

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Vermont



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Vermont's Part C Early Intervention services are part of Vermont's statewide Children's Integrated Services (CIS) Program. CIS is administered by the Agency of Human Services, Department for Children and Families, Child Development Division. The Agency of Education is Vermont's co-lead for Part C services. This relationship is governed by an Interagency Agreement, revised March 2019, and subsequently approved by the Office of Special Education Programs (OSEP). The agreement is reviewed annually by the two co-leading agencies. The current Agreement can be found here: [Part C Interagency Agreement \(vermont.gov\)](#)

CIS is a statewide health promotion, prevention and early intervention system of services intended to:

- Promote a child's healthy growth and development,
- Support parents/guardians and childcare providers to prevent health or developmental challenges arising from social and environmental factors,
- Support families with a child from birth to three with a developmental delay or medical condition that may result in a developmental delay,
- Support families prenatally through age six to address factors that can put their child at risk for birth defects, or ongoing health, or developmental issues, including social or emotional health and development,
- Support families and early care and education programs so that children with special health or developmental needs, and/or who are involved with Vermont's child protection system, are able to access high quality care and resources that support their successful inclusion in classroom activities. Early care and education programs are able to receive resources and specialized training to fully meet the needs of all the children in their care and their families.

Vermont's Part C Early Intervention services are known as CIS Early Intervention services. The State of Vermont contracts with 11 regional non-profit, community-based organizations to deliver CIS services. One contract covers two regional areas for a total of 12 regions for data collection purposes. Early Intervention services are most often provided by regionally based parent-child centers under those contracts. Vermont's CIS Early Intervention services are delivered as part of the broader CIS multidisciplinary service array.

CIS Services are provided to:

1. Pregnant/Postpartum people who desire to stay healthy, promote the health and development of their child, and/or have questions or concerns about a situation impacting their well-being.
2. Children whose parent or caregiver has questions or concerns about a suspected developmental delay or condition.
3. Families who have questions or concerns about their children's behavior, health, mental health, wellbeing, or providing a stable, healthy environment for their family.
4. Early Childhood Education/Childcare providers who enroll children with specialized health or developmental needs.

CIS provides a systematic referral and intake process that leads to:

1. multidisciplinary and consultative team review, linking with other community resources as needed;
2. comprehensive screening, connected to Vermont's Help Me Grow universal screening initiative and in compliance with Child Abuse Prevention and Treatment Act (CAPTA);
3. multidisciplinary assessment as needed or upon the request of a family;
4. identification of a primary service coordinator who works with families to develop functional outcomes, coordinate needed services, support access/referrals to additional resources as needed, and ensuring timelines and family rights are maintained;
5. regular, multi-disciplinary team reviews to assess progress and achievement of goals to promote better outcomes; and
6. supports for families transitioning from CIS services (such as when all outcomes are successfully met, for children at age 3 who have a disability needing Part B services, or for families whose children have aged out of CIS services but who may benefit from other community supports).

CIS services are provided by community-based organizations with qualified and supervised professionals. CIS Early Intervention practitioners have, at a minimum, a bachelor's degree in early childhood special education, social work, or another related human services field. CIS Early Intervention providers performing assessments must also maintain a CIS Early Intervention Credential.

CIS home visiting services include the use of evidence-based models. These models are delivered in accordance with standards adopted by Vermont's Home Visiting Alliance in response to Act 66: An Act Relating to Home Visiting Standards. They include Parents as Teachers and the Maternal Early Childhood Sustained Home Visiting model paired with the Family Partnership Model. CIS Early Intervention practitioners use a variety of evidence-based screening and assessment tools to support the identification of developmental delays, development of appropriate outcomes and delivery of strategies to support developmental gains. CIS Early Intervention practitioners may use the Brazelton Touchpoints method, Ages and Stages Learning Activities, and the Early Start Denver Model to support the development of infants and toddlers receiving Part C services.

CIS services, including CIS Early Intervention, are available year-round. Service delivery occurs in the natural environments of the family to the maximum extent possible. This may be the child's home or a community-based program or setting. Services delivered in the natural environment of the child are better able to support families' routines and children's inclusion with typically developing peers.

The purpose of Children's Integrated Services is to:

1. increase child and family access to high-quality child-development services;
2. promote the health, social and economic well-being of the recipients of these services;
3. provide performance-based contracts for the provision of services to pregnant/postpartum people, children from birth to age six and their families;
4. increase access to health insurance and a medical and dental home;
5. strengthen implementation of CIS with an emphasis on: infrastructure; outreach; referral and intake; multidisciplinary screening and assessment; integrated services planning; service delivery; and transition; and
6. support a more comprehensive approach to service delivery including: supporting timely delivery of direct services, consultation, group education, team and supervision time, documentation, other record keeping requirements, and data collection and reporting.

The CIS Program is overseen by a team that includes: The CIS Director, Part C Administrator, Program Improvement Manager, Data Manager, Program

Coordinator for Home Visiting (both nursing and family support) and Early Childhood and Family Mental Health, a Specialized Childcare Services Coordinator, a Personnel Development Coordinator and a Family Engagement Coordinator. Data is collected and monitored by this team. This team is responsible for the quality of service provision and general supervision for adherence to Part C of the Individuals with Disabilities Education Act federal regulations and State rules.

Vermont's Early Intervention Program utilizes technical assistance provided by the Office of Special Education Programs (OSEP) and OSEP-funded technical assistance centers to support continuous quality improvement. Additionally, the strategies identified within the State Systemic Improvement Plan (Indicator 11 within the Annual Performance Report) provide a foundation for ongoing improvement. The Vermont Early Intervention Program adopted the following data statement to define the value of data to our ongoing improvement efforts: Data illuminates solutions to our challenges. We use data as an essential tool to see the big picture and make intentional decisions that enable us to focus our limited resources to promote positive outcomes for children, families, and staff.

Additional information related to data collection and reporting

General Supervision System

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

Vermont monitors data for all 12 regional providers annually. A full data set is reviewed for all 12 regional providers in November for data submitted July 1 through August 31 to determine any instances of noncompliance regarding SPP/APR indicators. The state then reviews updated data from active caseload served January 1-January 31 for any regional provider where there had been demonstrated noncompliance. Additionally, each regional contract with Vermont's Child Development Division clearly explains the General Supervision and Early Intervention reporting requirements. The contract is updated and endorsed annually by each participating Regional Provider and provides for additional monitoring beyond the IDEA Part C SPP/APR indicators. Specifically, Vermont will carry out file monitoring activities with each regional provider at least once every three years or as needed on a rotating schedule. The CIS State team reviews 15% of the contractor's files which include a sample of both currently active and exited clients. File content is reviewed for each of the services provided under Vermont's Children's Integrated Services program which includes IDEA Part C. File monitoring for Early Intervention includes:

- Analyzing local child find data within the region and across the State to determine if there are significant disparities in the groups or communities of children and families who are referred for evaluation or provided services.
- Reviewing content of One Plans (IFSPs) for quality including monitoring of family goals, treatment team membership and meeting timeliness, accuracy of signatures with credentials and evidence of prior written notice of meetings.

A report is made to the Regional Provider regarding strengths and challenges identified during the monitoring process. For significant challenges, Vermont requests the Regional Provider submit a corrective action plan to address the issues. Increased technical assistance is provided to the Regional Provider to assist with and monitor the plan.

Vermont will work with OSEP sponsored technical assistance programs this year to analyze the current Monitoring and General Supervision process and determine how best to solidify the process and create a more comprehensive system to monitor each Regional Provider's performance.

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

During the first week of November, the State queries the State's database for the full data set from July 1 through August 31 of the present Federal Fiscal Year related to the federal indicators in order to identify instances of noncompliance. From these queries, the State identifies all instances of, and provider reason for, noncompliance. The State formally notifies each region in writing of all instances of noncompliance due to provider requiring that each instance of noncompliance due to provider must be corrected within 90 days from the date of the State's letter providing the formal written notification. Verification of correction must be submitted in writing. These findings of noncompliance are used to support the State's determinations along with the APR data compiled for the period of July 1 through June 30 of the preceding Federal Fiscal Year.

Verification of correction on noncompliance: The State performs a desk audit of the State's data system for all regional Early Intervention Programs where there were previously identified Findings of non-compliance. During this desk audit the State verifies that the regional CIS Early Intervention Programs have corrected each instance of previously identified noncompliance for each infant/toddler. In the case of Findings, a region must demonstrate correction by:

1. the service ultimately being provided (even though it is provided late);
2. the child exiting the program (meaning they are no longer in the jurisdiction of the program) before the service can be provided;
3. the family determined at a later point that they did not want the service after all, and there is documentation to verify that (ex. updated One Plan, or provider verifying that the family withdrew consent for a Transition Conference).
4. If the region provides evidence to the State after a Finding is made that the delay in the service was due to a family, so should not have been a Finding, this needs to be documented in the corrections. These will be discussed in the APR as the region later providing evidence that the service where there was a Finding of non-compliance was actually delivered in compliance with federal regulations.

Demonstration of ongoing compliance: The State reviews updated data from active caseload served January 1 – January 31. The purpose of this data review is to ensure that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements for indicators where there had been demonstrated non-compliance. The State determines that the regional CIS Early Intervention Programs are correctly implementing regulatory requirements when the data show 100% compliance for each indicator where there was previously identified noncompliance.

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

The State enters into the State's EI Database (ACCESS type) all data submitted monthly by regional providers related to each federal indicator. A two-month data period is reviewed in November and a one month period is reviewed for active caseload served January 1-31.

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.

Vermont issues findings for each instance of noncompliance to each regional provider where noncompliance is discovered.

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).

On August 15, September 15 and October 15 the state reviews all data in the State's database to identify any data anomalies or missing data related to the federal indicators in advance of identifying noncompliance for Findings. Informal inquiries are sent to the regional providers where these are noted. This informal review serves to provide an opportunity for regional providers to validate the data or provide clarification before the State uses the data for Findings and Determinations. Regional providers have the opportunity to correct any instances of noncompliance prior to the State issuing formal written Findings. The State then enters into the State's EI Database all additional data submitted by regional providers in response to the informal inquiries and verifies that each instance of noncompliance noted in the informal review has been corrected.

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.

If any regional provider fails to correct each instance of non-compliance and/or is unable to demonstrate 100% compliance, the State will perform data reviews on all data for that regional provider the first month of each quarter until there is 100% correction of each instance of non-compliance and demonstration of 100% compliance from an updated period. Any regional provider requiring this level of data review will also receive monthly technical assistance from State staff to aid in identifying root causes of non-compliance, clarify trends in data reporting anomalies and review progress on the implementation of regional improvement plan activities.

The Vermont Interagency Coordinating Council, State Lead Agency, and representatives from each of the state's twelve (12) regional Early Intervention Programs meet together in late November or early December. The purpose of this meeting is to discuss progress on the State Performance Plan including statewide and regional Early Intervention Program data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the Vermont Interagency Coordinating Council, work together to develop continuous quality improvement plans. Regional providers with areas of noncompliance must include those areas in their plan. State team technical assistance liaisons check on the progress of the quality improvement plans with each regional provider throughout the year and provide assistance where needed.

In addition, the State may provide more intensive, on-site training or technical assistance for any regional provider with areas needing improvement. Regional providers who receive consecutive determinations of needs substantial intervention or show a substantial failure to comply with any Part C requirement could be subject to regular or periodic on-site file monitoring. If significant progress isn't indicated, termination of the contract to provide CIS services may be ultimately recommended.

