEITMP was consistent with maintenance performance (i.e., higher performing providers continue to demonstrate higher caregiver coaching quality on the KCAR-R). Further, we noted that providers scoring near the fidelity threshold (i.e., 18–19) on their highest-scoring fidelity video in the CEITMP were 4.04 times (p=.0002) more likely to require additional video submissions to demonstrate fidelity in Maintenance Period 1 than those with scores above 20. This pattern persisted in Maintenance Period 2 (odds ratio of 3.10, p=0.04).

Based on these analyses, the variable maintenance schedule procedures for providers with lower range fidelity scores were revised in the last reporting period and persisted during FFY23. The CEITMP continues to implement its multi-faceted, tiered approach to support providers as they plan and prepare to submit videos demonstrating continued fidelity to caregiver coaching in maintenance. All providers have the opportunity to attend PD specialist-facilitated maintenance refresher group meetings, with 119 different providers attending these meetings during this reporting period. All providers also have access to the TORSH exemplar library and are able to complete suggested reflection activities (rubric, handbook, PD Plan, coaching review resources, and past feedback). In addition to standard supports, Targeted Maintenance Support (TMS) is provided for those providers at risk of not having demonstrated challenges with sustaining fidelity. These include coach feedback on a self-assessment of a video/clip(s) and more frequent support. Peer supporters were added to the CEITMP maintenance during this reporting period. High performing EI providers with demonstrated coaching ability partner with the PD specialists to support EI providers struggling to implement coaching practices in maintenance. The peer supporters share coaching experiences at refresher meetings, support development of content exemplars that illustrate quality practices, partner with a peer identified as needing additional supports in TMS and/or provide technical support to providers.

In addition to the tiered support, the CEITMP continues to distribute a quarterly newsletter sent via listserv to all providers who are in the maintenance phase to promote sustained fidelity. Newsletter topics highlight a specific CQ and include access to video exemplars illustrating the content. An accompanying infographic is also developed and made available to all EI providers via the Kentucky Early Intervention System website: keis.ky.gov.

With the inception of TMS, the variable schedule was adjusted so providers with a total score of 38 or below on their two highest Fidelity Phase videos have their initial maintenance fidelity check approximately 4 months following program completion. Performance on this initial submission determined next submission timeframe (ranging from 4 to 12 months). Providers with a total score on their two highest Fidelity Phase videos between 39-43 are scheduled in 9 months; 44-50 in 12 months; >50 in 18 months. To date, 715 fidelity checks in maintenance have been completed for 324 different providers from Cohorts 1 through 20. Providers may have participated in one or up to seven maintenance periods based on the variable schedule and cohort participation. A review of data (see Figure 2) indicates that 64-84% of providers maintain fidelity to coaching with their initial video submission in maintenance, with the remaining providers demonstrating some degree of slippage and requiring additional video submissions to demonstrate fidelity to coaching. Average fidelity scores (see Figure 3) remain stable across maintenance periods, ranging from 18.29 to 20.30 on the KCAR-R.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Many sources of stakeholder input were used to get feedback on the progress the Part C system was achieving. Parents and the Interagency Coordinating Council members held frank discussions on the activities, particularly the Coaching in Early Intervention Training and Mentorship Program. Early intervention providers are very vocal about the Coaching in Early Intervention Training and Mentorship Program. The rate restructuring activities were well attended and generated much discussion that supported a rate increase but not a three-tiered system. Representatives of various professional organizations discussed the matter with the Department for Public Health leadership multiple times.

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

To engage stakeholders, invitations to join workgroups and complete surveys were used. To gain input, targeted calls to specific organizations, such as the Kentucky Parent Center, were made. Virtual meetings provided an opportunity to participate without having to travel. In-person meetings also occurred with stakeholder representatives.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

The State Lead Agency leadership, including the Commissioner for Public Health, held dialogue sessions to listen to the stakeholder's concerns. Questions were answered, and the State Lead Agency's position was clarified. Due to concerns raised, funds were allocated to pay providers who attained fidelity. This is an ongoing policy.

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.

No new activities were identified to implement in the next fiscal year related to the SiMR.

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

Not applicable.

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

No barriers have been recently identified. The early intervention provider shortages have been very challenging. Competing with entities who can pay higher wages for clinical therapy presents significant limitations for a state Part C system. Full-time jobs with benefits are also very attractive to early intervention providers. The hope is that higher rates of reimbursement will help with provider recruitment.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

The State did not provide an active link to the current Evaluation Plan. The State must provide an active link to the current Evaluation Plan in the FFY2024 SPP/APR.