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

When making an annual determination on the performance of each CIS-EI program, consistent with IDEA and OSEP's longstanding guidance, the State will consider the following factors: 1. performance on compliance indicators; 2. valid, reliable and timely data; 3. correction of identified noncompliance; and 4. other data available to the State about the program's compliance with IDEA, including any relevant audit findings, complaints or mediation requests. The State uses the same four determination categories that OSEP is required to use with States: Meets Requirements, Needs Assistance, Needs Intervention and Needs Substantial Intervention, in accordance with 34 C.F.R. §303.703(b). Regional providers are notified of their determinations via emailed letter in November following the end of the Federal Fiscal Year. The notification is made in advance of the Annual Data & Determinations Meeting, held in person, when regional providers come together and celebrate success as well as work to develop Quality Improvement Plans. Regional level determinations are not publicly posted.

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

Review the Vermont General Supervision and Monitoring Process here:

El-Supervision-Monitoring-Process.pdf
https://outside.vermont.gov/dept/DCF/Shared%20Documents/CDD/CIS/SPP-APR/DMS/EI-Supervision-Monitoring-Process.pdf?_gl=1*8aoshm*_ga*MTM2NzI5MjE0MC4xNjg5OTY4Njly*_ga_V9WQH77KLW*MTczNzY0NDI0Ni45Ny4xLjE3Mzc2NDQyNzUuMC4wLjA.

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.

Technical Assistance is provided to the regional CIS Early Intervention program staff as follows:

1. The State CIS Early Intervention staff hosts monthly video conferences with the regional CIS Early Intervention host agencies. These meetings are used to disseminate information, gather regional feedback or input, and provide technical assistance related to interpretation of federal regulations and/or State Rules to ensure the provision of timely, high-quality Part C services in accordance with IDEA.
2. The State CIS Data Manager provides monthly technical assistance video conferences with regional CIS Early Intervention programs as needed. The meetings are used to support regional understanding of and compliance with required child count data reporting, address any data discrepancies, and support regional correction of findings of non-compliance.
3. The State CIS Early Intervention staff provides ongoing technical assistance on site or virtually to CIS Early Intervention host agencies experiencing staff or leadership changes, determinations of non-compliance, or in response to questions asked by regional CIS Early Intervention practitioners to support understanding of federal regulations, State Rules, or State policies. Technical assistance includes the use of materials, trainings and technical assistance from the Early Childhood Technical Assistance center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), IDEA Data Center (IDC), and the National Center for Systemic Improvement (NCSI).
4. The State CIS Early Intervention staff provides technical assistance to regions based on results of Family Outcomes and Child Outcomes. This includes the following steps:
 - i. Inclusion of the regional CIS Early Intervention practitioners in a review of the Outcomes results, so that all practitioners and service coordinators are aware of their region's performance on child and family outcomes and can participate in quality improvement plan development.
 - ii. Analysis of the data and identification of contributing factors with the regional CIS Early Intervention staff, using ECTA Contributing Factors tool (https://ectacenter.org/sysframe/resources_results.asp?sfc=AC&sfqi=AC0&sfq=AC). The link is under "Local Contributing Factor Tool for the SPP/APR Compliance Indicators..." Tools are also available for outcome indicators on this same site) and the Relationship of Quality Practices to Child and Family Outcome Measurement (https://ectacenter.org/~pdfs/eco/QualityPracticesOutcomes_2012-04-17.pdf).
 - iii. Facilitated discussions with regional CIS Early Intervention practitioners during monthly video conferences around techniques used by CIS Early Intervention practitioners across the state for improving child and family outcomes.

Additionally, to provide effective, evidence-based technical assistance, the State Early Intervention Staff receives ongoing technical assistance from:

1. the Office of Special Education Program's (OSEP) technical assistance and through participation on webinars, at the OSEP Leadership Institute and the DaSy Improving Data, Improving Outcomes conference to improve understanding of federal regulations and improve Vermont's compliance with federal timelines and performance on Child Outcomes.
2. the Early Childhood Technical Assistance Center and the Center for IDEA Early Childhood Data Systems (DaSy) to improve Child and Family

Outcomes.

3. the IDEA Data Center to support the State in identifying and implementing strategies to improve compliance with transition timelines and performing data analysis and representation of Child Outcomes.
4. the Early Childhood Personnel Center through technical assistance to improve recruitment, retention and qualifications of Early Intervention staff.
5. the Center for IDEA Fiscal Reporting to understand fiscal requirements under the federal Part C grant.

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.

All staff new to CIS shall successfully complete (with an 80% or better quiz score) on-line CIS training modules within 30 days of hire. These training modules are available on the Vermont Agency of Human Services' Learning Management System, LINC. The modules were redesigned in 2023, using stakeholder feedback from Vermont Interagency Coordinating Council members (including family representation), 20 providers from the field, and University of Vermont's ECSE faculty. In addition to stakeholder feedback, updated practices were drawn from our overarching guiding systems of professional development, including the Division for Early Childhood and the Center for IDEA Early Childhood Data Systems. Additionally, all CIS professionals maintain a required 10 hours of professional development every year, including CIS-EI providers for their EI Certification. Annual professional development activities include; 1. attendance at regional and statewide trainings provided by the State 2. completion of relevant on-line CIS training modules; 3. participation in other training and/or professional development opportunities required by CIS State staff based on contract monitoring activities; and 4. Engagement in other State-sponsored trainings, both core and discipline-specific trainings including, but not limited to: i. Parents as Teachers (PAT); ii. Maternal Early Childhood Sustained Home-visiting (MECSH); iii. Trainings related to the Early Intervention Certificate and IDEA Part C rules and regulations (such as our state-approved Early Intervention Tools for assessment and SMARTIE goal development). The CIS Personnel Development Coordinator offers a monthly "CIS PD Newsletter," which contains upcoming professional development opportunities, both locally and nationally. The listing is curated to include evidence-based and evidence-informed professional development offerings. Here is an example of a monthly newsletter: <https://mailchi.mp/uvm/personnel-development-newsletter-for-cis-staff-17986596>. CIS Early Intervention host agencies are required to submit proof of the staff qualifications to the State to assure that all Early Intervention staff meet the Vermont Part C requirement of holding a bachelor's degree in early childhood or a related field. CIS maintains a list of all CIS practitioners who have attained and maintain a Vermont CIS Early Intervention Certificate through our partnership with Northern Lights at the Community College of Vermont. Additionally, CIS Early Intervention host agencies submit proof of the staff qualifications to the State to assure that all Early Intervention Associates/Assistants meet the Vermont Part C requirements for this position that seeks to support capacity-building where there is a shortage of qualified personnel. The State contracts with the Community College of Vermont to provide training in the State-approved, evidence-based, five-domain assessment tools (the HELP, IDA and AEPS). The State CIS Early Intervention program provides joint training and Memos to the Field with our Part B/619 co-lead to address inclusion practices, Child Find, and Transitions requirements within the federal regulations and State rules. An example of this in 2023 included a quarterly Part B/C provider meeting with a focus on transitions from Part C to B. The State partners with the Vermont Department of Health provide training for the evidence-based home visiting models used by CIS (including PAT and MECSH). Trainings are provided in person or via webinars. CIS Early Intervention Credential Certification: The State CIS Early Intervention program has an Early Intervention Certificate, guided by the Division of Early Childhood Early Intervention / Early Childhood Special Education Personnel Preparation Standards (DEC EI/ECSE Standards). As of June 30, 2016, all regional CIS Early Intervention staff who wish to conduct evaluations for determining eligibility for Part C, have been required to hold a CIS Early Intervention Certificate or a Special Education Endorsement. The State CIS Early Intervention program, with input from regional CIS Early Intervention providers and other stakeholders developed a CIS EI Certification Renewal process for this certification, which was implemented in 2020. The renewal process approach was informed by evidence-based effective personnel recruitment and retention practices learned from technical assistance provided by the Early Childhood Personnel Center. Based on stakeholder feedback and the updated DEC Standards, the EI Certification Committee solicited feedback and developed changes to the process in 2023. The changes to the EI Certification requirements align with opportunities for professional growth, self reflection, and ongoing supervision, and include: · An Individualized Professional Development Plan (IPD) · The required 10 hours of professional development per year related to the DEC EI/ECSE Standards · Observations of work evidence by a supervisor and a supervisor's review, guided by the DEC EI/ECSE Standards. The State supports the University of Vermont (UVM) to pursue grants that support students attaining special education degrees. The most recent award, which began in 2019 and finished in 2023, supports master's-level interprofessional education across speech language pathology and early intervention/early childhood special education. Students receiving tuition assistance through this grant have a service obligation following graduation to work in the early intervention field. The State provides a contract to the UVM Vermont's University Center for Excellence in Developmental Disabilities (UCEDD), known in Vermont as the Center on Disability and Community Inclusion (CDCI) to provide multidisciplinary training and consultation to regional early intervention teams, including families, to support the development infants and toddlers who have more intensive and/or medically complex special needs. CDCI has a core team that supports with training and consultation to the field, called the Vermont Interdisciplinary Team Early Intervention (I-Team EI). This team includes a physical therapist, occupational therapist and speech language pathologist. In 2023, American Rescue Plan Act funds provided this team with funding for more advanced training to specialize their skills in supporting children with Autism Spectrum Disorder and their families and EI Teams. In 2023, Vermont, in collaboration with Part B/619 through a State Professional Development Grant, began partnering to then begin offering 2024 Pyramid Model training for CIS-EI, with a focus on program wide implementation of the Pyramid Model practices in EI, such as the Family Coaching Model. Implementation sites started in 2024, as well as training with the Pyramid Model Consortium and Pyramid 802 Plus. A significant activity of Vermont's CSPD is an annual recruitment and retention survey. This survey helps Vermont gain an understanding of the demographics, needs, and pressures of regional practitioners to support professional development and ongoing strategies for the recruitment and retention of the workforce. The State hosted a CIS Institute annually, and this paused in 2020 during COVID. Stakeholder meetings started in 2023, and the CIS State Team is working to bring the CIS Institute back in 2025. The topic(s) of the institute and follow-up supports to facilitate integration of information into practice are selected with significant input from CIS practitioners. This year's theme will be: "Coming Back from the Pandemic: Social-Emotional Wellness for Children, Families and Providers."

Stakeholder Engagement:

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

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of

strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

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

YES

Number of Parent Members:

4

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.

The Vermont Interagency Coordinating Council continued to support its family representatives as they fulfilled their council appointments, despite the loss of the Family Engagement Coordinator staff member. One family representative stepped into a co-lead position and has been integral in maintaining the regularity of meetings. Each VICC meeting includes family advisor specific group time to offer support, further discuss council agenda items, and to bring forward family advisor topics for full council discussion. Over a series of council meetings, family representatives, through sharing about their lived experiences receiving CIS services, supported the council in exploring more fully how to advise and assist around these topic areas. Discussions have helped to further define council processes, priority areas, and facilitated the expansion of council membership.

Once hired, the Family Engagement Coordinator will convene a subgroup of the VICC to address family recruitment to the Council and family engagement in general. The work being undertaken by the Personnel Development Coordinator will lend itself well to this group as relationships are being built with cultural liaisons across the state.

One family representative from the council facilitated regional breakout discussions in Vermont's Data, Determinations, and Continuous Quality Improvement Planning meeting. This is Vermont's CIS-EI annual meeting to deliver determinations to regional CIS-EI teams and guide the revision of regional Quality Improvement Plans. These contributions from Family Representatives not only lead to meaningful change within the Children's Integrated Services system, but also lead to VICC Family Representatives getting connected to other advising and assisting opportunities. Once hired, The Family Engagement Coordinator will work to ensure that families are continuing to develop their leadership skills and are provided access to additional ways to advise on Vermont's Early Childhood programs.

Activities to Improve Outcomes for Children with Disabilities:

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

The State Part C Administrator hosts monthly meetings with the regional early intervention programs to discuss issues affecting the field or service delivery (such as staffing challenges), provide guidance around emerging or ongoing issues (such as adherence to policies), share program performance data, and review progress on regional Continuous Quality Improvement Plans. Regional early intervention program providers also participate on the Vermont Interagency Coordinating Council and various workgroups to provide input and feedback on current issues facing the field or planned improvement activities related to professional development and service delivery to enrolled children and their families.

The Vermont Interagency Coordinating Council meets virtually each month either for workgroup activities or full Council business associated with the State's Systemic Improvement Plan, reviewing family engagement materials (such as the family survey), and identifying improvement strategies (such as planning future professional development opportunities). The Vermont Interagency Coordinating Council's advice and input is sought around continuous improvement activities, such as how to improve response rates to the family survey, especially among historically marginalized or underrepresented populations, or address staff shortages across the state.

The Family Engagement Coordinator will reach out, as needed, to engage families who are not members of the Council, but who have expressed an interest and desire to provide input into improvement activities. Families give input into outreach and informational materials being developed for families to ensure that the language is understandable and engaging for families.

Soliciting Public Input:

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

The Vermont Interagency Coordinating Council, with participation from early intervention providers and community stakeholders will meet in early 2025 to evaluate performance and reassess target goals. This process will focus on reviewing data trends, discussing values of families and providers, and identifying achievable but aggressive targets to ensure that Vermont provides high quality services that best support children and their families throughout the coming years. The Part C Administrator will begin to convene a focus group during the spring of 2025 for this purpose.

The State CIS Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The Vermont Interagency Coordinating Council co-hosts, with the State CIS Early Intervention team, the annual Data, Determinations, and Continuous Quality Improvement Meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. Throughout the meeting, Councilmembers support the CIS Early Intervention agency staff, CIS Coordinators, and other stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The Council and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the Council, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies work on Quality Improvement Plan development using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The Vermont Interagency Coordinating Council members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, improvement strategies, and interim evaluation measures to track progress.

In addition to this work, the State Part C Administrator hosts monthly meetings with the regional early intervention programs to discuss issues affecting the field or service delivery (such as staffing challenges), provide guidance around emerging issues or ongoing issues (such as adherence to policies, State rules, and federal regulations), share and discuss program performance data, and review progress on regional Continuous Quality Improvement Plans.

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.

The State CIS Early Intervention program publishes data for all indicators, including annual targets and program performance trends annually on the State's website at: <https://dcf.vermont.gov/cdd/reports/ei>. This Public Reporting contains data from each regional CIS Early Intervention (EI) Program related to compliance and results indicators contained in the State Performance Plan under the Regional CIS – EI Data section. These data tables list the annual targets at the top of each table for each indicator.

The State CIS Early Intervention program posts for the public the Vermont Part C Early Intervention State Performance Plan and Annual Performance Report here: <https://dcf.vermont.gov/cdd/reports/ei>

Reporting to the Public:

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

The State CIS Early Intervention develops all reports and publishes them online as follows:

1. January: Review the Draft Annual Performance Report with the Vermont Interagency Coordinating Council and finalize with their input for submission to the Office of Special Education Programs in February.
2. February: complete copies of Vermont Part C's State Performance Plan and Annual Performance Report to the Agency of Human Services/Child Development Division's website: <https://dcf.vermont.gov/cdd/reports/ei>. This website link is forwarded to the Vermont Agency of Education and Vermont Family Network for posting on their respective websites and newsletters.
3. March/April: The State publishes data for all indicators, including annual targets and program performance trends annually on the State's website at: <https://dcf.vermont.gov/cdd/reports/ei>. This Public Reporting contains data from each regional CIS Early Intervention Program related to compliance and results indicators contained in the State Performance Plan under the Regional CIS – EI Data section.
4. August/September: The State provides all regional Early Intervention Programs with statewide and regional data results from the annual family survey conducted between March and June of the current year.

5. December: The Vermont Interagency Coordinating Council, State Lead Agency, and representatives from each of the state's twelve (12) regional Early Intervention Programs meet together. The purpose of this meeting is to discuss progress on the State Performance Plan including statewide and regional Early Intervention Program data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to OSEP in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the Vermont Interagency Coordinating Council, work together to develop continuous quality improvement plans.

6. April and November: Publicly report Vermont Part C 618/Child Count data on Agency of Human Services/Child Development Division's website: <https://dcf.vermont.gov/cdd/reports/ei>

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA Section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted on its form that it prepared and elected to submit its own annual report (in lieu of the SPP/APR submitted by the State lead agency). OSEP accepts the SICC 2025 annual report.

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	86.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.66%	96.60%	91.92%	95.14%	99.80%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,119	2,267	99.80%	100%	97.09%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Of the 12 regional providers, 4 report increased demand for Speech and Language services with no increase in provider availability. The majority of regional providers also report staffing vacancies for Early Interventionists.

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.

82

Provide reasons for delay, if applicable.

Provider availability is the most prevalent reason for delay.

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).

Timely receipt of services is calculated from the date a parent/guardian signs their consent for services to begin and the actual first date each service from the One Plan (IFSP) is provided.

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, 2023 through June 30, 2024

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

In calculating this indicator, the State conducted a desk audit of all services for every enrolled child for which a parent/caregiver has provided their consent for services on a One Plan (IFSP) between July 1, 2023 and June 30, 2024. The State reports a client case as 'compliant' for this indicator if all services on the child's One Plan (IFSP) have been delivered within 30 days of the date the parent/caregiver provided consent for those services to be initiated. For services planned to begin later than 30 days, the State also conducted a desk audit to determine that those services were delivered as planned and consented to by the family. The timeliness of these services is also a factor in determining compliance within this indicator.

In cases where a service was not delivered timely, the State gathered data on the reason for delay from the service coordinator of each case. If the reason was attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason was attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Across all 12 regional Providers there were 3 instances of non-compliance noted in FFY 2022 regarding timeliness of start of services. For 2 regional Providers with a total 3 formal Findings of non-compliance, the State pulled subsequent, updated data (a 30-day segment) from the State's data system to determine compliance with regulatory requirements specific to timely start of services. Vermont reviewed the data and verified that both regional providers with Finding of non-compliance in Indicator 1 were at 100% compliance since all children were receiving timely services. Vermont reviewed policies and procedures for these 2 regional providers and found that none needed to be updated. Vermont has verified that all 12 local Early Intervention providers are correctly implementing regulatory requirements regarding timeliness of services consistent with OSEP QA 23-01

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

A formal desk audit of the State's data system for all 12 regional providers identified 2 regional providers with a total of 3 Findings of non-compliance regarding timely start of services. Vermont requested that each regional provider give actual start dates of services to determine timeliness of services for these Findings. The State reviewed the updated data and verified that all services within the Findings regarding 3 instances of delayed start of services were provided to the children for which they were planned, albeit late, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

1 - OSEP Response

1 - Required Actions

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2018	2019	2020	2021	2022
Target >=	97.30%	97.30%	97.30%	97.30%	97.30%
Data	96.14%	96.49%	97.11%	95.80%	96.98%

Targets

FFY	2023	2024	2025
Target >=	97.30%	97.30%	97.30%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family

Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	1,058
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	1,106

FFY 2023 SPPI/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,058	1,106	96.98%	97.30%	95.66%	Did not meet target	Slippage

Provide reasons for slippage, if applicable.

Of the 12 regional providers, 5 reported less than 100% of services being provided in the child's natural environment. These 5 regional providers report shortages of specialty providers (SLP, OT, PT). Because of the decreased availability, many families are choosing to receive outpatient services at hospitals from therapy providers there.

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2009	Target>=	61.60%	61.60%	62.00%	62.50%	63.00%
A1	60.80%	Data	64.36%	67.28%	75.96%	77.50%	70.74%

A2	2009	Target>=	60.00%	60.00%	61.00%	61.50%	62.00%
A2	59.40%	Data	64.54%	59.84%	65.11%	66.62%	62.97%
B1	2009	Target>=	69.70%	69.70%	69.70%	70.00%	70.00%
B1	67.90%	Data	70.63%	73.38%	80.57%	78.67%	73.99%
B2	2009	Target>=	54.20%	54.20%	54.50%	54.50%	54.50%
B2	53.40%	Data	50.99%	44.25%	53.63%	52.37%	48.11%
C1	2009	Target>=	73.50%	73.50%	73.50%	74.00%	74.50%
C1	72.90%	Data	73.88%	73.16%	82.26%	80.19%	76.80%
C2	2009	Target>=	61.40%	61.40%	67.00%	67.00%	67.50%
C2	60.60%	Data	67.88%	61.10%	69.14%	70.15%	68.65%

Targets

FFY	2023	2024	2025
Target A1>=	63.50%	63.50%	63.50%
Target A2>=	62.50%	62.50%	62.50%
Target B1>=	70.00%	70.00%	70.00%
Target B2>=	54.50%	54.50%	54.50%
Target C1>=	75.00%	75.00%	75.00%
Target C2>=	68.00%	68.00%	68.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	114	15.77%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	109	15.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	222	30.71%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	278	38.45%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	331	445	70.74%	63.50%	74.38%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	500	723	62.97%	62.50%	69.16%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	137	18.95%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	226	31.26%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	250	34.58%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	110	15.21%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	476	613	73.99%	70.00%	77.65%	Met target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	360	723	48.11%	54.50%	49.79%	Did not meet 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	0	0.00%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	82	11.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	128	17.70%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	323	44.67%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	190	26.28%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	451	533	76.80%	75.00%	84.62%	Met target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	513	723	68.65%	68.00%	70.95%	Met target	No Slippage

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	1,078
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.	341
Number of infants and toddlers with IFSPs assessed	737

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

Regional CIS Early Intervention contracted providers were required to submit child outcomes summary ratings using the decision tree based on the decision tree developed by the Early Childhood Outcomes Center. This rating form and decision tree are available on Vermont's website at: https://cispartners.vermont.gov/sites/cis/files/Forms/COS_Rating_Form_Decision_Tree.doc

These data are reported by regional Early Intervention programs for every infant and toddler who is active in the early intervention program, regardless of the length of time they are served. The State reports data in the Annual Performance Report on those infants and toddlers who have received at least six (6) months of services within Vermont's CIS Early Intervention Program. The data on infants and toddlers in this cohort are taken from a desk audit of the State's CIS database. These data are then compiled within the Early Childhood Outcomes Child Outcomes Rating Calculator tool developed by the Early Childhood Technical Assistance Center. The results of this compilation are used to develop this report, as well as to inform the root cause analysis performed with stakeholders.

Provide additional information about this indicator (optional).

The discrepancy in number reported as denominator in the calculation of the percent of infants and toddlers who were functioning within age expectations and the number of infants and toddlers with IFSP assessed is due to the State receiving 7 records with incomplete information for at least one outcome and were therefore not included in the data above. Additionally, 7 children entered into Part C services and were successfully exited after at least six months, then reentered into Part C services for an additional 6 or more months with a new developmental concern. Their outcomes were only considered on the first set of services.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2011	Target>=	78.50%	78.50%	87.00%	89.00%	89.00%
A	78.10%	Data	92.74%	88.70%	83.56%	87.80%	86.88%
B	2011	Target>=	86.10%	86.10%	92.00%	93.50%	95.00%
B	85.90%	Data	94.61%	92.81%	88.74%	92.16%	92.28%
C	2011	Target>=	81.20%	81.20%	90.00%	90.50%	91.00%
C	80.80%	Data	91.33%	87.67%	82.69%	88.18%	88.31%

Targets

FFY	2023	2024	2025
Target A>=	93.00%	93.00%	93.00%
Target B>=	96.50%	96.50%	96.50%
Target C>=	91.50%	91.50%	91.50%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

The number of families to whom surveys were distributed	723
Number of respondent families participating in Part C	368
Survey Response Rate	50.90%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	359
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	368
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	362
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	368
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	355
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	366

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	86.88%	93.00%	97.55%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	92.28%	96.50%	98.37%	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)	88.31%	91.50%	96.99%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	58.82%	50.90%

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

Vermont compared race and ethnicity as well as geographic location represented in survey responses against FFY 2023 Child Count report. The numbers were compared using a +/- 3% discrepancy rate. This measurement was used to determine representativeness as any other statistical comparison would not yield meaningful results due to the very low numbers that make up some subgroups of Vermont's population.