Response to actions required in FFY 2023 SPP/APR

Evaluation of the SSIP project can be found here: https://louisville.app.box.com/s/canl0esf2nplmmum3p8unjushppxgo61.

11 - OSEP Response

The State did not provide an active link to or narrative description of the current Evaluation Plan.

11 - Required Actions

The State did not provide an active link to the current Evaluation Plan. The State must provide an active link to the current Evaluation Plan in the FFY2025 SPP/APR.

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	80.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					80.00%

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

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

This field is not applicable. There were no additional findings to report.

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*:

Each month, the Local Lead Agency (i.e., Point of Entry) managers reviewed the Timely Services Report for their region to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

During FFY23, two Points of Entry serving the Northern Kentucky and Lake Cumberland regions were issued findings of noncompliance. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. In each instance, the monthly reporting continued to be reviewed as usual. When the Point of Entry had no noncompliance for one month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected. Both Points of Entry achieved 100% compliance in August 2024, and the findings were resolved.

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

The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

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

Findings of Noncompliance Identified in FFY 2023

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

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

This field is not applicable. There were no additional findings to report.

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*:

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed their region's Technology-assisted Observation and Teaming System Single Timeline Report to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

When the Point of Entry did not have noncompliance for a month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

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

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed their region's Technology-assisted Observation and Teaming System Single Timeline Report to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

When the Point of Entry did not have noncompliance for a month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

This field is not applicable. There were no additional findings to report.

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*:

Not applicable.

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

Not applicable.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

This field is not applicable. There were no additional findings to report.

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*:

Not applicable.

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

Not applicable.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

This field is not applicable. There were no additional findings to report.

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*:

Each month, the Local Lead Agency (i.e., Point of Entry) Managers reviewed the Technology-assisted Observation and Teaming System Transition Conference Report for their district to identify any missing documentation and noncompliance. Copies of the verified reports were submitted to the State Lead Agency along with forms to self-report any noted noncompliance. The State Lead Agency reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet.

When the Point of Entry had no noncompliance for a month, this was considered systemic correction. The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a service, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

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

The State Lead Agency verified child-level correction for each child identified as noncompliant following OSEP QA 23-01. The State Lead Agency reviewed the record for each child. Based on the review, the State Lead Agency individually verified each child either received a conference, although late, or was no longer eligible or enrolled in the KEIS Program. Based on this information, the State Lead Agency verified noncompliances were corrected.

Optional for FFY 2024, and 2025:

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

Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected
0	0	0

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

This field is not applicable. There were no additional findings to report.

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*:

Not applicable.

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

Not applicable.

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
2	0	2	0	0

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2	2	80.00%	100%	100.00%	Met target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	0.00%

Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	2
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)	2
3. Number of findings not verified as corrected within one year	0

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

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

Not applicable.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

FFY 2022

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The finding issued for FFY22 for Indicator 1 to the KIPDA Point of Entry remains outstanding. This Point of Entry serves the largest city in the state and is managed by a state agency with severe staffing shortages. Due to challenges in hiring for all state agencies, the State Lead Agency determined in FFY21 that this Point of Entry would need outside support to come into full compliance with all indicators. An agreement was made with the agency that is administering services in another Point of Entry to loan Service Coordinators (SCs) to KIPDA. Four service coordinators employed by the other agency work full-time in KIPDA. Other service coordinators work part-time in KIPDA to assist with intake activities. In addition, a contract with a state university has been expanded to assist in KIPDA. Further, the importance of timely services has been included in newsletters, announcements, and trainings for providers. While the Point of Entry has not fully complied yet, significant improvements have been noted.

12 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

Indicator 1

Each month, the Point of Entry managers reviewed the Timely Services Report for their district to identify any missing documentation and noncompliance. Copies of the cleaned reports were submitted to the General Supervision Coordinator at the State Lead Agency along with forms to self-report any noted noncompliance. The General Supervision Coordinator reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet. When the POE had no noncompliance for one month, this was considered systemic correction. To determine child-level correction, the file for each child identified as non-compliant was individually reviewed to ensure the child had received the service, although late, or was no longer under the jurisdiction of KEIS. This process occurred following OSEP QA 23-01, using updated data to determine noncompliances were subsequently corrected.

During FFY22, three (3) POEs were issued findings of noncompliance: Barren River, KIPDA, and Northern Kentucky. One finding was issued per POE which listed the number of noncompliances identified for that POE. Northern Kentucky and Barren River achieved 100% compliance in June 2023 and October 2023, respectively, and the findings were resolved. KIPDA has greatly improved but continues to be non-compliant.