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.

Analysis comparing reported race representation in survey responses to Vermont's 2023 Child Count data revealed the following regarding percentage of Early Intervention population served versus percentage of population who responded to the survey:

- Families identifying as Hispanic or Latino: 1.72 served vs 1.63 responded
- Families identifying as American Indian or Alaska Native: 0.63 served vs 1.09 responded
- Families identifying as Asian: 0.99 served vs 0.54 responded
- Families identifying as Black or African American: 1.81 served vs 1.36 responded
- Families identifying as Native Hawaiian: 0.09 served vs 0.00 responded

Families identifying as White: 88.88 served vs 90.76 responded

Families identifying as two or more races: 5.88 served vs 4.35 responded

Using a +/- 3% discrepancy metric shows that each race/ethnicity of survey respondents are representative of the population served by Vermont's Part C program.

Vermont also analyzed response rate per geographic locations of the state. Though all regional providers fell short of the response rate target, both urban, more populated regions, and rural, less populated regions had similar response rates of between 20 and 30 percent. Vermont further analyzed the responses by region and by race/ethnicity. Though the numbers were very low (less than 2 for most race/ethnicity categories), each regional provider received responses within the +/- 3% discrepancy metric when comparing children served vs responses received.

Further analysis compared race and ethnicity of family survey respondents to race and ethnicity within the general population of infants and toddlers in Vermont. Using a +/- 3% discrepancy metric, analysis showed that family survey response rates per ethnic category is representative of the Vermont population as a whole.

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.

The Vermont team has recently hired a full-time Family Engagement Coordinator. This position has been vacant throughout the reporting period and this vacancy has impacted response rate. This person, as in the past, will communicate regularly with regional providers to help them monitor response rates and outstanding surveys. This has proved to be very beneficial to increasing response rate in past reporting periods.

Vermont will continue to offer translated family surveys on request and has offered telephonic interpreters if needed. The State continually reviews and revises its survey based on feedback from families and providers for better clarity. Vermont will continue to gather stakeholder feedback regarding the survey contents to be sure it collects the most relevant and useful data, and that it is easily understood by families.

Finally, the state will elicit feedback from families as part of its stakeholder feedback process, to gain insight into the barriers families face in responding to surveys and input into strategies to improve response rates.

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.

Vermont was affected by catastrophic flooding throughout the reporting period. This flooding rendered several post offices out of business with the state struggling to find alternative delivery solutions. Though Vermont offers a multitude of methods for completing family surveys (online, in person or phone with a state team representative, etc.) many families prefer to mail in the survey and thus our response rate was markedly affected when many surveys never reached us for compilation. This loss created an unavoidable nonresponse bias. Though most postal inequities have been remedied, Vermont will request that regional providers have drop boxes available for families to securely leave surveys which will then be picked up by state team members.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	1.10%

FFY	2018	2019	2020	2021	2022
Target >=	1.11%	1.11%	1.15%	1.20%	1.20%
Data	2.06%	2.35%	1.67%	2.19%	2.26%

Targets

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

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the

Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	122
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	5,112

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
122	5,112	2.26%	1.20%	2.39%	Met target	No Slippage

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

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	3.20%

FFY	2018	2019	2020	2021	2022
Target >=	3.90%	3.90%	4.20%	4.20%	4.20%
Data	6.12%	6.35%	5.49%	6.26%	6.79%

Targets

FFY	2023	2024	2025
Target >=	4.20%	4.20%	4.20%

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family

Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	1,106
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	15,891

FFY 2023 SPPI/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,106	15,891	6.79%	4.20%	6.96%	Met target	No Slippage

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

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.80%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	95.09%	92.86%	85.25%	85.02%	82.95%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
851	1,176	82.95%	100%	84.27%	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.

140

Provide reasons for delay, if applicable.

Two of the twelve regional providers struggled with significant staffing shortages this reporting period. These shortages created delays in keeping within the 45 day timeline.

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, 2023 through June 30, 2024

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

In calculating this indicator, the State conducted a desk audit of data on every child referred to early intervention from July 1, 2023 through June 30, 2024, who is found eligible for early intervention services. The State verified that each child whose families choose to enroll their child in early intervention services receives an initial One Plan (IFSP) meeting within 45 days of the date of referral.

In cases where an initial One Plan meeting was not held within 45 days of the date of referral, the State gathered data on the reason for delay from the service coordinator of each case. If the reason was attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the initial One Plan meeting to develop the IFSP was ultimately held. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
31	31		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 194 instances of non-compliance noted in FFY 2022 regarding timely receipt of initial evaluations, assessments, and One Plan meetings. Of the 194 instances, 163 were found to have been corrected during the pre-finding, informal data review and therefore the 163 instances were not issued as Findings. For 5 regional providers with a total of 31 formal Findings of non-compliance regarding timely receipt of initial evaluations, assessments and One Plan meetings, the State reviewed subsequent, updated data (a 30-day segment) from the State's data system to determine compliance with regulatory requirements specific to Indicator 7. Vermont's review verified that all 5 regional providers with Findings of non-compliance in Indicator 7 had 100% compliance and were correctly implementing the 45-day timeline requirements since all children in the updated data received their initial evaluations, assessments and initial One Plan meetings within the 45-day timeline. Vermont reviewed policies and procedures for these 5 regional providers and found that none needed to be updated, Vermont has verified that all 12 local Early Intervention providers are correctly implementing regulatory requirements consistent with OSEP QA 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 194 total instances of delayed receipt of initial evaluations, assessments and One Plan meetings reported in FFY 2022, Vermont reviewed data and verified that 163 instances of delayed receipt of initial evaluations, assessments and One Plan meetings had been corrected before the formal desk audit and issuing of findings. The state verified that each of the 163 children had been provided services. A formal desk audit of the State's data system for all 12 regional providers identified 5 regional providers with a total of 31 formal Findings of non-compliance. Vermont requested that each regional provider give dates of initial evaluations, assessments and initial One Plan meetings. A subsequent data review (30-day segment) from the State data system verified that all 31 children received their initial evaluations, assessments and initial One Plan meetings though late, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

7 - OSEP Response

7 - Required Actions

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

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	92.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	89.03%	94.03%	84.91%	92.95%	97.67%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
518	579	97.67%	100%	95.68%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Out of 12 regional providers, 5 failed to meet target for timely One Plans with transition steps. These 5 regional providers each had significant new staff on boarding this reporting period and site the need to train new staff who were not understanding the indicator guidelines as reason for 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.

36

Provide reasons for delay, if applicable.

New providers not understanding the indicator was the most prevalent reason for delay

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, 2023 through June 30, 2024

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

The State performed a desk audit of entire Part C State Database, July 1, 2023 through June 30, 2024. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 14 instances of non-compliance noted in FFY 2022 regarding timely development of transition plans. Of the 14 instances, updated data reviewed showed 10 instances across three regional providers were in fact compliant once transition plan dates were received, and 2 instances were identified in error by the State and not actually non-compliant. For 2 regional providers with 1 Finding each of non-compliance, the State determined that each regional provider was correctly implementing the regulatory requirements specific to timely development of transition plans. The State reviewed subsequent, updated data (a 30-day segment) from the State's data system for all children exiting Part C for each of the 2 regional providers to verify that each child included in this data had a timely transition plan. Vermont verified that each regional provider with Findings of non-compliance in Indicator 8A had 100% compliance and was correctly implementing the regulatory requirements specific to Indicator 8A. Vermont

reviewed policies and procedures for these 2 regional providers and found that none needed to be updated. Vermont has verified that all regional providers that had identified non-compliance with Indicator 8A in FFY 2022 are correctly implementing regulatory requirements consistent with guidance given in OSEP 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 14 total instances of delayed receipt of transition plans reported in FFY 2022, Vermont reviewed data and verified that 10 Findings across three regional providers for Indicator 8A were actually compliant once dates for transition plans were provided by the regional providers and 2 Findings were identified by the State in error and were not actually non-compliant. The State verified that the remaining 2 instances of delayed One Plans with transition steps and services were provided to the children for which they were planned, albeit late, before the child's third birthday, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8A - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

8A - OSEP Response

8A - Required Actions

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

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	79.50%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	86.10%	89.71%	91.73%	94.38%	93.94%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
494	520	93.94%	100%	95.00%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Out of 12 regional providers, 4 did not meet target for timely notification to LEA of potential eligibility. These 4 regional providers had significant new staff onboarding this reporting period and site the need to train new staff who did not understand the reporting requirements as reason for delay.

Describe the method used to collect these data.

Regional CIS Early Intervention programs are required to send copies of all LEA Notifications to State Education Agency. The State records the data on these notifications and transfers those data electronically to the Agency of Education. Regional CIS Early Intervention programs also send data each month identifying all toddlers who are found potentially eligible for Part B services and the date that the determination of potential eligibility was made.

In cases where notification was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. In Vermont, LEA notification does not require parental consent and therefore delays in LEA notification are not allowed to be attributed to family circumstances. If notification is sent more than 180 days from the child's third birthday at the request of the family due to the child's medical complexity or some other family factor, the LEA notification is considered compliant. If the notice is sent more than 180 days or fewer than 90 days from the child's birthday and the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

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

NO

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

State database

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

July 1, 2023 through June 30, 2024

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

The State performed a desk audit of entire Part C State Database, July 1, 2023 through June 30, 2024. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8B - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

For FFY 2022, 32 instances of delay across all 12 regional providers were noted due to untimely LEA and SEA notifications. A desk audit of updated data (3--day segment) from the State's data system for all 12 regional providers verified that the 12 regional providers were each at 100% compliance and correctly implementing the transition notification requirements since all children found potentially eligible for Part B services within the updated data had notifications sent to the LEA and SEA where the child resides. Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional providers to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 32 instances of delay in notifying SEA and LEA for toddlers potentially eligible for Part B services, Vermont reviewed data for each instance and verified that each of the 32 individual cases of non-compliance was corrected prior to the State conducting its formal Findings process, unless the children were no longer in the jurisdiction of the program, and no outstanding corrective action exists under a State complaint or due process hearing decision for any child. The State confirmed that each regional program was at 100% compliance and correctly implementing the transition notification requirement consistent with guidance given in OSEP QA 23-01

8B - OSEP Response

8B - Required Actions

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	89.71%	91.91%	90.51%	93.32%	96.36%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
439	520	96.36%	100%	94.59%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

Of the 12 regional providers, 6 failed to meet target regarding timely transition conferences. Significant staffing shortages in both Part C regional programs and VT LEAs contributed to 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.

2

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.

51

Provide reasons for delay, if applicable.

The 6 out of 12 regional providers who failed to meet target for timely transitions conferences site staffing shortages both within their programs and within the LEA programs as reason for delay.

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, 2023 through June 30, 2024

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

The State performed a desk audit of entire Part C State Database, July 1, 2023 through June 30, 2024. Vermont reports these data for all infants and toddlers enrolled at any point in Vermont's Children's Integrated Services Early Intervention Program within the reporting period.