During FFY23, two (2) Points of Entry were issued findings of noncompliance: Northern Kentucky and Lake Cumberland. One finding was issued per Point of Entry which listed the number of noncompliances identified for that Point of Entry. Both Points of Entry achieved 100% compliance in August 2024, and the findings were resolved. The FFY22 KIPDA finding is outstanding.

Indicator 7

Each month, the Point of Entry Managers reviewed the Single Timeline Report for their district to identify any missing documentation and noncompliance. Copies of the cleaned reports were submitted to the General Supervision Coordinator at the State Lead Agency along with forms to self-report any noted noncompliance. The General Supervision Coordinator reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet. When the Point of Entry did not have noncompliance for a month, this was considered systemic correction. To determine child-level correction, the file for each child identified as non-compliant was individually reviewed to ensure the child had received an IFSP, although late, or was no longer under the jurisdiction of Kentucky Early Intervention System. This process occurred following OSEP QA 23-01. Cumberland Valley achieved 100% compliance in July 2023, and the finding FY 2022 finding was resolved. During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the database system using updated data. Each Point of Entry corrected to 100% before the issuance of a finding, in three (3) months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01.

Indicator 8c

Each month, the Point of Entry managers reviewed the Transition Conference Report for their district to identify any missing documentation and noncompliances. Copies of the cleaned reports are submitted to the General Supervision Coordinator at the State Lead Agency along with forms to self-report any noted noncompliances. The General Supervision Coordinator reviewed the reports and child files for accuracy. Results were tracked on a spreadsheet. If noncompliances are corrected both at the child and systemic levels prior to the issuance of a finding, but no more than three (3) months from identifying the noncompliance, it is considered a pre-finding correction. Noncompliance is noted, but no formal finding is issued due to the correction. This process occurs in accordance with OSEP QA 23-01.

During FFY23, no findings of noncompliance were issued. Each instance of noncompliance was quickly corrected at the child level and verified by the State Lead Agency as corrected in the database system using updated data. Each Point of Entry corrected to 100% prior to the issuance of a finding, in three (3) months or less, resulting in a pre-finding correction. This process was completed in accordance with OSEP QA 23-01. KIPDA achieved 100% compliance in April 2024, and the FFY22 finding was resolved.

12 - OSEP Response

12 - Required Actions

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining one uncorrected finding identified in FFY 2022 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Certification

Instructions

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

Certify

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

Select the certifier's role

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:

Andrew Waters

Title:

Assistant Division Director, Acting Part C Coordinator

Email:

Andrew.Waters@ky.gov

Phone:

5023302762

Submitted on:

04/21/26 4:17:27 PM

Determination Enclosures

RDA Matrix

Kentucky

2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
72.22%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	4	50.00%
Compliance	18	17	94.44%

2026 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	2,724
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	4,953
Percentage of Children Exiting who are Included in Outcome Data (%)	55
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	1

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

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

II. Child Performance

(a) Data Comparison: Comparing your State's FFY 2024 Outcomes Data to other States' FFY 2024 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1

(b) Performance Change Over Time: Comparing your State's FFY 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2024	59.48%	39.98%	61.08%	42.29%	58.51%	43.58%
FFY 2023	64.32%	42.99%	61.11%	44.79%	60.23%	46.30%

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

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	**Performance (%)**	**Full Correction of Findings of Noncompliance Identified in FFY 2023** (3)	**Score**
Indicator 1: Timely service provision	96.80%	YES	2
Indicator 7: 45-day timeline	97.00%	N/A	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	99.62%	N/A	2
Indicator 12: General Supervision	100	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(2) The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/FFY2024-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2024 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	2,724

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	99	854	682	717	372
Performance (%)	3.63%	31.35%	25.04%	26.32%	13.66%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	77	819	676	730	422
Performance (%)	2.83%	30.07%	24.82%	26.80%	15.49%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	82	840	615	685	502
Performance (%)	3.01%	30.84%	22.58%	25.15%	18.43%
Scores	1	1	1	1	1

Outcome	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2

Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State's Summary Statement Performance FFY 2024

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	59.48%	39.98%	61.08%	42.29%	58.51%	43.58%
Points	1	1	1	1	1	1

Total Points Across SS1 and SS2	6

Your State's Data Comparison Score	1

Appendix D

II. (b) Performance Change Over Time:

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

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2024 and FFY 2023 summary statements.

e.g., C3A FFY2024% - C3A FFY2023% = Difference in proportions

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

Sqrt[([FFY2023% * (1-FFY2023%)] / FFY2023N) + ([FFY2024% * (1-FFY2024%)] / FFY2024N)] = Standard Error of Difference in Proportions

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

Difference in proportions /standard error of the difference in proportions = z score

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

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

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

0 = statistically significant decrease from FFY 2023 to FFY 2024

1 = No statistically significant change

2= statistically significant increase from FFY 2023 to FFY 2024

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

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

Summary Statement/ Child Outcome	FFY 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	2,357	64.32%	2,352	59.48%	-4.84	0.0141	-3.4222	0.0006	YES	0
SS1/Outcome B: Knowledge and Skills	2,260	61.11%	2,302	61.08%	-0.03	0.0144	-0.0200	0.984	NO	1
SS1/Outcome C: Actions to meet needs	2,213	60.23%	2,222	58.51%	-1.73	0.0147	-1.1725	0.241	NO	1
SS2/Outcome A: Positive Social Relationships	2,717	42.99%	2,724	39.98%	-3.01	0.0134	-2.2547	0.0242	YES	0
SS2/Outcome B: Knowledge and Skills	2,717	44.79%	2,724	42.29%	-2.50	0.0134	-1.8612	0.0627	NO	1
SS2/Outcome C: Actions to meet needs	2,717	46.30%	2,724	43.58%	-2.73	0.0135	-2.0215	0.0432	YES	0

Total Points Across SS1 and SS2	**3**

Your State's Performance Change Score	**0**

Data Rubric

Kentucky

FFY 2024 APR (1)

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

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

APR Score Calculation

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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

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

Part C 618 Data

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

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

* if applicable

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

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

Dispute Resolution

IDEA Part C

Kentucky

Year 2024-25

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	2
(1.1) Complaints with reports issued.	2
(1.1) (a) Reports with findings of noncompliance.	0
(1.1) (b) Reports within timelines.	2
(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:
Kentucky

These data were extracted on the close date:
11/19/2025

How the Department Made Determinations

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

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

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

Final Determination Letter

June 16, 2026

Honorable John R. Langefeld, MD
Commissioner
Kentucky Department of Public Health
275 East Main Street
HS2-EE
Frankfort, KY 40621

Dear Dr. Langefeld:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Kentucky needs assistance in meeting the requirements of Part C of the IDEA. This determination is based on the totality of Kentucky's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Kentucky's 2026 determination is based on the data reflected in Kentucky's "2026 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Kentucky and consists of:

(1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;

(2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;

(3) a Compliance Score and a Results Score;

(4) an RDA Percentage based on both the Compliance Score and the Results Score; and

(5) Kentucky's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2026: Part C" (HTDMD-C).

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

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2024 data. You may access the results of OSEP's review of Kentucky's SPP/APR and other relevant data by accessing the ED*Facts* Metadata and Process Systems (E*MAPS*) SPP/APR reporting tool using your State-specific log-on information at https://emaps.ed.gov/suite/. When you access Kentucky's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Kentucky is required to take. The actions that Kentucky is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

(1) Kentucky's RDA Matrix;

(2) the HTDMD link;

(3) "2026 Data Rubric Part C," which shows how OSEP calculated the Kentucky's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

(4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the Kentucky's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Kentucky's 2026 determination is Needs Assistance. A State's 2026 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State would also be Needs Assistance if its RDA Determination percentage is 80% or above, but the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

Kentucky's determination for 2025 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. § 303.704(a), if a State is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

(1) advise the State of available sources of technical assistance that may help the State address the areas in which the State needs assistance and require the State to work with appropriate entities; and/or

(2) identify the State as a high-risk grantee and impose Specific Conditions on the State's IDEA Part C grant award.

Pursuant to these requirements, the Secretary is advising Kentucky of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following website: Individuals with Disabilities Education Act (IDEA), and requiring Kentucky to work with appropriate entities. The Secretary directs Kentucky to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. We strongly encourage Kentucky to access technical assistance related to those results elements and compliance indicators for which Kentucky received a score of zero. Kentucky must report with its FFY 2025 SPP/APR submission, due February 1, 2027, on:

(1) the technical assistance sources from which Kentucky received assistance; and

(2) the actions Kentucky took as a result of that technical assistance.

As required by IDEA Sections 616(e)(7) and 642 and 34 C.F.R. § 303.706, Kentucky must notify the public that the Secretary of Education has taken the above enforcement action, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and to early intervention service (EIS) programs.

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

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

As a reminder, Kentucky must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Kentucky on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Kentucky's submission of its FFY 2024 SPP/APR. In addition, Kentucky must:

(1) review EIS program performance against targets in Kentucky's SPP/APR;

(2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;

(3) take appropriate enforcement action; and

(4) inform each EIS program of its determination.

Further, Kentucky must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

(1) includes Kentucky's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and

(2) will be accessible to the public via the ed.gov website.

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

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: Kentucky Part C Coordinator