The State receives data monthly from regional contracted service agencies for every child they serve in the program. The State monitors all data monthly to ensure data validity, accuracy and completeness.

In cases where a service was not delivered timely, the State gathers data on the reason for delay from the service coordinator of each case. If the reason is attributable to the family (ex. family illness or other family cancellation), these are designated as exceptional family circumstances, and therefore compliant, as long as the service was ultimately delivered. If the reason is attributable to the provider (ex. provider scheduling or availability) or no explanation is given to the State by the service coordinator, these are designated as non-compliant for this indicator.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 19 instances of non-compliance noted in FFY 2022 regarding timely transition conferences occurring at least 90 days prior to the toddler's third birthday. Of the 19 instances, 4 regional providers had a total of 18 instances of non-compliance, however the pre-finding informal data review found these regional providers were correctly implementing timely transition conference requirements at 100%. Therefore, formal Findings were not issued for these 18 children. For 1 regional provider with a total of 1 formal Finding of non-compliance, the State determined that this regional provider was correctly implementing the regulatory requirements specific to timely transition conferences. The State reviewed subsequent updated data (30-day segment) from the State's data system for all children exiting Part C for this regional provider to verify that each child included in the data who was potentially eligible for Part B services had a timely transition conference. Vermont verified that all providers with Findings of non-compliance in indicator 8C had 100% compliance and was correctly implementing the regulatory requirements as each child in the updated data had timely transition conferences. Vermont reviewed policies and procedures for 1 provider and found that none needed to be updated. Vermont has verified that all 12 regional providers are correctly implementing regulatory requirements specific to Indicator 8C consistent with guidance given in OSEP QA 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 19 total instances of delayed transition conferences reported in FFY 2022, Vermont reviewed data and verified that 18 instances of delayed transition conferences for children potentially eligible for Part B services had been corrected before the formal desk audit and issuing of Findings. A formal desk audit of the State's data system for all 12 regional providers identified 1 regional provider with 1 Finding of non-compliance. Vermont requested that this provider give actual date of transition conference. The State reviewed the data and verified that the transition conference had been held for this child though it was late. The State verified that each individual case on non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program and that no outstanding corrective action exists under a State complaint or due process hearing decision for the child(ren) consistent with guidance given in OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2022 SPP/APR

8C - OSEP Response

8C - Required Actions

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

identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	0
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	0

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The

Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision

Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0				N/A	N/A

Provide additional information about this indicator (optional)

9 - Prior FFY Required Actions

None

9 - OSEP Response

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

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website

(<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Families are able to help their infants and toddlers develop functional social and emotional skills (Indicator 4C), so that Infants and toddlers substantially improve their functional social and emotional development (Indicator 3A Summary Statement 1).

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

NO

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

NO

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

NO

Please provide a link to the current theory of action.

<https://dcf.vermont.gov/cdd/reports/ei> On this page, under State Systemic Improvement Plan, click the link for “Plans from 2015-2022”

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	52.10%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	63.50%	63.50%	63.50%

FFY 2023 SPP/APR Data

Number of Infants and Toddlers Who Substantially Improved Their Social and Emotional Development	Numbers of Children Exiting in the Reporting Period Who Received at Least Six Months of Services and Had an Entry and Exit COS Rating	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
331	445	70.74%	63.50%	74.38%	Met target	No Slippage

Provide the data source for the FFY 2023 data.

Data were collected from a desk audit of the State’s database for all children who exited between July 1, 2023, and June 30, 2024

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

Vermont's SiMR and attendant theory of action is the cornerstone of our continuous quality improvement activities. The State, in a meeting co-facilitated annually by the Vermont Interagency Coordinating Council (VICC), with participation from every CIS Early Intervention Program and many key stakeholders, examines the state's performance on federal Indicator 3A Summary Statement 1, to determine the percentage of infants and toddlers who substantially improve their social and emotional development. In addition, this group reviews the state's performance on federal indicator 4C, to determine the percentage of families who report that the Early Intervention Program has helped them to help their child develop and learn. This data is aggregated at a regional and state level and include data on race and ethnicity. The State, VICC, and Early Intervention Program providers and stakeholders review the performance of each region as well as the state. The VICC and State Lead Agency staff facilitate discussions with participants into root causes behind the regional and state performance on these indicators, contributing factors, and barriers to progress. The SSIP strategies and activities are discussed, as well as regional activities associated with their annual Continuous Quality Improvement Plans (QIPS). During this meeting the State and regions update their QIPS, identifying activities that need to continue to be implemented, due to the results there are showing, or the inability to fully execute the activity, as well as new strategies and activities that need to be pursued.

The analysis for the FFY 2023 data included the following:

State level data met target and there was a significant increase in child outcomes (Indicator 3A Summary Statement 1) regarding social and emotional development when compared to the previous year. Ten of twelve regional providers met or exceeded the state target and two regional providers, though not meeting target, did increase from their 2022 numbers. Root cause analysis points to Vermont's significant work with regional providers around the Child Outcomes Summary process. Vermont's efforts to recruit cohorts for Early MTSS training also served to raise awareness and increase provider knowledge and skills in this area.

The State continues to analyze certain data variables to assess these for root cause effects on child outcomes. Variables include children's diagnosed conditions, involvement with the child protection system, and referral data as it relates to race and ethnicity. Vermont continues to see an increase in acuity related to speech and language conditions since the Covid 19 pandemic.

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

YES

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

In addition to tracking and reporting data on Indicator 3A Summary Statement 1 (above), Vermont also tracks data from the family survey, Indicator 4C: the percentage of families who report that Early Intervention helped them help their child develop and learn. These data are important to Vermont since, in our SiMR, we recognize that parents are their child's first and best teacher. Therefore, a significant focus in our SSIP is to implement strategies to help families learn ways that they can support their child's healthy social and emotional development.

Vermont showed a significant increase in Indicator 4C for FFY 2023 and exceeded State target. Family survey response rate was significantly decreased this reporting year due to catastrophic flooding in Vermont that rendered many post offices in capable of operation for a significant length of time. Despite having an online option for surveys and the option to have a State team member call the family to discuss survey questions, many families preferred to use the mail in option and we fear many surveys did not reach us as intended.

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://dcf.vermont.gov/cdd/reports/ei> Find "State Systemic Improvement Plan (SSIP)" Click on "Plans From 2015-2022"

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.

1. Comprehensive System of Personnel Development :

-EI Certification: CDD's agreement with Northern Lights allows for a structured support system that tracks and monitors all EI Certifications across the state, therefore supporting the infrastructure improvement strategy of accountability for maintaining high quality standards for personnel, in order to have a direct impact on serving children and families. The CIS State Team has a newly revised, structured system of tracking practitioners' PD hours and reflective supervision, directly related to the DEC Recommended Practices for EI/ECSE professionals. During this reporting period, the EI Certification team solicited and evaluated stakeholder feedback on this process, via the annual CIS Recruitment and Retention Survey, as well as meetings with EI Supervisors, practitioners, higher education, and members of the VICC. The EI Certification information and directions can be found on the CIS Child Development Division's (CDD) Tools for CIS Providers website (scroll to the bottom).

-Stabilization Grants: During this reporting period, these grants were offered by the CIS State Team to CIS Regional Teams, who offered retention bonuses, wellness initiatives, and professional development to staff. As of this reporting period, we began seeing reduced vacancies in CIS-EI positions across the state and believe that this short-term infrastructure improvement strategy using financial support supported the retention of our CIS-EI providers.

-Scale up of efforts to recruit and retain our CIS-EI Personnel: The CIS PD Coordinator continued building up our personnel/workforce via new partnerships during this reporting period, continuing to connect with higher education institutions across the state, visiting job fairs, speaking with community organizations and students to spark interest in joining the CIS workforce. We believe this contributed to a handful of new hires across CIS, including EI. The CIS PD Coordinator also remained a member on the national ECTA Recruitment and Retention of EI/ECSE Personnel Synthesis Technical Working Group, which published their report on April 15th, 2024. The PD Coordinator continued in a COP with ECTA around Recruitment and Retention. During this reporting period, the CIS PD Coordinator initiated a stakeholder committee of CIS-EI teams experiencing the most challenges with

recruitment and retention of providers (Burlington and the Northeast Kingdom), and used the ECTA research to help drive priorities. During this reporting period, these two regions have hired several new staff.

2. Early MTSS/Pyramid Model Framework Implementation:

In order to improve Indicator 3 a., as well as 4 c., the CIS State Team continued building an infrastructure of supports using an Early MTSS and Pyramid Model framework (supported by our State Personnel Development Grant: SPDG) with the goal of improving family engagement and children's social and emotional in CIS-EI across Vermont. During this reporting period, we recruited and began training three Community Implementation Teams and Sites (our Regional CIS-EI cohort teams: Hartford, Bennington and Brattleboro), supported by the Pyramid Model Consortium and our state Pyramid Model training team, as well as in collaboration with the AOE. Infrastructure improvement strategies included governance by creating a state leadership team, as well as regional leadership teams, completing the BOQ. The PMC and VT Pyramid 802 Plus, are supporting us with accountability/monitoring and TA as we scale up a data and evaluation system, coaching, TA and professional development to assess achievement and help inform decision-making, using implementation science.

3. Coordinating additional professional development opportunities to support family engagement, confidence and competence in helping their infants and toddlers' social-emotional growth:

-Modules: In Spring 2024, the CIS State Team and PD Coordinator posted the new CIS Orientation, CIS One Plan (IFSP), and CIS EI modules onto the Agency of Human Services' Learning Management System. These modules are available to all new CIS staff (team has since explored ways of putting these modules onto a more accessible platform). These modules are part of our infrastructure of professional development support for all new practitioners, with a stronger focus on evidence-based practices, including DEC Recommended Practices and Routines-Based Interviews.

-The CIS State Team offered evidence-based practices and tools for assessment in collaboration with state partners that relate to Indicators 3a. and 4c., including Early MTSS/Pyramid Model Practices, Touchpoints (cohorts started in 2023, and Early Start Denver Model (ESDM), as well as EI Tool Trainings (HELP, IDA and ASQ-SE offered in 2023, and AEPS offered in 2024), as well as opportunities highlighted through our regularly issued CIS PD Newsletter which started in 2023. During this reporting period, the CIS PD Coordinator and CIS Data Coordinator frequently received national TA from Lauren Barten, Tony Ruggerio and Sally Shephard from DaSy on developing guidance and a training on Early Childhood Outcomes, and the Child Outcome Summary (COS) process. Through our infrastructure of governance, professional development and personnel/workforce efforts, the CIS State Team offers regular opportunities for technical assistance and consultation with EI providers and plans to continue these efforts to focus on PD related to our SiMR.

4. I-Team EI Specialization of knowledge and skills related to ASD and other complex needs.

During this reporting period, with the support of ARPA funding (short term financial infrastructure support), the I-Team EI (contracted to provide CIS-EI with training, consultation and technical assistance) received professional development to improve the infrastructure of professional development in our state around supporting infants and toddlers with Autism Spectrum Disorder and their families. This included training in JASPER, Hanen More Than Words, ESDM, and DIR Floortime models. They also received training in inclusionary practices, such as the Inclusion Classroom Profile. They have since developed a training related to supporting infants/toddlers with ASD and their families using approaches from these models that will be offered Winter 2025.

5. Regional CIS-EI Quality Improvement Plans.

Through the CIS State Team's infrastructure of governance and accountability/monitoring, in FFY 2023, QIP's were evaluated, and teams reflected on progress. Through TA with State Team, and during EI Monthly Calls, new QIPs were identified and developed. The infrastructure of developing QIPs is an opportunity to focus on our SiMR with Regional CIS-EI Teams, as noted in our Evaluation Plan graphic.

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.

1. Comprehensive System of Personnel Development

A. EI-Certification: The State achieved the short-term outcome of streamlining the EI Certification process to improve staff retention and increase high-quality practices. Vermont has a newly revised, structured system of tracking practitioners' PD hours and reflective supervision, connected to the DEC Recommended Standards for EI/ECSE professionals. Vermont solicited and evaluated stakeholder feedback on this process, via the annual CIS Recruitment and Retention Survey, as well as meetings with EI Supervisors, practitioners, higher education, and members of the VICC. The EI Certification information and directions can be found on the CIS Child Development Division's (CDD) Tools for CIS Providers website (scroll to the bottom). We also focused on an intermediate retention outcome of high-quality staff with EI Certifications. By July 1, 2024, all necessary Initial Full EI Certifications were completed.

B. Recruitment of new staff: Vermont forged relationships with higher education Special Education, SLP, PT, OT, Social Work, Nursing and Human Services programs to discuss internships. We continued to develop relationships with several of the High School Technical Centers across our state. We started a Handshake account online to connect with college students via this network portal. We connected with community-based organizations, such as Home-School Liaisons to Vermont New Americans, to spark interest in working for CIS and recruiting more professionals who better represented all children and families. This resulted in several new hires across CIS, including EI. Regional supervisors are reporting fewer vacancies and additional hires. Relationships were forged with VT State College and UVM Placement Coordinators for Early Intervention, and short-term internships began in Burlington and central Vermont. The CIS PD Coordinator also remained a member on the national ECTA Recruitment and Retention of EI/ECSE Personnel Synthesis Technical Working Group (TWG), which published their report on April 15th, 2024, and continued in a TWG community of practice with ECTA around Recruitment and Retention. The state initiated a stakeholder committee of CIS-EI teams experiencing the most challenges with recruitment and retention of providers (Burlington and the Northeast Kingdom), and used the ECTA research to help drive priorities. These two regions have hired several new staff.

2. Early MTSS/Pyramid Model Framework Implementation: Vermont continued to work with the Pyramid Model Consortium and our Part B partners to develop and grow our Early MTSS infrastructure using the Pyramid Model Framework across our state (supported by our State Personnel Development Grant). Infrastructure improvement strategies included governance by creating a state leadership team (SLT) with members across systems (including the AOE), and subcommittees overseeing topics related to achieving our outcomes (data collection, sustainability, and scale up). Our SLT achieved a short term outcome of recruiting three cohorts from our 12 regional CIS teams, and developed a plan for implementation. We began achieving a more intermediate outcome of training three Community Implementation Teams and Sites, supported by regional leadership teams, necessary for both the achievement of the SiMR, as well as sustainability of systems improvement efforts. We began to achieve our intermediate outcomes of receiving and offering technical assistance, accountability/monitoring and professional development from the Pyramid Model Consortium and our state Pyramid Model

training team supporting regional leadership teams and the SLT. This infrastructure scale up of the Pyramid Model Implementation Sites across Vermont uses implementation science, described to us by the Pyramid Model Consortium, and we are achieving each step as we are guided through it. This intermediate outcome took longer than expected, due to staffing capacity. The SLT completed our Community Wide BOQ in April 2024, and our regional leadership teams completed their first BOQ's this past summer, 2024. We have started to see an improvement in our Indicators 3.a. and 4.c.

3. Additional professional development opportunities to support family engagement, confidence and competence in helping their infants and toddlers' social-emotional growth: ARPA funds supported the completion of the new CIS Modules, in partnership with the Child Welfare Training Project at the University of Vermont (UVM). In consultation with ECSE Faculty at UVM, and using resources from DEC and ECTA, we applied quality standards to design this tool for professional development and accountability. Vermont worked with 21 Stakeholders, including family representatives and providers from across the state, to offer ongoing feedback on the modules as they were being developed and finalized. These modules are part of our infrastructure of professional development support for all new practitioners, with a stronger focus on evidence-based practices, including DEC Recommended Practices and Routines-Based Interviews, and they support the sustainability of a robust orientation for new practitioners. Our EI Module specifically includes resources on Child Outcomes, which we hope will have an impact on supporting our SiMR with more practitioners conducting the COS with fidelity. Vermont continued offering evidence-based practices and tools for assessment that relate to Indicators 3a. and 4c., including Early MTSS/Pyramid Model Practices, Touchpoints (cohorts started in 2023, and Early Start Denver Model (ESDM), as well as EI Tool Trainings (HELP, IDA and ASQ-SE offered in 2023, and AEPS offered in Spring, 2024). In Spring, 2024, over 30 CIS providers participated in an Early Start Denver Model introductory course, supported by ARPA funding. We continued to see CIS-EI providers accessing Touchpoints trainings through the Vermont Child Health Improvement Program's (VCHIP) Vermont Touchpoints Team. Feedback from these trainings are strong, indicating that they have supported an increase in knowledge and directly applicable to practice. The CIS PD Coordinator sits on the Vermont Touchpoints' Statewide Implementation Committee and helped recruit CIS-EI professionals from regions that had not yet accessed Touchpoints trainings. We continued to meet our outcome offering a CIS PD Newsletter which addresses the systems framework of quality standards and professional development and connects PD to the DEC Recommended Standards for EI/ECSE.

4. I-Team EI Specialization of knowledge and skills related to ASD and other complex needs. In 2023, By securing ARPA funding (short term financial infrastructure support), the CIS State Team was able to amend its contract with UVM to support their effort to apply for professional development to improve the infrastructure of professional development in our state around supporting infants and toddlers with Autism Spectrum Disorder and their families. In 2023, the I-Team EI (contracted to provide CIS-EI with training, consultation and technical assistance) consulted with state leaders in higher education and researched trainings related to evidence-based practices in supporting ASD, thereby developing a plan for their professional development, in order to support a sustainable system of professional development and technical assistance to our CIS providers, children and families across the state, directly addressing our SiMR by applying these social-emotional evidence-based practices. During this reporting period, the I-Team EI received professional development to improve the infrastructure of professional development in our state around supporting infants and toddlers with ASD and their families. This included training in JASPER, Hanen More Than Words, ESDM, and DIR Floortime models. They also received training in inclusionary practices, such as the Inclusion Classroom Profile.

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

NO

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

1. Comprehensive System of Personnel Development

EI Certification: We have achieved our improved infrastructure strategy of accountability/monitoring and professional development using quality standards via the proposed revisions to our EI Certification process. Per our contract with regional teams, we will ensure that all new staff hired must complete their EI Provisional Certification. As we contract with Northern Lights at the Community College of Vermont, they will continue to support staff to be aware of upcoming Certification Initial Full and Renewal expirations. We will seek feedback from the CIS-EI professionals and analyze usage of the new system to identify any necessary modifications. We would like to begin offering retention bonuses to EI providers who have completed their Renewals by July 1, 2026.

Recruitment of New Staff: The CIS PD Coordinator will continue intermediate and long-term infrastructure improvement strategies of focusing on personnel/workforce through building up our partnerships with higher education institutions across the state, visiting job fairs, connecting with community organizations, and speaking with students and community members, using resources to spark interest in joining the CIS workforce. We'd like to build up internships across our regions, including with SLP's, OT's and PT's, as we have very limited specialty service providers in our state. We hope to receive an OSEP Grant in collaboration with UVM for Project WINDOW: Workforce?Innovation?Nurturing?Diversity?Opportunities?Within our Community. The hope is to increase the numbers and improve the quality of personnel, including multilingual personnel and personnel from racially and ethnically diverse backgrounds, specifically personnel from the Vermont Refugee Resettlement Community, who will be fully credentialed to serve children who have high intensity needs in the fields of early intervention (EI) an early childhood special education (ECSE) who are also multilingual and from racially and ethnically diverse backgrounds.??

2. Early MTSS/Pyramid Model Framework Implementation: The CIS State Team, in collaboration with the AOE and PMC anticipate continuing to utilize governance, data collection, TA and professional development in the anticipated outcomes for the next reporting period, guided by Implementation Science in order to engage Early MTSS and Pyramid Model Practices for continuous improvement of Early Intervention practices related to indicators 3A and 4C with fidelity. This includes; continuing our technical assistance with the Pyramid Model Consortium, and Pyramid 802 Plus as we recruit more CIS-EI Cohorts from across the state and develop leadership teams, the Cohorts continue their monthly leadership team meetings, following their goals, teams continue to engage in EIBOQ and EIPPF to inform practice, we begin to see cohorts using evidence-based strategies, and coaches begin Practice Based Coaching. PMC will offer trainings to our CIS regional teams (please see our training calendar, found here: CIS PD Calendar.docx - Google Docs.

3. Coordinating additional professional development opportunities to support family engagement, confidence and competence in helping their infants and toddlers' social-emotional growth: We believe the next steps of our infrastructure improvement strategy for engaging practitioners in professional development related to our SiMR, through our partnerships and with support of the PD budget, will result in the anticipated outcomes of improved positive social-emotional skills for children (3A), as well as improved family engagement, competency and capacity for helping their children develop and learn (4C). These steps include; 1. bringing a Touchpoints expert, Jayne Singer, to our 2025 CIS Institute, so providers can do deeper into learning about this framework, 2. Our 2025 Institute's theme, "Coming Back from the Pandemic: Social and Emotional Wellness for Children, Families, and Providers," will include up to 12 sessions related to this topic, 3. We will continue to offer the Child Outcome Summary training annually, after having received national TA to design a training and new guidance, 4. Continue to offer the CIS PD Newsletter, 5. All new providers will continue to complete the revised CIS Orientation, One Plan/IFSP and CIS EI Modules.

4. I-Team EI Specialization of knowledge and skills related to ASD and other complex needs: The next steps of the infrastructure improvement strategy of professional development/TA opportunities for practitioners related to ASD include; the I-Team EI, now trained in evidence-based practices, will share their knowledge with the field through TA and training.

5. Regional CIS-EI Quality Improvement Plans: During the next reporting period, as CIS-EI Teams begin planning for their next QIP's, and CIS will encourage a focus on the SiMR through TA. The development of QIPs through our systems framework of technical assistance, accountability/monitoring and data collection looking at our SiMR will be an opportunity to focus on improving our indicators with Regional CIS-EI Teams, as noted in our Evaluation Plan graphic.

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

DEC Recommended Practices
Pyramid Model Framework
Early Start Denver Model (and JASPER, Hanen, DIR Floortime via the I-Team EI)
Touchpoints

Provide a summary of each evidence-based practice.

DEC Recommended Practices: We have included the Early Interventionist/Early Childhood Special Educator (EI/ECSE) Standards, 2020, in our revised EI Certification Process. The DEC EI/ECSE Standards now guide self-reflection, IPDP planning, and supervision within the EI Certification. All PD must relate to the DEC Standards. The standards help CIS define what EI providers should know and be able to do to support children, birth-3 and their families who have or are at risk for developmental delays. The DEC Recommended Practices, which guide practitioners and families about the most effective ways to improve outcomes and support children's development, birth-3 when they have or are at risk for developmental delays, are included in our new CIS Modules as well. We often highlight modules and resources from DEC in our monthly newsletter related to the DEC Standards and Recommendations.

Pyramid Model Framework: During this reporting period, the state and first cohort began engaging in the Pyramid Model Framework for infants and toddlers, beginning to implement Family-Centered Coaching and Practice-Based Coaching. So far, three Vermont CIS cohorts have initiated this process of aligning with early intervention practices within the evidence-based Pyramid Model (from the National Center for Pyramid Model Innovations). CIS Leadership teams are focused on building the capacity of CIS professionals in infant-toddler ECE program consultation and home visiting, embedding evidence-based practices that promote social-emotional development for all children. Staff in each of the three regions are learning about evidence-based family coaching practices that build family confidence, knowledge, and skills and are responsive to each family's unique needs and goals for their child. CIS professionals implementing Pyramid Model practices will use evidence-based family coaching to help families understand and promote their child's social and emotional development, set goals, implement interventions to prevent and address behaviors that are challenging, and enhance healthy attachment relationships. Practice-based coaching for early interventionists is focused on ensuring that staff understand and are implementing these skills to fidelity. Key identified practice-based coaches will engage in focused observations of the CIS professionals and help them to set professional goals and take action steps to improve their own practice, while Leadership Teams analyze program-wide data in an effort to build systems, support staff, and improve child outcomes.

Early Start Denver Model: The Early Start Denver Model is a developmental, behavioral and relationship-based intervention program for infants and toddlers with ASD between the ages of 12 months and 5 years. It is designed to help families and practitioners work to promote social communication, cognitive development and adaptive skills in young children. During this reporting period, the CIS State Team coordinated the ESDM Introductory Workshop training with UC Davis.

Brazelton Touchpoints: Practitioners can use Touchpoints, an evidence-based professional development program, as a framework during their engagement with families of children, birth through 3 years. The Touchpoints approach is a way of providing care to families by understanding development and supporting relationships. Touchpoints provides strategies to help CIS professionals with communication and relationship challenges that one might face working with families with young children. Strategies participants learn include: building partnerships with parents that promote family strengths, and helping families understand why children's behavior can sometimes be challenging and confusing. Professionals learn techniques for talking with families about children's developmental concerns, actively listening to families, and collaboratively solving problems related to child development and family relationships.

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.

DEC Recommended Practices: These recommended practices have a direct impact on providers' ability to improve outcomes for children and families, thereby having a direct impact on the SiMR.

Pyramid Model: The entire focus of this framework is to support improved parent and child outcomes: positive social-emotional skills for children (3A), as well as improved family engagement, competency and capacity for helping their children develop and learn (4C), a direct connection to the SiMR.

Early Start Denver Model: This practice focuses on children's outcomes, specifically in the social, communication, cognitive and adaptive domains of development. It directly relates to our SiMR in addressing practitioners' and families' ability to improve children with ASD's positive social-emotional skills (indicator 3A).

Brazelton Touchpoints: Touchpoints framework will help guide practitioners to improve parent and child outcomes, with a social-emotional lens, thereby having a direct impact on the SiMR. Using this approach to family engagement, practitioners learn to engage families through a strength-based mindset, and to partner with families during the most challenging (and critical) periods of development (all relate to indicator 4C), with a strong emphasis on social-emotional development (indicator 3A)

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

Data were collected from a desk audit of the State's database for all children who exited between July 1, 2023, and June 30, 2024. These data are aggregated at a regional and state level. In addition, these data include data on race and ethnicity. The State, VICC, and Early Intervention Program providers and stakeholders review the performance of each region as well as the state. The VICC and State Lead Agency staff facilitate discussions with participants into root causes behind the regional and state performance on these indicators, contributing factors, and barriers to progress. The SSIP strategies and activities are discussed, as well as regional activities associated with their annual Continuous Quality Improvement Plans (QIPs). During this meeting the State and regions update their QIPs, identifying activities that need to continue to be implemented, due to the results there are showing, or the inability to fully execute the activity, as well as new strategies and activities that need to be pursued.

The analysis for the FFY 2023 data included the following: State level data met target and there was a significant increase in child outcomes (Indicator 3A Summary Statement 1) regarding social and emotional development when compared to the previous year. Ten of twelve regional providers met or exceeded the state target and two regional providers, though not meeting target, did increase from their 2022 numbers. Root cause analysis points to

Vermont's significant work with regional providers around the Child Outcomes Summary process. Vermont's efforts to recruit cohorts for Early MTSS training also served to raise awareness and increase provider knowledge and skills in this area. The State continues to analyze certain data variables to assess these for root cause effects on child outcomes. Variables include children's diagnosed conditions, involvement with the child protection system, and referral data as it relates to race and ethnicity. Vermont continues to see an increase in acuity related to speech and language conditions since the Covid 19 pandemic.

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.

Our work with the Early MTSS Pyramid Model Framework includes data collection for accountability and monitoring to ensure we are both following this to fidelity and seeing improvements with the use of this evidence-based practice. Data collection includes BOQ and EIPPI. Vermont will begin assessing data from these tools for the FFY 2024 reporting period.

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

DEC Recommended Practices: During the next reporting period, our anticipated outcome is to begin seeing EI supervisors utilizing this evidence-based framework in observations of work evidence, and we will see CIS-EI practitioners reflecting on the standards in their personal goals and relating professional development to them as well. We anticipate some training or TA may need to happen around the EI/ECSE Standards and Recommended Practices as well.

Pyramid Model Framework: During the next reporting period, the anticipated outcome is to embed the Pyramid Model Framework across multiple cohorts in CIS-EI/Part C and that the Family-Centered Coaching and Practice-Based Coaching will begin. We hope that our CIS-EI practitioners will engage in the Pyramid Model Infant and Toddler Module Trainings within the next reporting period, and data and evaluation will be collected to inform fidelity.

Early Start Denver Model: Our anticipated outcome for the next reporting period is to train cohorts across the state in this evidence-based practice, thereby increasing knowledge and skills in this area across practitioners.

Brazelton Touchpoints: Our anticipated outcome for the next reporting period is to continue to scale up trainings offered to cohorts across the state in this evidence-based practice, thereby increasing the number of participants.

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.

Our work with the Pyramid Model Consortium in collaboration with our Part B 619 partners is in its early stages. We will continue the SSIP next steps with Early MTSS as we scale up the model to support all regional providers.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Children's Integrated Services (CIS) Early Intervention program provides the Vermont Interagency Coordinating Council (VICC) with copies of the State Performance Plan and Annual Performance Report (APR) for their review and input prior to submission. The State CIS Early Intervention program reviews the APR data with the VICC annually for their input, advice, and assistance to consider root causes of non-compliance, set targets when required, and identify activities to support continuous quality improvement.

The VICC co-hosts, with the State CIS Early Intervention team, the annual determinations meeting held at the end of each calendar year. This meeting includes representation from each of the State's eleven Regional CIS Early Intervention host agencies. VICC members support the CIS Early Intervention agency staff, CIS Coordinators, and other community stakeholders who attend, to review their annual data, determinations, and any findings of non-compliance, and develop strategies for quality improvement to address any non-compliance and ensure adherence to federal Part C regulations. The purpose of this meeting is to discuss regional Early Intervention Program data and determinations made using data collected between July 1st the previous year through June 30th of the current year. This is the data that Vermont prepares for the Annual Performance Report due to the Office of Special Education Programs (OSEP) in February. These data also inform the regional early intervention program determinations. The VICC and regional early intervention program providers review the data and determine root causes contributing to areas of non-compliance, as well as celebrate areas of strength. Regional early intervention providers, with facilitation and input from members of the VICC, work together to develop continuous quality improvement plans.

At this meeting, and afterwards, CIS Early Intervention host agencies complete and submit a Continuous Quality Improvement Plan using the Local Contributing Factors Tools available through the Early Childhood Technical Assistance Center (ECTA), as well as educational and technical materials available through ECTA, the Center for IDEA Early Childhood Data Systems, and the National Center for Systemic Improvement. The VICC members support the CIS Early Intervention host agencies to think critically about their data, consider root causes, identify concrete areas for improvement, and interim evaluation measures to track progress.

The Vermont Interagency Coordinating Council (VICC) advises and assists all of CIS. This supports the integration of CIS services and the success of CIS in promoting and enhancing positive outcomes for children and their families prenatally through age six. The VICC meets at least quarterly in order to review and advise the State about: the State Performance Plan and Annual Performance Report targets, Annual Performance Report data and report submissions, new guidance or initiatives such as updated State Rules, the State Systemic Improvement Plan, personnel development, outreach activities, and other CIS system or CIS Early Intervention-specific issues. VICC workgroups meet as needed and focus on advising and assisting the Part C program regarding budgeting, regional improvement initiatives State Systemic Improvement Plan Evidence-based Practices.

The State CIS Early Intervention program has a Family Engagement Coordinator position focused on recruitment and retention of members (especially parents) of the VICC. This position has remained vacant as we worked to develop it from a parttime to fulltime position. As of this report, the position has been approved by the State and hiring is underway. As a result of the work of this position, the VICC had formally met its target of having 20% of the Council comprised of families. The vacancy has unfortunately caused a decline in family membership as recruitment of family members declined. The Family Engagement Coordinator position when filled, reaches out personally to all families who indicate the desire for this contact on their Family Survey. This contact often brings new family members to the Council. The Family Engagement Coordinator and VICC also focus on engagement with parents at a regional level. The VICC has produced a VICC Orientation Manual and publicly reports VICC information on a VICC website (<https://dcf.vermont.gov/contacts/boards/VICC>).

In addition to leading the VICC and CIS family engagement efforts, Vermont's CIS Family Engagement Coordinator works with Vermont's Building Bright Futures (BBF) Early Childhood Advisory Council on activities that seek to engage families around early childhood issues statewide. CIS, the VICC, and BBF Council are coordinating their family engagement activities to ensure alignment across these systems and maximize the effectiveness of strategies that are implemented. In coordination with BBF, the Family Engagement Coordinator had begun identifying and meeting with cultural brokers to

understand how to better serve the needs of families from historically marginalized or underserved populations. The addition of a Personnel Development Coordinator to the team has continued this relationship building effort with cultural brokers in order to both engage families in the ICC as well as in the field of Early Intervention.

Through monthly calls with the CIS Early Intervention host agencies, as well as on-going technical assistance provided to regional Part C staff as described above, the State CIS Early Intervention program regularly engages with Early Intervention practitioners to determine issues and challenges they are facing in their provision of Part C services and to provide support to address these issues as needed. Further, as part of the State Systemic Improvement Plan process, the State CIS Early Intervention program engages with the regional CIS Early Intervention staff around the implementation of identified strategies and ongoing evaluation of progress.

The Vermont Family Network, Vermont's Parent Training, and Information Center, produces a monthly newsletter that serves as a way of keeping families informed about training, resources, and ways they can become involved in providing input into Vermont's Part C system, such as participating as a member of the Vermont Interagency Coordinating Council.

CIS Early Intervention State Team members participate in many statewide initiatives and work groups representing the needs of infants and toddlers with disabilities and their families. These groups include: Deaf, Hard of Hearing, DeafBlind Council; Autism Workgroup; Early Childhood Multi-Tiered System of Supports; Universal Screening; Building Bright Futures Council and workgroups; Vermont Early Learning Standards development and revisions; Home Visiting Alliance; and the Vermont Higher Education Collaborative.

In addition to the above, stakeholders played a big part in creating a robust Professional Development System overhaul this year. Stakeholder input for PD included:

Over 20 stakeholders including members of the VICC and EI providers for regional programs assessed the new EI Certificate revision Planning has kicked off for the 2025 CIS Institute including stakeholders from the VT Department of Health, VT Department of Mental Health, the VT CIS State team, CIS regional providers and representatives from VT Children With Special Health Needs program

Over 20 stakeholders reviewed the CIS PD Modules including members of VICC, VT Higher Education Consortium, and CIS regional providers Data around the VT annual recruitment and retention survey was presented to the VICC and Building Bright Futures, Vermont's Early Childhood Advisory Council, for stakeholder input.

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

The Vermont Interagency Coordinating Council meets virtually each month either for workgroup activities or full Council business associated with the State's Systemic Improvement Plan, reviewing family engagement materials (such as the family survey), and identifying improvement strategies (such as planning future professional development opportunities). The Vermont Interagency Coordinating Council's advice and input is sought around continuous improvement activities, such as how to improve response rates to the family survey, especially among historically marginalized or underrepresented populations, or address staff shortages across the state. Regional EI providers participate through work groups for updating professional development materials and revising the State's EI credentialing system. The Part C Coordinator meets with the regional EI teams monthly both for Part C business as well as generating strategies to address the workforce shortage.

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

NO

Additional Implementation Activities

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

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

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

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3		3		0

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

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

Across all 12 regional Providers there were 3 instances of non-compliance noted in FFY 2022 regarding timeliness of start of services. For 2 regional Providers with a total of 3 formal Findings of non-compliance, the State pulled subsequent, updated data (a 30-day segment) from the State's data system to determine compliance with regulatory requirements specific to timely start of services. Vermont reviewed the data and verified that both regional providers with Finding of non-compliance in Indicator 1 were at 100% compliance since all children were receiving timely services. Vermont reviewed policies and procedures for these 2 regional providers and found that none needed to be updated. Vermont has verified that all 12 local Early Intervention providers are correctly implementing regulatory requirements regarding timeliness of services consistent with OSEP QA 23-01

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

A formal desk audit of the State's data system for all 12 regional providers identified 2 regional providers with a total of 3 Findings of non-compliance regarding timely start of services. Vermont requested that each regional provider give actual start dates of services to determine timeliness of services for these Findings. The State reviewed the updated data and verified that all services within the Findings regarding 3 instances of delayed start of services were provided to the children for which they were planned, albeit late, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
31		31		0

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

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 194 instances of non-compliance noted in FFY 2022 regarding timely receipt of initial evaluations, assessments, and One Plan meetings. Of the 194 instances, 163 were found to have been corrected during the pre-finding, informal data review and therefore the 163 instances were not issued as Findings. For 5 regional providers with a total of 31 formal Findings of non-compliance regarding timely receipt of initial evaluations, assessments and One Plan meetings, the State reviewed subsequent, updated data (a 30-day segment) from the State's data system to determine compliance with regulatory requirements specific to Indicator 7. Vermont's review verified that all 5 regional providers with Findings of non-compliance in Indicator 7 had 100% compliance and were correctly implementing the 45-day timeline requirements since all children in the updated data received their initial evaluations, assessments and initial One Plan meetings within the 45-day timeline. Vermont reviewed policies and procedures for these 5 regional providers and found that none needed to be updated. Vermont has verified that all 12 local Early Intervention providers are correctly implementing regulatory requirements consistent with OSEP QA 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 194 total instances of delayed receipt of initial evaluations, assessments and One Plan meetings reported in FFY 2022, Vermont reviewed data and verified that 163 instances of delayed receipt of initial evaluations, assessments and One Plan meetings had been corrected before the formal desk audit and issuing of findings. The state verified that each of the 163 children had been provided services. A formal desk audit of the State's data system for all 12 regional providers identified 5 regional providers with a total of 31 formal Findings of non-compliance. Vermont requested that each regional provider give dates of initial evaluations, assessments and initial One Plan meetings. A subsequent data review (30-day segment) from the State data system verified that all 31 children received their initial evaluations, assessments and initial One Plan meetings though late, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 14 instances of non-compliance noted in FFY 2022 regarding timely development of transition plans. Of the 14 instances, updated data reviewed showed 10 instances across three regional providers were in fact compliant once transition plan dates were received, and 2 instances were identified in error by the State and not actually non-compliant. For 2 regional providers with 1 Finding each of non-compliance, the State determined that each regional provider was correctly implementing the regulatory requirements specific to timely development of transition plans. The State reviewed subsequent, updated data (a 30-day segment) from the State's data system for all children exiting Part C for each of the 2 regional providers to verify that each child included in this data had a timely transition plan. Vermont verified that each regional provider with Findings of non-compliance in Indicator 8A had 100% compliance and was correctly implementing the regulatory requirements specific to Indicator 8A. Vermont reviewed policies and procedures for these 2 regional providers and found that none needed to be updated. Vermont has verified that all regional providers that had identified non-compliance with Indicator 8A in FFY 2022 are correctly implementing regulatory requirements consistent with guidance given in OSEP 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 14 total instances of delayed receipt of transition plans reported in FFY 2022, Vermont reviewed data and verified that 10 Findings across three regional providers for Indicator 8A were actually compliant once dates for transition plans were provided by the regional providers and 2 Findings were identified by the State in error and were not actually non-compliant. The State verified that the remaining 2 instances of delayed One Plans with transition steps and services were provided to the children for which they were planned, albeit late, before the child's third birthday, and no outstanding corrective action exists under a State complaint or due process hearing decision for these children. The State verified that each individual case of non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program consistent with guidance given in OSEP QA 23-01.

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

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:

For FFY 2022, 32 instances of delay across all 12 regional providers were noted due to untimely LEA and SEA notifications. A desk audit of updated data (3--day segment) from the State's data system for all 12 regional providers verified that the 12 regional providers were each at 100% compliance and correctly implementing the transition notification requirements since all children found potentially eligible for Part B services within the updated data had notifications sent to the LEA and SEA where the child resides.

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an

opportunity for regional providers to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 32 instances of delay in notifying SEA and LEA for toddlers potentially eligible for Part B services, Vermont reviewed data for each instance and verified that each individual case of non-compliance was corrected prior to the State conducting its formal Findings process, unless the children were no longer in the jurisdiction of the program, and no outstanding corrective action exists under a State complaint or due process hearing decision for any child. The State confirmed that each regional program was at 100% compliance and correctly implementing the transition notification requirement consistent with guidance given in OSEP QA 23-01

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

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

Findings of Noncompliance Identified in FFY 2022

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

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

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. Across all 12 regional providers there were 19 instances of non-compliance noted in FFY 2022 regarding timely transition conferences occurring at least 90 days prior to the toddler's third birthday. Of the 19 instances, 4 regional providers had a total of 18 instances of non-compliance, however the pre-finding informal data review found these regional providers were correctly implementing timely transition conference requirements at 100%. Therefore, formal Findings were not issued for these 18 children. For 1 regional provider with a total of 1 formal Finding of non-compliance, the State determined that this regional provider was correctly implementing the regulatory requirements specific to timely transition conferences. The State reviewed subsequent updated data (30-day segment) from the State's data system for all children exiting Part C for this regional provider to verify that each child included in the data who was potentially eligible for Part B services had a timely transition conference. Vermont verified that all providers with Findings of non-compliance in indicator 8C had 100% compliance and was correctly implementing the regulatory requirements as each child in the updated data had timely transition conferences. Vermont reviewed policies and procedures for 1 provider and found that none needed to be updated. Vermont has verified that all 12 regional providers are correctly implementing regulatory requirements specific to Indicator 8C consistent with guidance given in OSEP QA 23-01

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

Prior to conducting a formal desk audit, the State reviewed all data in the State's database for all 12 regional providers to identify any data anomalies or missing data related to each indicator and sent informal inquiries to the regions where these were noted. This informal review served to provide an opportunity for regional programs to verify the accuracy of the data or provide clarification before the State's formal Findings or Determinations. For each of the 19 total instances of delayed transition conferences reported in FFY 2022, Vermont reviewed data and verified that 18 instances of delayed transition conferences for children potentially eligible for Part B services had been corrected before the formal desk audit and issuing of Findings. A formal desk audit of the State's data system for all 12 regional providers identified 1 regional provider with 1 Finding of non-compliance. Vermont requested that this provider give actual date of transition conference. The State reviewed the data and verified that the transition conference had been held for this child though it was late. The State verified that each individual case on non-compliance was corrected at 100% unless the children were no longer in the jurisdiction of the program and that no outstanding corrective action exists under a State complaint or due process hearing decision for the child(ren) consistent with guidance given in OSEP QA 23-01.

Optional for FFY 2023, 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
37	0	37		0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
37	37		100%	100.00%	N/A	N/A

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

Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	37
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)	37
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

7. Number of findings <u>not</u> yet verified as corrected	0
--	---

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

12 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

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:

Leslie Davis

Title:

Part C Coordinator

Email:

leslie.davis@vermont.gov

Phone:

8027779673

Submitted on:

04/17/25 2:57:11 PM

Determination Enclosures

RDA Matrix

Vermont

2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
90.63%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	7	87.50%
Compliance	16	15	93.75%

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	737
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	1,065
Percentage of Children Exiting who are Included in Outcome Data (%)	69.2
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

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

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

II. Child Performance

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

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

(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	2
--	---

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	74.38%	69.16%	77.65%	49.79%	84.62%	70.95%
FFY 2022	70.74%	62.97%	73.99%	48.11%	76.80%	68.65%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	97.09%	YES	2
Indicator 7: 45-day timeline	84.27%	YES	1
Indicator 8A: Timely transition plan	95.68%	YES	2
Indicator 8B: Transition notification	95.00%	N/A	2
Indicator 8C: Timely transition conference	94.59%	YES	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	737
--	------------

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	0	114	109	222	278
Performance (%)	0.00%	15.77%	15.08%	30.71%	38.45%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	0	137	226	250	110
Performance (%)	0.00%	18.95%	31.26%	34.58%	15.21%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	0	82	128	323	190
Performance (%)	0.00%	11.34%	17.70%	44.67%	26.28%
Scores	1	1	1	1	1

	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 2023 Outcomes Data to Other States’ 2023 Outcome Data

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

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

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

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

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

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

Your State’s Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	74.38%	69.16%	77.65%	49.79%	84.62%	70.95%
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 2023 data to your State's FFY 2022 data

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

Test of Proportional Difference Calculation Overview

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

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

e.g., C3A FFY2023% - C3A FFY2022% = Difference in proportions

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

$\text{Sqrt}[(\text{FFY2022\%} * (1-\text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1-\text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$

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

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 2022 to FFY 2023

1 = No statistically significant change

2= statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	499	70.74%	445	74.38%	3.64	0.0290	1.2539	0.2099	NO	1
SS1/Outcome B: Knowledge and Skills	642	73.99%	613	77.65%	3.66	0.0241	1.5174	0.1292	NO	1
SS1/Outcome C: Actions to meet needs	513	76.80%	533	84.62%	7.81	0.0243	3.2121	0.0013	YES	2
SS2/Outcome A: Positive Social Relationships	740	62.97%	723	69.16%	6.18	0.0247	2.5033	0.0123	YES	2
SS2/Outcome B: Knowledge and Skills	740	48.11%	723	49.79%	1.68	0.0261	0.6445	0.5193	NO	1
SS2/Outcome C: Actions to meet needs	740	68.65%	723	70.95%	2.31	0.0240	0.9608	0.3367	NO	1

Total Points Across SS1 and SS2	8
--	----------

Your State's Performance Change Score	2
--	----------

Data Rubric
Vermont

FFY 2023 APR (1)

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

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

APR Score Calculation

Subtotal	14
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	19

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

A. APR Grand Total	19
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	38.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	38.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

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

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

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

Dispute Resolution

IDEA Part C

Vermont

Year 2023-24

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

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

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(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:

Vermont

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

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

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



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

Final Determination Letter

June 18, 2025

Honorable Jenney Samuelson
Secretary
Vermont Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671

Dear Secretary Samuelson:

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

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

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

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

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Vermont's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Vermont's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Vermont is required to take. The actions that Vermont 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) Vermont's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

www.ed.gov

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

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

As noted above, Vermont's 2025 determination is Meets Requirements. A State's 2025 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

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

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

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

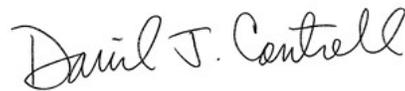
- (1) review EIS program performance against targets in Vermont's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action;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

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator