

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C**

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

**For reporting on  
FFY 2020**

**Florida**



**PART C DUE  
February 1, 2022**

**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) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The Florida Department of Health (FDOH) is the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) in Florida. Within FDOH, the Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening is responsible for the program oversight, which includes, but is not limited to: the development and implementation of the state policies that are consistent with Part C of IDEA regulations; state law and agency policies and procedures; oversight of the dispute resolution system; programmatic and contract monitoring of Local Early Steps Programs (LES); continuous improvement process; local determinations process; public reporting; development and implementation of statewide personnel standards; a professional development system; federal reporting; federal grant management; and fiscal oversight and accountability.

On March 1, 2020, Florida officially reported its first COVID-19 cases. In response, Florida's State Surgeon General declared a Public Health Emergency, determining that COVID-19 was a threat to public health in the state of Florida. The Surgeon General renewed that declaration on April 30, 2020, June 29, 2020, August 28, 2020, October 23, 2020, December 29, 2020, February 26, 2021, and April 27, 2021 as COVID-19 continued to pose a threat to public health.

On March 9, 2020, Florida's Governor issued an Executive Order declaring a State of Emergency for COVID-19. Florida public schools were temporarily closed beginning in March 2020 and then later closed for the remainder of the 2020 spring semester, through June 2020. In addition, all mandated school testing was cancelled. On April 1, 2020, Florida's Governor issued a statewide stay-at-home order, requiring all persons in Florida to limit movements and personal interactions outside of the home to only those necessary to obtain or provide essential services or conduct essential activities.

Florida's Governor created a phased plan, titled Plan for Florida's Recovery (<https://floridahealthcovid19.gov/plan-for-floridas-recovery/>). Phase 1 of the Plan took effect May 4, 2020, and was updated May 11, 14, and 15, 2020. Phase 2 of the Plan took effect June 5, 2020, for all Florida counties except Miami-Dade, Broward, and Palm Beach. Phase 3 of the Plan took effect September 25, 2020, for all Florida counties.

The Early Steps State Office conducted targeted and specific outreach to each LES Program to inquire about operational status and the impact of the COVID-19 pandemic. These outreach efforts examined and focused on the following:

- Active positive COVID-19 cases
- Comparison in referrals pre-Covid-19
- Individualized Family Support Plan updates
- In-person or telehealth/virtual meetings
- Overall COVID-19 status in service regions
- Updates on Personal Protective Equipment (PPE) and access
- Impacts on travel
- School district relationship status
- Future plans during and post the pandemic

Based on the data gathered and collected from these program interviews, the Early Steps State Office developed COVID-19 guidance, that was made available on-line, for public access. The website included essential information about resources, as well as federal and state guidance. Frequently asked questions were also developed and maintained on the website for the LES Programs or provider reference.

The Early Steps State Office implemented system enhancements to the existing program data system to monitor and track services related to the COVID-19 health pandemic. The data system has been updated (and will continue to be updated as necessary) to include barrier and suspension codes that will allow the LES Program to document delays in services related to the impact of COVID-19 for recipients and providers. The system enhancements will also allow for documentation of delay in services due to COVID-19 and monitoring of the use of telehealth services. During the initial phases of these enhancements, weekly analysis of barrier codes was conducted. This information was used to assess the ongoing impact of COVID-19 on the program and the success of the recent telehealth services. All programs and providers received training on how to use the new COVID-19 related barrier and suspension codes. LES Programs and providers continue to request individualized training, as necessary, from the state office.

#### Additional information related to data collection and reporting

The Early Steps Program is administered throughout the state in 15 geographic regions through contracts with 13 organizations. LES Programs are the contracted entities that evaluate and assess all referred infants and toddlers. The LES Programs determine eligibility and provide direct early intervention services for eligible infants and toddlers by working with internal and community service providers, and other community resources.

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). Per Part C of IDEA federal regulation 34 CFR § 303.604, the role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities.

The Early Steps State Office comprises a Program Administrator, who is the designated Part C Coordinator; three unit supervisors; programmatic staff, who provide program consultation for LES Programs; budgetary and contract management staff; data analysts; and additional resources within FDOH, as needed.

#### New Interactive Robust Data Administration System

Florida continues to enhance the current legacy data system, including adding new codes, removing obsolete codes, and clarifying code definitions. During FY 2020-2021, a new data administration system vendor had been procured and work had begun developing a new interactive data administration system. However, due to various challenges faced throughout the project, it was determined the produced data system would not result in a viable solution for the program. The relationship with the vendor was terminated on June 29, 2021. The process to procure a new vendor that will successfully develop and implement a new Early Steps Data System has been initiated. Many lessons were learned throughout this process and as a result the Early Steps State Office has enhanced the infrastructure needed to manage and successfully launch this project with the required data

elements for federal reporting. A new and dedicated project manager has been added to the team, as well as three business analysts, to allow for more data analysis and expertise, as the new data system work continues.

### **General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

#### Florida's General Supervision System

The FDOH Bureau of Early Steps and Newborn Screening within the Division of Children's Medical Services is responsible for the general supervision system. The Early Steps State Office carries out the following general supervision activities in accordance with Part C of IDEA federal regulations, state law and agency policies and procedures: development and oversight of a state performance plan and annual performance report; policies and procedures for effective IDEA implementation; programmatic monitoring activities, including strategies for improvement and corrective actions; a local determinations process; public reporting and contracting; desk and on-site monitoring of all 15 LES Programs; a fiscal management system; a data system to gather data on processes and results; an effective dispute resolution system, including mediation, state complaints, and due process hearings; technical assistance related to the implementation of the IDEA; statewide personnel standards and professional development; and coordination and oversight of the FICCT.

LES Programs are the contracted entities that evaluate and assess all referred infants and toddlers for determination of eligibility. LES Programs provide direct early intervention services for eligible infants and toddlers by working with internal and community service providers, and other community resources.

All 15 LES Programs are monitored annually. The monitoring consists of a review of child record documentation and data. Items reviewed include timely Individualized Family Support Plan (IFSP), timely service delivery, services in natural environments, a quality review of the IFSP, and service delivery determinations. Additional contract monitoring is completed for all 15 LES Programs to ensure all contractual and administrative fiscal requirements are being met. Maintenance of effort information is collected and tracked monthly based on reported information from LES invoices and Medicaid and analyzed at the end of the year to determine if the requirements under 34 CFR §303.225(a)(2) is met from year to year.

#### **Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

#### State Office Technical Assistance Provision

Technical assistance (TA) is provided in response to requests from individual programs or if identified by the Early Steps State Office. Focused TA is provided through statewide policy clarifications via email, conference calls, or webinars and, when necessary, individual local technical calls. TA is related to strategies for meeting federal timelines for evaluations, IFSP meetings, service delivery, transition planning, implementation of evidence-based practices and ensuring efficient use of resources. Monthly business conference calls with Directors and Coordinators are utilized to provide TA and maintain open and clear statewide communication with LES Programs. The LES Programs are provided a functional directory to contact Early Steps State Office staff for issues the program may have. The Early Steps State Office continues to implement on-going data manager calls, where state data managers provide feedback and in-service training on recent database system changes, how to implement those changes, and where or how to submit requests or changes to the data system.

The Early Steps State Office has made efforts in developing a Technical Assistance Framework to assist programs to identify sustainable improvement strategies. Teams have been organized around a continuum of supports, including training, technical assistance, policies, and technology improvements to assist the LESs in improving performance and compliance. The Early Steps State Office will use this framework to also help those programs where compliance is difficult to meet or for those programs who have not corrected noncompliance with specific indicators. TA framework teams' leads for the state office have been established.

#### Technical Assistance Received by The State

The Early Steps State Office requests and utilizes technical assistance from national, state or local content experts on an ongoing basis, and materials created by OSEP-sponsored centers, such as the Early Childhood Technical Assistance Center (ECTA), the Center for IDEA Early Childhood Data Systems (DaSy), the IDEA Data Center (IDC), the Center for IDEA Fiscal Reporting (CIFR), and the Early Childhood Personnel Center (ECPC) are utilized.

Florida has regular contact with OSEP lead Susan Kauffman, through email and conference calls. Technical assistance calls with Early Steps State Office staff, Susan Kauffman from OSEP, and ECTA providers, Sherry Franklin and Thomas McGhee were held monthly throughout the year. Topics discussed during these communications included: Strategies for improvement regarding Accountability, Child Outcomes, and Data Integrity. The Part C Coordinator that recently joined the program has also received individual TA on various topics from ECTA Providers.

The Part C Coordinator and applicable state office staff attended the 2020 Improving Data, Improving Outcomes Virtual Conference on October 19-22, 2020, and 2021 Leadership and Project Director's Conference July 19-22, 2021. In addition, the Part C Coordinator and lead agency staff, as appropriate, have participated in standing bi-weekly TA calls with staff from TA centers, including ECTA, and DaSy, as well as monthly OSEP calls. TA was provided to the State on a variety of topics, including state general supervision structures, accountability and monitoring, State Systemic Improvement Plan, as well as the collection and reporting of IDEA 618 data. Drafts of data reports and narratives for federal reporting have been provided to TA providers for review and input prior to submission.

Early Steps State Office staff attended the following calls or webinars in FY 2020-2021: OSEP Part C SPP/APR technical assistance, Responding to COVID-19: Ongoing Considerations for Part C, Preparing for Your Next Virtual Stakeholder Meeting, and ongoing ITCA COVID-19 meetings. Information was used from these calls and webinars to strengthen understanding of federal reporting requirements and develop policy and guidance to continue service provision during the public health crisis.

The Quality Assurance, Accountability and Monitoring Unit staff participated in the Effective Strategies for Correcting Longstanding Noncompliance Working Series on October 13, November 4, and November 17, 2020, and the Effective Monitoring Working Series March 18, April 29, June 24, 2021. Both series allowed staff to share ideas and strategies for performance improvement. Staff used new strategies to review program data and ensure correction of noncompliance of LES Programs for FFY 2019.

Quality Assurance & Accountability Effortsof the input and edits provided by TA providers related to federal reports were incorporated into the reports prior to submission. State leads have been established to work on revising the manuals as needed. In addition, as a result of the recent TA cohort that staff were able to participate in, new processes have been implemented surrounding how to analyze, organize, and collect data from LES Programs, to

ensure that programs have corrected any outstanding noncompliance.

Materials created by ECTA and DaSy are shared and discussed by the state office during on-going technical assistance calls with LES Program directors, including improvement strategies regarding provider enrollment, service delivery, and the child outcomes summary process.

Lead agency staff continue to review the monitoring and accountability tools of other states in the peer-to-peer group and working with TA providers to implement methods to increase compliance and performance of LES Programs. Much of the input and edits provided by TA providers related to federal reports were incorporated into the reports prior to submission. State leads have been established to work on revising the manuals as needed. In addition, as a result of the recent TA cohort that staff were able to participate in, new processes have been implemented surrounding how to analyze, organize, and collect data from LES Programs, to ensure that programs have corrected any outstanding noncompliance.

Materials created by ECTA and DaSy are shared and discussed by the state office during on-going technical assistance calls with LES Program directors, including improvement strategies regarding provider enrollment, service delivery, and the child outcomes summary process.

#### **Professional Development System:**

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

The professional development system includes mandatory pre-service training consisting of three orientation modules, service coordinator apprenticeship training, and data system training. The trainings are in the process of being updated and revised, to coincide with policy updates, evidence-based practices, and new information.

In-service training includes the Autism Navigator for Early Intervention Providers, a web-based instructional training program; an interactive e-learning community to support use of the Autism Navigator; and a train-the-trainer system for training assessors on the Battelle Developmental Inventory, Second Edition (BDI-2) assessment.

The Early Steps State Office is working to enhance the professional development infrastructure and increase training opportunities at the state and local level.

#### **Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).**

##### **Interagency Coordinating Council**

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

##### **Stakeholder Workgroups**

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

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

YES

#### **Number of Parent Members:**

19

#### **Parent Members Engagement:**

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

Parent members of the FICCIT and Family Resource Staff (FRS) staff participated in various stakeholder meetings to discuss, analyze, and review data to recommended targets and evaluate program performance. Each LES must employ at least one FRS to ensure family involvement. The FRS must be

a parent or primary caregiver of a child who received early intervention services or would have been eligible for Early Steps Program services. The FRS ensure the experiences and opinions of families are represented in the Early Steps Program system. Information was shared with the FRSs to allow them to communicate and seek input from local families on strategies and activities to improve outcomes for infants and toddlers and their families.

Florida has a State Parent Consultant who is a parent of two children who previously received early intervention services from the Early Steps Program. This position is responsible for providing technical assistance to LESs on including and engaging with families. FRSs and parent members of the FICCCIT participated in various stakeholder meetings to discuss, analyze, and review data to make recommendations and evaluate program performance. A meeting was recently held with eighteen FRSs to discuss and analyze Early Steps Program performance data and discuss recommended targets for FY 2020-2025.

FRSs convene monthly in a peer learning collaborative to support each other by sharing practices and ideas aimed at increasing the participation and involvement of families enrolled in the program. Being parents of children who have disabilities themselves, and active members of their communities, FRSs are skilled at making connections with and obtaining feedback from families on personal experiences and priorities and relaying that information to the local office and the state office. FRSs recruit the participation of families through support groups, play groups, surveys (local and state), committees, and other community activities, virtually and in-person.

At the recommendation of the FRSs, the Early Steps Program is in the early stages of formulating guidance that will help families feel knowledgeable, confident, and prepared to participate fully on statewide workgroups. Further development of guidance and practices to support strong family engagement on state workgroups and FICCCIT is ongoing.

#### **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.**

As mentioned above, FRSs have an important role in all areas where family representation is sought, which includes the implementation of activities designed to improve outcomes for the diverse population of children and families served by the program across the state. FRSs come from a variety of ethnic and racial backgrounds, cultural traditions, socioeconomic status, etc. and all have a child and/or children biological, adopted, and/or fostered who have a range of disabilities involving physical limitations, genetic and/or metabolic conditions, developmental and/or intellectual conditions, and vision and/or hearing differences. These diverse backgrounds and experiences allow for the FRSs to fill a critical role that ensures the experiences and opinions of families, based on demographics and/or, are represented in the Early Steps Program system.

As work continues towards the SSIP goals, and FL-EPIC enters the next stages of scaling and sustainability, the FRS role is reaching beyond involvement in stakeholder workgroups and into influencing the implementation of practices that impact families. In many of the LESs, the FRS has been invited to participate as member on the FL-EPIC Leadership Team. Likewise, some LESs have begun including FRSs in the Child Outcome Summary (COS) process in various ways, such as being included in COS meetings with families to assist families in understanding the process and their role, and to provide feedback and guidance to the IFSP team on the COS process through the lenses of the family. FRSs are being consulted when developing materials intended for families to ensure that the materials are family-centered and culturally responsive. FRSs are also involved in the target setting process and the FRS seek input from local families on strategies and activities to improve outcomes for infants and toddlers and their families. FRSs are an incredible source of knowledge and inspiration for families and for the Program. The State Parent Consultant meets with the FRSs on a monthly basis. Educational materials were provided to all local early steps programs and FRSs in order to engage and increase knowledge and understanding of the target setting process, increase capacity to provide support in development of program improvement activities and improve overall participation.

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

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

All FICCCIT and workgroup meetings were publicly noticed seven days prior to each meeting being held in the Florida Administrative Register to solicit participation and involvement from the public and obtain input for target setting, analyzing data, and developing improvement strategies. The meetings were noticed in order to solicit public input. The stakeholder workgroups met on September 29, October 4, 8, 11, 19, and December 21, 2021.

#### **Making Results Available to the Public:**

##### **The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

Results of target setting, and data analysis will be posted and made available to the public on the Early Steps Program webpage at [http://www.cms-kids.com/providers/early\\_steps/reports/program\\_performance.htm](http://www.cms-kids.com/providers/early_steps/reports/program_performance.htm). The information will be posted no later than 120 days following the state's submission of the SPP/APR.

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2019 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 2019 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 revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

Florida reported to the public on the FFY 2019 performance of each LES Program in the state by posting local performance profiles on the Early Steps Program website on May 26, 2021. This reporting can be found at: [http://www.cms-kids.com/providers/early\\_steps/reports/program\\_performance.html](http://www.cms-kids.com/providers/early_steps/reports/program_performance.html)

The Early Steps State Office ensures this reporting is updated annually no later than 120 days following the state's submission of the SPP/APR. Also available to the public on this website are the State Performance Plan/Annual Performance Report (SPP/APR) submitted February 2021, Florida's Determination Letter, the State's Annual Report, and the State Plan.

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

The State's IDEA Part C determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

## **Response to actions required in FFY 2019 SPP/APR**

### **Intro - OSEP Response**

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

The State's determinations for both 2020 and 2021 were Needs Assistance. Pursuant to sections 616(e)(1) and 642 of the IDEA and 34 C.F.R. § 303.704(a), OSEP's June 22, 2021 determination letter informed the State that it must report with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

While the State has described the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR, any subsequent revisions that the State made to those targets, and the development and implementation of Indicator 11, that description does not contain the required information. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents or the mechanisms and timelines for soliciting public input.

### **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 noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	57.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	86.43%	89.03%	88.67%	89.39%	90.30%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
280	330	90.30%	100%	96.97%	Did not meet target	No Slippage

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

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

40

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

Exceptional family circumstances included family schedule conflicts, child illness, and unsuccessful attempts to contact the family. Systems related reasons causing delays in receiving timely services were due to appointments not scheduled within the 30-day timeline and delayed referral between Service Coordinator and Provider causing delays in scheduling.

**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).**

Florida's criteria for "timely" receipt of early intervention services is as soon as possible, but within 30 calendar days from when the family consented to the service, unless there is documentation of a child or family related issue or natural disaster which caused the delay.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All 15 LES Programs are monitored annually. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was comprised of a random sample of child records based on the local program's size. A total of 330 records were reviewed for this indicator.

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

Shortly after the COVID-19 pandemic began, the state Medicaid agency and private insurers began to cover telehealth services for children in Florida's Part C Program. In addition, IDEA, Part C funds were used to fund telehealth services. The increase in the performance on this indicator is attributed to the fact that providers did not need to travel to provide services virtually and were able to better accommodate family schedules.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a second round of reviews of child records for each of the seven LES Programs with findings of noncompliance. In November 2020, the Early Steps State Office reviewed updated data through a subsequent sample of 138 records for the seven programs. This was done by reviewing the record for each child's IFSP documents and case notes with service start date information. All seven LES Programs achieved 100% compliance in this review.

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

Thirty-two children in the seven LES Programs did not receive early intervention services in a timely manner. For each individual case of noncompliance, the Early Steps State Office verified that the responsible LES Program initiated services for each of the 32 children, although late. Verification was completed by requiring the LES Programs to provide follow up with documentation that confirms services were initiated.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	1	1	0

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES Programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for the one remaining LES Program with a finding of noncompliance. Data samples were reviewed for the period between February and May 2021 and again in October 2021. The Early Steps State Office reviewed an updated sample of 30 records for the LES Program. This was done by reviewing the record for each child's IFSP documents and case notes with service start date information. The LES Program achieved 100% compliance in the subsequent review of the sample of records conducted in October 2021.



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

Four children in the one remaining LES Program did not receive early intervention services in a timely manner. For each individual case of noncompliance, the Early Steps State Office verified that the LES Program initiated services for each of the four children, although late. Verification was completed by requiring the LES Programs to provide follow up with documentation that confirms services were initiated.

**1 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the one remaining finding of noncompliance identified in FFY 2018 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that the EIS program or provider with findings of noncompliance identified in FFY 2019 and the EIS program or provider with remaining noncompliance identified in FFY 2018: (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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**1 - OSEP Response**

**1 - Required Actions**

## 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	45.00%

FFY	2015	2016	2017	2018	2019
Target>=	89.00%	90.00%	91.00%	92.00%	94.11%
Data	92.56%	92.29%	92.89%	94.11%	90.06%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	90.06%	90.10%	90.30%	91.00%	91.50%	92.00%

### Targets: Description of Stakeholder Input

#### Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

#### Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS)

process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	14,193
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Total number of infants and toddlers with IFSPs	15,712

**FFY 2020 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
14,193	15,712	90.06%	90.06%	90.33%	Met target	No Slippage

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

The Early Steps State Office will continue to work with the LES offices on process improvement strategies to increase provider availability in natural environment settings. To ensure continuity of services during the pandemic, the state Medicaid agency and private insurers reimbursed providers for virtual early intervention services during the FY 2020-2021. The Early Steps State Office continues to advocate for the option of providing virtual services to ensure families have access to services based on the families needs and routines.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

#### Measurement for Summary Statement 1:

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

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

#### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

YES

#### Targets: Description of Stakeholder Input

Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

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

Aggregated Performance

#### Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2019	Target>=	33.50%	35.00%	39.00%	44.00%	32.00%
A1	26.03%	Data	29.07%	29.12%	28.52%	29.75%	26.03%
A1 ALL	2019	Target>=					32.00%
A1 ALL	26.03%	Data					50.00%
A2	2019	Target>=	70.00%	72.00%	74.00%	76.00%	69.00%
A2	50.54%	Data	66.09%	67.67%	60.10%	55.00%	50.54%
A2 ALL	2019	Target>=					69.00%
A2 ALL	50.54%	Data				100.00%	94.12%
B1	2019	Target>=	57.00%	57.50%	58.00%	60.00%	74.60%
B1	74.27%	Data	53.40%	53.18%	53.49%	74.63%	74.27%
B1 ALL	2019	Target>=					74.60%
B1 ALL	74.27%	Data				100.00%	66.67%
B2	2019	Target>=	46.00%	47.00%	48.00%	50.00%	51.00%
B2	47.78%	Data	41.12%	40.95%	39.00%	50.91%	47.78%
B2 ALL	2019	Target>=					51.00%

<b>B2 ALL</b>	47.78%	Data				100.00%	94.12%
<b>C1</b>	2019	Target>=	56.00%	57.00%	58.00%	60.00%	86.80%
<b>C1</b>	84.36%	Data	51.36%	52.44%	51.33%	86.75%	84.36%
<b>C1 ALL</b>	2019	Target>=					86.80%
<b>C1 ALL</b>	84.36%	Data				100.00%	83.33%
<b>C2</b>	2019	Target>=	69.70%	69.80%	69.90%	70.00%	89.10%
<b>C2</b>	87.66%	Data	66.14%	67.60%	64.86%	89.05%	87.66%
<b>C2 ALL</b>	2019	Target>=					89.10%
<b>C2 ALL</b>	87.66%	Data				100.00%	94.12%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A1 >=	26.03%	26.04%	26.05%	26.06%	26.50%	27.00%
Target A1 ALL >=	26.03%	26.04%	26.05%	26.06%	26.50%	27.00%
Target A2 >=	50.54%	50.55%	50.56%	51.00%	53.00%	55.00%
Target A2 ALL >=	50.54%	50.55%	50.56%	51.00%	53.00%	55.00%
Target B1 >=	74.27%	74.30%	74.63%	74.90%	75.20%	75.50%
Target B1 ALL >=	74.27%	74.30%	74.63%	74.90%	75.20%	75.50%
Target B2 >=	47.78%	47.80%	47.90%	48.50%	49.50%	50.91%
Target B2 ALL >=	47.78%	47.80%	47.90%	48.50%	49.50%	50.91%
Target C1 >=	84.36%	84.38%	84.40%	84.42%	84.44%	84.46%
Target C1 ALL >=	84.36%	84.38%	84.40%	84.42%	84.44%	84.46%
Target C2 >=	87.66%	87.68%	87.70%	87.72%	87.74%	87.76%
Target C2 ALL >=	87.66%	87.68%	87.70%	87.72%	87.74%	87.76%

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

1,884

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

Not including at-risk infants and toddlers	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	30	1.60%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	807	43.11%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	178	9.51%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	121	6.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	736	39.32%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	30	1.59%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	809	42.94%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	178	9.45%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	122	6.48%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	745	39.54%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	299	1,136	26.03%	26.03%	26.32%	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	857	1,872	50.54%	50.54%	45.78%	Did not meet target	Slippage

**Provide reasons for A2 slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021 which resulted in an incomplete data set for this fiscal year. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time and resulted in a large reduction of completed assessments.

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	300	1,139	50.00%	26.03%	26.34%	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	867	1,884	94.12%	50.54%	46.02%	Did not meet target	Slippage

**Provide reasons for A2 AR/ALL slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021 which resulted in an incomplete data set for this fiscal year. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time and resulted in a large reduction of completed assessments.

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	12	0.64%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	480	25.64%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	550	29.38%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	535	28.58%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	295	15.76%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	12	0.64%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	484	25.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	550	29.19%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	536	28.45%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	302	16.03%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,085	1,577	74.27%	74.27%	68.80%	Did not meet target	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	830	1,872	47.78%	47.78%	44.34%	Did not meet target	Slippage

**Provide reasons for B1 slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time.

**Provide reasons for B2 slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time.

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they	1,086	1,582	66.67%	74.27%	68.65%	Did not meet target	No Slippage



<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
turned 3 years of age or exited the program							
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	838	1,884	94.12%	47.78%	44.48%	Did not meet target	Slippage

**Provide reasons for B2 AR/ALL slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time.

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

<b>Not including at-risk infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	14	0.75%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	235	12.55%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	154	8.23%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	546	29.17%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	923	49.31%

<b>Just at-risk infants and toddlers/All infants and toddlers</b>	<b>Number of Children</b>	<b>Percentage of Total</b>
a. Infants and toddlers who did not improve functioning	14	0.74%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	237	12.58%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	154	8.17%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	547	29.03%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	932	49.47%

<b>Not including at-risk infants and toddlers</b>	<b>Numerator</b>	<b>Denominator</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	700	949	84.36%	84.36%	73.76%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,469	1,872	87.66%	87.66%	78.47%	Did not meet target	Slippage

**Provide reasons for C1 slippage, if applicable**

Florida's statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative

option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time.

**Provide reasons for C2 slippage, if applicable**

Florida’s statewide slippage is attributed to be a result of data quality issues related to the collection and reporting of statewide child outcomes data. The COVID-19 pandemic greatly reduced the number of exit assessments conducted in during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas. The Early Steps Program allowed the use of telemedicine as an alternative option for service delivery during the public health emergency; however, the use of the BDI-2 and its design to be used with a child in a face-to-face setting did not lend itself as usable evaluation tool during this time.

Just at-risk infants and toddlers/All infants and toddlers	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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	701	952	83.33%	84.36%	73.63%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,479	1,884	94.12%	87.66%	78.50%	Did not meet target	Slippage

**Provide reasons for C1 AR/ALL slippage, if applicable**

**Provide reasons for C2 AR/ALL slippage, if applicable**

**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	15,209
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.	2,288

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The Early Steps Program used the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes. The BDI-2 is a "standardized, individually administered assessment battery of key developmental skills in children from birth through seven years of age" [Source: Battelle Developmental Inventory – Examiner’s Manual]. Florida’s child outcomes measurement system uses scores from the Personal-Social domain of the BDI-2 to determine category placement for Indicator 3A, scores from the Cognitive and Communication domains of the BDI-2 to determine category placement for Indicator 3B, and scores from the Adaptive and Motor domains of the BDI-2 to determine category placement for Indicator 3C. The actual target data are derived from assessments administered upon entry into and exit from Early Steps for eligible children in all LES Programs. Local Early Steps Program employees enter results for assessments in the BDI-2 Data Manager online scoring and reporting program. Data are exported from the Data Manager and a de-identified data file, consisting of all records with sufficient data to be included in the state report is sent to the University of Miami, whose staff completes the analyses that produces the category assignments.

The Early Steps Program decided at the end of FY 2019-2020 to transition from the BDI-2 as Florida’s tool to determine a child’s entry-exit progress and replace it with the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. Early Steps began using the COS with all children entering the program on or after December 1, 2020. For those children who received an entry assessment before December 1, 2020, Early Steps will continue using the BDI-2 tool for their exit assessment. There were 24 children who were in the program for six months and received an entry and exit COS rating. The COS process uses multiple sources of information rather than only one standardized tool. This process guides a team of parents, providers, and other community members who interact with a child during their daily routines to share and discuss all the available evidence of how that child functions. The team comes to a consensus that aligns with a rating scale. The data are entered on a COS Data Calculator Spreadsheet and sent to the Early Steps State Office and provided to the University of Miami to complete the analyses.

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

The BDI-2 and COS data were combined and reported together for this Indicator.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology is believed to impact our ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida would like to reset the baseline data for Indicator 3 using FY2019 data; for 3A1 from 31.80 % to 26.03%, 3A,2 from 68.80% to 50.54%, for 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.76% and 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%

### **3 - Prior FFY Required Actions**

None

### **3 - OSEP Response**

OSEP cannot determine whether the State revised its baseline for this indicator. The State reported in its narrative, that it revised its baseline for sub indicators A1, A2, C1 and C2; however, the State did not report the baseline year associated with that data. Further, the State did not update the Historical Data table to reflect the new baseline. OSEP cannot accept the State's FFYs 2020-2025 targets for this indicator because of the discrepancy in the baseline year and data.

Additionally, OSEP expects that baseline data would be revised for all outcomes areas under this indicator when there is a change in methodology or data source. The State must update or clarify its baseline changes.

### **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.

**Beginning with the FFY 2022 SPP/APR, due February 1, 2024**, 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 and 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	2015	2016	2017	2018	2019
A	2005	Target>=	76.00%	76.50%	77.00%	77.50%	84.60%
A	55.90%	Data	82.20%	80.54%	83.96%	84.60%	86.44%
B	2005	Target>=	73.00%	73.50%	74.00%	74.50%	81.49%
B	52.50%	Data	79.19%	77.66%	81.17%	81.49%	83.60%
C	2005	Target>=	88.00%	88.50%	89.00%	89.50%	92.26%

C	57.60 %	Data	90.95%	92.04%	92.05%	92.26%	93.28%
---	---------	------	--------	--------	--------	--------	--------

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target A>=	87.00%	87.50%	88.00%	88.50%	89.00%	89.50%
Target B>=	83.60%	83.80%	84.00%	84.20%	84.40%	84.60%
Target C>=	93.40%	93.60%	93.80%	94.00%	94.20%	94.40%

**Targets: Description of Stakeholder Input**

**Interagency Coordinating Council**

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

**Stakeholder Workgroups**

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

**FFY 2020 SPP/APR Data**

The number of families to whom surveys were distributed	2,441
Number of respondent families participating in Part C	1,428
Survey Response Rate	58.50%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,251
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,428
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,206
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,428
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,349
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,428

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 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)	86.44%	87.00%	87.61%	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)	83.60%	83.60%	84.45%	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)	93.28%	93.40%	94.47%	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
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

#### Survey Response Rate

FFY	2019	2020
Survey Response Rate	61.60%	58.50%

#### 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 Family Resource Specialist from each LES will identify all families who are eligible to take the family survey and attempt multiple contacts to ensure survey completion. Additional survey methods are being explored in order to increase access.

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

The Early Steps State Office continues to work with the Family Resource Specialists to educate families on the importance of collecting Family Outcomes data and to promote the increase of overall responses for all families enrolled in the Part C Program. Family Survey Leads meet monthly during the Family Survey period to discuss strategies to streamline methods of distribution and ideas to increase responsiveness of all families.

#### 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.

The representativeness of the survey was assessed by examining the demographic characteristics of the children by the parents that responded to the survey with the demographic characteristics of children enrolled in Florida Part C Program. The race/ethnicity as received in survey response data <1% indicated American Indian or Alaskan Native and .2% were reported in Child Count; 2% indicated Asian and 2.02% were reported in the Child Count; 19% indicated Black or African American and 20.13% were reported in Child Count; 39% indicated Hispanic/Latino and 39.9% were reported in Child Count; 4% indicated Multi-racial and 3.48% were reported in Child Count; <1% indicated Native Hawaiian or Other Pacific Islander and .08% were reported in Child Count; 36% indicated White and 34.2% were reported in Child Count.

#### Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

The ECTA Center Response Rate and Representativeness Calculator was used and the families responding to the survey are representative of the overall demographics of the infants, toddlers and families enrolled in the Part C Program. However, there was a slight difference of -3% for African American or Black representative in the response rate.

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

The National Center for Special Education Accountability Monitoring (NCSEAM) survey was utilized as the measurement tool for Indicator 4. All families with children who had an initial IFSP for at least six months and exiting the program between February 1, 2021, and May 1, 2021, were offered the opportunity to submit a survey. The distribution process utilized personal contact with the families by the Service Coordinator, Family Resource Specialist, and providers working with the child and family.

#### 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 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 2019 SPP/APR**

### **4 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State reported it used a collection tool; however, it did not report whether it used a new or revised collection tool, as required. If the State's collection tool has changed, it must be submitted.

### **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 ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

#### Measurement

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

#### Instructions

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2012	0.71%

FFY	2015	2016	2017	2018	2019
Target >=	0.73%	0.73%	0.74%	0.74%	0.74%
Data	0.69%	0.70%	0.69%	0.71%	0.87%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	0.74%	0.75%	0.77%	0.80%	0.83%	0.87%

### Targets: Description of Stakeholder Input

#### Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

#### Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline



data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 1 with IFSPs	1,480
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 1	219,558

**FFY 2020 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,480	219,558	0.87%	0.74%	0.67%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

For FY 2020-2021, Florida Part C experienced a 3 percent decrease in the percentage of children determined eligible compared to FY 2019-2020. The decrease is attributed to effects of the COVID-19 pandemic throughout the fiscal year which caused families to delay referral and evaluation.

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

The Early Steps Program is working on a comprehensive marketing plan to increase public awareness materials, revitalize website information, and develop tools to educate physicians, hospitals, birthing facilities and community agencies to increase visibility of the program.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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.

### 6 - Indicator Data

Baseline Year	Baseline Data
2012	1.89%

FFY	2015	2016	2017	2018	2019
Target >=	1.91%	1.92%	1.92%	1.93%	2.47%
Data	1.98%	2.17%	2.29%	2.47%	2.84%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	2.85%	2.90%	3.00%	3.05%	3.10%	3.15%

#### Targets: Description of Stakeholder Input

Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/08/2021	Number of infants and toddlers birth to 3 with IFSPs	15,712
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, 2010 to July 1, 2020	07/08/2021	Population of infants and toddlers birth to 3	669,471

**FFY 2020 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
15,712	669,471	2.84%	2.85%	2.35%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

For FY 2020-2021, Florida Part C experienced a 3 percent decrease in the percentage of children determined eligible compared to FY 2019-2020. The decrease is attributed to effects of the COVID-19 pandemic throughout the fiscal year which caused families to delay referral and evaluation.

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

The Early Steps Program is working on a comprehensive marketing plan to increase public awareness materials, revitalize website information and develop tools to educate physicians, hospitals, birthing facilities and community agencies to increase visibility of the program. Each LES is working to identify a staff member in each program to fulfill the role as Child Find Specialist. This member will work to ensure infants and toddlers in each community who are eligible for services are identified, located, and evaluated for early intervention services.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	95.36%	96.13%	84.33%	90.30%	91.21%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
261	330	91.21%	100%	98.18%	Did not meet target	No Slippage

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

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

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

Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family. Other system related delays were due to evaluation appointments not scheduled within the 45-day timeline.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All 15 LES Programs are monitored annually. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 330 records were reviewed. State staff reviewed each record to determine if an initial IFSP meeting was conducted within Part C's 45-day timeline.

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

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES Programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for each of the six LES Programs with a finding of noncompliance for this indicator. The data was from the months of September through November 2020. The Early Steps State Office reviewed updated data through a subsequent sample of 93 records for the six programs. This was done by reviewing the referral and IFSP dates in the data system and verifying the information with the referral form and IFSP documents provided by the LES Programs. The six programs achieved 100% compliance in the subsequent review.

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

Twenty-nine children did not receive an initial evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline. For each individual case of noncompliance, the Early Steps State Office verified that the LES Program conducted the evaluation and assessment and Individualized Family Support Plan (IFSP) meeting for each child, although late. The verification was based on follow up reporting and reviews by the LES Program with documentation of individual children whose evaluation and assessment and initial IFSP meeting had not been completed within the original 45 days.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**7 - OSEP Response**

**7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	64.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	93.57%	93.23%	91.00%	95.45%	92.73%
------	--------	--------	--------	--------	--------

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 SPP/APR Data**

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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. (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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
296	330	92.73%	100%	98.18%	Did not meet target	No Slippage

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

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

28

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

Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family. Other system related delays were due to service coordinator error in scheduling timely transition conferences with the family which resulted in the 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 being late.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All 15 LES Programs are monitored annually. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 330 records were reviewed. The Early Steps State Office will continue to monitor and ensure adequate training is conducted and that best practices for transition are being followed.

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

Shortly after the COVID-19 pandemic began, the state Medicaid agency and private insurers began to cover telehealth services for children in Florida's Part C Program. In addition, IDEA, Part C funds were used to fund telehealth services. The increase in the performance of this indicator is attributed to the fact that providers did not need to travel to hold to conduct the transition conference and complete the IFSP with transition steps and services.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7		0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES Programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a second review of child records for each of the seven LES Programs with findings of noncompliance. The Early Steps State Office reviewed updated data through a subsequent sample of 108 records for the seven LES Programs. This was conducted by reviewing a subsequent sample of IFSP records to ensure steps and services were provided within at least 90 days and not more than nine months prior to the toddler's third birthday. The seven LES Programs achieved 100% compliance in the subsequent review of the sample of records.

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

Twenty-four children did not receive an IFSP with transition steps and services within at least 90 days and at the discretion of all parties, not more than nine months prior to the toddler's third birthday. The Early Steps State Office verified that that the LES Programs developed an IFSP with transition steps and services, although late, for the 24 children. This verification was based on follow up reporting and review of documentation provided by the LES Programs.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**8A - OSEP Response**

**8A - Required Actions**



## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	85.56%	96.44%	95.29%	96.30%	97.53%
------	--------	--------	--------	--------	--------

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
316	330	97.53%	100%	98.44%	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.

9

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

Several LES Programs did not track the notification due date in a timely manner when the child entered the program very close to 90 days before the child's third birthday which resulted in the notifications being sent late to the Local Education Agency and State Education Agency.

**Describe the method used to collect these data.**

The data source for this indicator comes from monitoring. All 15 LES Programs are monitored annually. This year's monitoring utilized a review of child record documentation and data verifying both notification to each Local Education Agency and the State Education Agency. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 330 records were reviewed

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

YES

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

YES

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All 15 LES Programs are monitored annually for this indicator. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 330 records were reviewed

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

The Early Steps State Office will continue to monitor and offer training to ensure LES Programs run reports for tracking due dates to ensure timely notification.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES Programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a subsequent review of child records for each of the four LES Programs with findings of noncompliance. The Early Steps State Office reviewed a subsequent sample of 52 records for the four LES Programs with findings. The four LES Programs achieved 100% compliance on the subsequent reviews. This review verified correction of all four programs with findings. This was completed by reviewing a subsequent sample of notification lists sent to the Local Education Agency and State Education Agency and verifying the information was sent in a timely manner at least 90 days prior to the toddler's third birthday.

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

Notification to the State Education Agency (SEA) and the Local Education Agency (LEA) where the toddler resides was late for eleven children. The Early Steps State Office verified that the LES Program provided notification to the State Education Agency (SEA) and the Local Education Agency (LEA) where the toddler resides. Although notification was sent outside of the 90-day notification period requirement, it did occur prior to each toddler's third birthday for all eleven toddlers. This verification was based on follow up reporting and review of documentation provided by the LES Program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**8B - OSEP Response**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$ .

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 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 and, as such, only children between 2 years 3 months and age 3 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 noncompliance as noted in OSEP's response table 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	70.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	93.93%	93.53%	92.00%	95.76%	92.73%
------	--------	--------	--------	--------	--------

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

**FFY 2020 SPP/APR Data**

Data reflect only those toddlers for whom the Lead Agency has 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. (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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
296	330	92.73%	100%	98.18%	Did not meet target	No Slippage

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

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

0

**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.

28

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

Exceptional family circumstances included family schedule conflicts, child illness and unsuccessful attempts to contact the family. Other systems related delays were due to service coordinator error in scheduling timely transition conferences with the family which resulted in the transition conference not being held at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.

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

State monitoring

**Describe the method used to select EIS programs for monitoring.**

All 15 LES Programs are monitored annually. This year's monitoring utilized a review of child record documentation and data. The monitoring sample was comprised of randomly selected child records based on local program size. A total of 330 records were reviewed

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

Shortly after the COVID-19 pandemic began, the state Medicaid agency and private insurers began to cover telehealth services for children in Florida's Part C Program. In addition, IDEA, Part C funds were used to fund telehealth services. The increase in the percentage of this indicator is attributed to the fact that providers did not need to travel in order to conduct the transition conference.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
7	7		0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

To ensure noncompliant practices have been revised and the LES Programs are correctly implementing the regulatory requirements, the Early Steps State Office conducted a second review of child records for each of the seven LES Programs with findings of noncompliance. The Early Steps State Office reviewed updated data through a subsequent sample of 108 records for the seven LES Programs. This was completed by reviewing a subsequent sample of IFSP records to ensure the transition conference was conducted within at least 90 days and not more than nine months prior to the toddler's third birthday. The seven LES Programs achieved 100% compliance in the subsequent review of the sample of records.

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

Twenty-four children did not receive a transition conference within at least 90 days and at the discretion of all parties, not more than nine months prior to the toddler's third birthday. The Early Steps State Office verified that the LES Program did conduct a transition conference. Although late, the transition conference was held before the toddler's third birthday for all twenty four children. This verification was based on follow up reporting and review of documentation provided by the LES Program.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 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 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 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 Memo 09-02. In the FFY 2020 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 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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 baseline 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 baseline 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.

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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	0

### Targets: Description of Stakeholder Input

#### Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

#### Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-

2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

Florida did not have any hearing requests during this time period and no resolution sessions held.

**Historical Data**

Baseline Year	Baseline Data

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=						

**FFY 2020 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0				N/A	N/A

**Targets**

FFY	2020 (low)	2020 (high)	2021 (low)	2021 (high)	2022 (low)	2022 (high)	2023 (low)	2023 (high)	2024 (low)	2024 (high)	2025 (low)	2025 (high)
Target												

**FFY 2020 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target (low)	FFY 2020 Target (high)	FFY 2020 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 2020. 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 baseline 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 targets 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 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

#### Targets: Description of Stakeholder Input

##### Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

##### Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-

2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

**Historical Data**

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target>=					
Data					

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=						

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0				N/A	N/A

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

There were no agreements related to due process complaints, no mediation agreements not related to due process complaints and no mediations held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2020. 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 that must be 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., April 1, 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., 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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?**

Florida's selected State-identified Measurable Result (SiMR) remains as the Annual Performance Report (APR) Indicator 3A1: Increase in the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills. Florida continues to implement two improvement strategies: 1) improve capacity to support local implementation of evidence-based practices through improvements to state level infrastructure, and 2) establish, implement, and sustain a framework for statewide professional development (PD) based on identified evidence-based coaching practices. Florida's SSIP improvement activities fall under the following system Early Childhood Technical Assistance Center (ECTA) System Framework components: Governance, Accountability and Quality Improvement, Data Systems, Finance, and Personnel/Workforce.

**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.**

The current logic model is published in the FFY 2019 SSIP report on page 22. [http://www.cms-kids.com/providers/early\\_steps/reports/SSIPPhaseIIIYear5ReportforDissemination.pdf#page=22](http://www.cms-kids.com/providers/early_steps/reports/SSIPPhaseIIIYear5ReportforDissemination.pdf#page=22)

**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
2019	26.03%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target>=	26.03%	26.04%	26.05%	26.06%	26.50%	27.00%

**FFY 2020 SPP/APR Data**

3A1 -Positive social-emotional skills- of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percentage who substantially increased their rate of growth by the time they turned 3 years of age or exited	3A1-Positive social-emotional skills- of those infant 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	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
--	---	---------------	-----------------	---------------	--------	----------

the program (Numerator =Progress Categories C+D)	turned 3 years of age or exited the program (Denominator= Progress Categories A+B+C+D)Progress Category A+B+C+D					
300	1,139	26.03%	26.03%	26.34%	Met target	No Slippage

**Provide the data source for the FFY 2020 data.**

The data source used for FFY 2020 data is the data from Indicator 3 A Summary Statement 1: percentage of infants and toddlers who entered early intervention below age expectations in each Outcome, the percentage who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. The numerator is the number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it plus the number of infants and toddlers who improved functioning to reach a level comparable to same-aged peers. The denominator is the number of infants and toddlers who did not improve functioning plus the number of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers plus the number of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it plus the number of infants and toddlers who improved functioning to reach a level comparable to same-aged peers.

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

The Early Steps Program used the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes. Florida's child outcomes measurement system uses scores from the Personal-Social domain of the BDI-2 to determine category placement for Indicator 3A, scores from the Cognitive and Communication domains of the BDI-2 to determine category placement for Indicator 3B, and scores from the Adaptive and Motor domains of the BDI-2 to determine category placement for Indicator 3C. The actual target data are derived from assessments administered upon entry into and exit from the Early Steps Program for eligible children in all LES Programs. Local Early Steps Program employees enter results for assessments in the BDI-2 Data Manager online scoring and reporting program. Data are exported from the Data Manager and a de-identified data file, consisting of all records with sufficient data to be included in the state report is sent to the University of Miami, whose staff completes the analyses that produces the category assignments.

The Early Steps Program decided at the end of FY 2019-2020 to transition from the BDI-2 as Florida's tool to determine a child's entry-exit progress and replace it with the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. Early Steps began using the COS with all children entering the program on or after December 1, 2020. For those children who received an entry assessment before December 1, 2020, the Early Steps Program will continue using the BDI-2 tool for the exit assessment. There were 24 children who were in the program for six months and received an entry and exit COS rating. The COS process uses multiple sources of information rather than only one standardized tool. This process guides a team of parents, providers, and other community members who interact with a child during daily routines to share and discuss all the available evidence of how that child functions. The team comes to a consensus that aligns with a rating scale. The data are entered on a COS Data Calculator Spreadsheet and sent to the Early Steps State Office and provided to the University of Miami to complete the analyses. The BDI-2 and COS data were combined and reported together for this indicator.

**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.**

Florida Early Steps Program continued its partnership with Institutes of Higher Education (IHE) subject matter experts at the University of Florida (UF), Anita Zucker Center for Excellence in Early Childhood Studies and Florida State University CEC-RAP Center. The UF IHE Team collects and reports data from sites implementing Florida Embedded Practices and Intervention with Caregivers (FL-EPIC) practices. As of July 2021, 12 of 15 Local Early Steps (LES) sites have implemented the practices. Capacity at 12 sites reached 25 Lead Implementation Coaches (LICs), filling 24 FTE positions. As of November 12, 2021, 436 providers attended Caregiver Coaching Workshops (i.e., FL-EPIC workshops) and 354 providers completed or were engaged in 3-6 months of coaching. These data show an increase from Fall 2020 when 9 LES sites had 17 LICs, 284 providers attended FL-EPIC Workshops, and 236 providers completed coaching.

Implementation fidelity data for FL-EPIC workshops and coaching completed in FFY 2020 are as follows: mean percentage for workshop implementation fidelity was 97%; mean IHE-reported percentage for coaching implementation fidelity was 80% for coaches from sites contracted in FFY 2020; mean coach-reported percentage for coaching implementation fidelity across all provider coaching sessions was 91%. Caregivers of children served by providers who received FL-EPIC professional development reported increases in all domains of caregiver embedded intervention self-efficacy ratings. SSIP sites continued to pilot the Child Outcomes Summary (COS) process, evaluating child progress data between the time providers attended the FL-EPIC Workshops and the completion of coaching (i.e., 6-9 months). FL-EPIC COS data from FFY 2020 showed 59% of children substantially increased the rate of growth in social-emotional development and 35% were within age expectations.

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

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

Florida's data quality issue is attributed to be a result of how the child outcomes data was collected. The COVID-19 pandemic greatly reduced the number of exit assessments conducted during the FY 2020-2021. There was an average of 4,200 less children with completed assessments across the three outcome areas.

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

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

As the Battelle Developmental Inventory, Second Edition (BDI-2), the previous child outcomes assessment tool, is designed to be administered in a face-to-face setting, COVID-19 continued to negatively impact completion of entry-exit child outcomes assessments. Entry assessment could not be achieved timely for some children, whose exit assessments will not be included in monitoring reports. While the Early Steps Program is transitioning from the BDI-2 to the Child Outcomes Summary (COS) process, this transition is a three-year phased approach, which began December 1, 2020. Challenges to in-person assessment will continue to affect data throughout this transition.

## Section B: Implementation, Analysis and Evaluation

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

NO

**Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.**

The State Plan was developed for 2020-2021. Revisions to the plan will be considered in 2022. The State Plan can be found at: [http://www.cmskids.com/providers/early\\_steps/reports/20\\_21StatePlan.2020.pdf](http://www.cmskids.com/providers/early_steps/reports/20_21StatePlan.2020.pdf)

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

Improvement Strategy 1: State and Local Infrastructure Improvements to support evidence-based practices

Related to Accountability and Quality Improvement, the IHE Team is providing orientations to service coordinators from FL-EPIC sites for the Tools for Early Steps Teams (TEST) Toolkit, with an emphasis on how the practices used when making first contacts, conducting evaluation/assessment, developing IFSPs, and evaluating child progress are aligned with FL-EPIC.

Related to Data System and Child Outcomes Data Quality, the Early Steps State Office staff and stakeholders are actively involved in securing a new vendor for the design and development of a new state of the art data system following the termination of the previous contract. The Early Steps State Office staff worked with the contractor for the existing data system to incorporate elements from the Child Outcomes Summary Excel calculator tool for use to generate OSEP progress category information and charts on child outcomes, OSEP summary statement percentages, entry and exit COS ratings and identify data issues. This system revision was implemented as of October 1, 2021.

Related to Governance, the IHE Team will provide recommendations and the Early Steps State Office will continue to revise Early Steps Program policies to align with updates to the child outcomes measurement system and evidence-based practices as needed.

In the area of Finance, the Early Steps State Office continues to pursue funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices in additional areas of the state.

Improvement Strategy 2: Establish, implement, and sustain a framework for statewide professional development

In the area of Personnel/Workforce, the Early Steps Program continues to implement a professional development framework for FL-EPIC coaching practices. The IHE Team provided recommendations for revisions to the Early Steps Orientation Modules, Infant Toddler Developmental Specialist Modules, and Service Coordinator Modules. The Early Steps State Office is in the process of contracting with a vendor to develop the revised courses. Implementation sites continue to be trained using the TEST Toolkit. The Early Steps Program is in the process of securing a vendor to provide training and technical assistance to enhance COS Process fidelity implementation.

**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.**

Improvement Strategy 1: State and Local Infrastructure Improvements to support evidence-based practices

Florida will improve its capacity to support local implementation of evidence-based practices that result in positive social-emotional development for infants and toddlers through improvements to the program's state-level infrastructure

Accountability and Quality Improvement

The Early Steps Program will implement a revised Individualized Family Support Plan (IFSP) process and tools for early steps teams (TEST) toolkit materials with a focus on developing and tracking progress on family centered functional outcomes including social emotional outcomes.

1. Service coordinators at all implementation sites participated in orientations to the 3 parts of FL-EPIC and the TEST Toolkit, with an emphasis on how the practices used when making first contacts, conducting evaluation/assessment, developing IFSPs, and evaluating child progress are aligned with FL-EPIC

Expected SiMR Impact

Short Term:

- Service Coordinators at sites that were trained to use the Toolkit show increased knowledge of developing family centered functional outcomes to address a child's social-emotional development
- Service Coordinators at demo sites show increased knowledge of developing family-centered functional social emotional outcomes
- Service Coordinators at demo sites guide the IFSP team in developing family centered functional social emotional outcomes

Intermediate: IFSP teams implement outcomes aligned with Evidence Based Practices (EBP) to achieve social-emotional progress

Long Term: Increase in % of children exiting with an increased rate of growth in social-emotional skills at demo sites

Data System and Child Outcomes Data Quality

The Early Steps State Office will implement a new data system and improvements of the Child Outcomes Measurement System (COMS) to ensure access to a timely, accurate outcomes performance data to facilitate use of data by state and local programs to improve the SiMR.

#### Major Activities

1. The Early Steps State Office staff and stakeholders remain actively involved in system design and development of a new data system, Early Steps Data System (ESDS).
2. The Early Steps State Office staff have worked with Technical Assistance (TA) partners ECTA and Center for IDEA Early Childhood Data System (DaSy) to adapt the Child Outcomes Summary Excel calculator tool to report COS ratings and generate OSEP progress category information
3. All necessary data collection and calculations will be incorporated into the new data system
4. The Early Steps State Office has retained a new contractor following termination of contract for performance concerns
5. The Early Steps State Office subject matter experts have been consulted for input on development guidance

#### Expected SiMR Impact

Short Term: The data system includes elements for tracking and report child outcomes

The data systems include elements to track provider credentials and training

Stakeholders are actively involved in system design and development to include child outcomes measurement

Intermediate: A high-quality system is developed to support program improvement

Long Term: Stakeholders use system to support program improvement to increase % of children with improved social-emotional growth

#### Governance

The Early Steps State Office will secure funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices.

#### Major Activities

1. Component 13: Child and Family Outcomes is pending OSEP review
2. The Early Steps State Office has revised the COS Implementation Guidance document in response to stakeholder feedback
3. Component 10: Personnel Development and Standards revisions were finalized
4. The Early Steps State Office and IHE Team developed the Scaling and Sustainability Plan (SUSU) process and templates to guide LESs in reaching full implementation of FL-EPIC ESPD and to aid the Early Steps State Office in identifying relevant performance measures for each LES

#### Expected SiMR Impact

Short Term: Service Coordinators, evaluators, provider, and families understand and implement policies and procedures that are clear and consistent with IDEA and state requirements

Intermediate: LES and the Early Steps State Office practice will change to reflect policy requirements and EBPs when appropriate

Long Term: Increase in the percent of infants and toddlers who exit early intervention with an increased rate of growth in positive social-emotional skills

#### Finance

The Early Steps State Office will secure funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices.

#### Major Activities

1. The Early Steps State Office continues to pursue funding to support infrastructure enhancements and to scale-up and sustain implementation of evidence-based practices in additional areas of the state
2. The Florida Legislature granted the Early Steps State Office budget authority to support three new implementation sites beginning July 1, 2021
3. The Early Steps State Office refined the SSIP professional development funding methodology to align with actual spending from the implementation sites
4. The Department submitted a Legislative Budget Request to fund three final implementation sites beginning July 1, 2022

#### Expected SiMR Impact

Short Term/ Intermediate:

The Florida Legislature will grant funding to support three final implementation sites beginning July 1, 2022

The Department will maintain funding for existing implementation sites as FL-EPIC ESPD becomes standard practice for Early Steps

The Early Steps Program funds statewide infrastructure to support implementation of EBPs to improve and sustain social emotional outcomes

#### Improvement Strategy 2: Establish, implement, and sustain a framework for statewide professional development

Florida will establish, implement, and sustain a framework for statewide professional development to promote positive social-emotional development for infants and toddlers based on identified evidence-based coaching practices from demonstration sites.

#### Personnel/Workforce

The Early Steps Program will implement a professional development framework using Embedded Practices and Interventions with Caregivers (EPIC) coaching practices with integrated Pyramid Model caregiver social-emotional practices at demonstration sites, then statewide.

#### Major Activities

1. The Early Steps Program continues to implement professional development framework for FL-EPIC coaching practices
2. Implementation sites continue to be trained using the TEST Toolkit
3. IHE Team continues to refine FL-EPIC materials in response to stakeholder feedback
4. IHE Team, with the Lead Implementation Coaches (LIC) and Provider Coaches (PC) provider leadership, developed Spanish-language materials for all trainings
5. LIC/PC staffing was fulfilled at FFY 2021 sites and training and coaching in FL-EPIC practices continues
6. The Early Steps State Office and IHE Team will continue supporting LESs in developing and advancing SUSU Plans
7. Implementation of EBPs continued at the original three demonstration sites and FFY 2019, 2020 sites – Northeastern, North Central, and North Dade, Space Coast, Treasure Coast, and Southwest; Western Panhandle, Southernmost, Gulf Central, respectively – and began at three FFY 2021 implementation sites – Gold Coast, North Beaches, Big Bend

#### Expected SiMR Impact

Short-Term:

Providers implement EBPs with fidelity to support family member implementation of embedded Intervention focused on social-emotional learning at demo sites

Intermediate: Demo site family members implement embedded intervention social emotional practices with confidence and competence to support child

social-emotional learning targets and child outcomes

Long Term: Increase in % of children exiting with an increase rate of growth in social-emotional skills at demo sites

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

YES

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

As described above, Florida Early Steps Program is implementing a new strategy for Scaling and Sustainability (SUSU) Plans. The Early Steps State Office, SSIP workgroups, the 9 implementation sites, and the IHE Team reviewed internal evaluation data during monthly and quarterly meetings held in FFY 2020. These reviews were used to make data-informed decisions about implementation and the sustainability and scale-up of FL-EPIC ESPD with respect to the approved Implementation Plan, in addition to informing ongoing implementation activities in FFY 2021. During FFY 2020, stakeholders from each of the 9 implementation sites expressed the need for guidance about expectations for FL-EPIC and FL-EPIC ESPD sustainability and scale-up activities. The stakeholders requested opportunities to discuss and receive follow-up guidance about these activities and related performance measures as part of two monthly leadership calls and one quarterly call. The IHE Team and the SSIP leadership Team prepared discussion points for these meetings organized under the three active implementation frameworks drivers. Discussion occurred about activities being implemented at LES sites related to each implementation driver and examples of activities that would support sustainability and scale-up under each implementation driver. The implementation quotient and "tipping" point concepts as well as expectations for implementation benchmarks were discussed (Fixsen et al., 2019). Examples for quantifying implementation quotients were presented by the IHE Team. Following these discussions, the Early Steps State Office collaborated with the IHE Team and the LES sites to develop guidance and a template for LES sites to use to develop Sustainability and Scale-Up Plans (SUSU plans). The SUSU template includes current and planned competency driver activities, including FL-EPIC ESPD; current and planned leadership activities to support FL-EPIC ESPD; and current and planned organizational activities to support FL-EPIC ESPD. For planned sustainability and scale-up activities, timelines for implementation and associated performance measures associated are part of the SUSU plan. From July 2021 to present, the Early Steps State Office and IHE Team have been providing technical assistance to LES sites developing SUSU plans. Initial SUSU plans for 9 LES sites entering sustainability and scale-up in FFY 2021 will be submitted to the Early Steps State Office in December 2021 for review and approval. The IHE Team will support the Early Steps State Office and LES sites while engaging in SUSU activities and plan revisions or updates, as requested. The Early Steps State Office will assign Program Consultants to support the contracts team in reviewing each LES contract and all deliverables related to program planning. While applicable to a number of existing planning requirements, this deeper connection between the program office and contracts will be essential to the review and support of LES SUSU Plans.

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

Next steps for Accountability & Quality Improvement

- Work with existing sites and IHE Team to provide tools to support local program implementation.
- Work with existing sites and the IHE Team to develop individual SUSU Plans.
- Train the Early Steps State Office Program Consultants so they are prepared to review SUSU Plans.
- Work with contracts team to identify any needed performance measures from SUSU Plan process.
- Continue reviewing outcomes data from the COS process to identify any data quality issues as soon as possible and take steps to correct the issues.

Anticipated outcome:

- The SUSU Plans will support LESs in advancing the scaling FL-EPIC practices and other statewide initiatives.
- SUSU Plans will aid the Early Steps State Office in implementing shifts in policy and contracting processes to improve program performance.

Next steps for Data System and Child Outcomes Data Quality

- Implement a new data system in FY 2023-2024 that provides a single source of record for information pertaining to a child, includes all planned system components, is fully functional, and allows for the tracking of child outcomes data.
- Upon implementation of the new Early Steps data system, develop tools and a structure to project needs of the Early Steps Program, monitor programmatic and fiscal status, track compliance with federal and state requirements, and manage budget.
- Evaluate and monitor improved child social-emotional development at implementation sites and statewide.
- Develop strategies to effectively disaggregate data to determine and address equity in access to Early Steps Program services and whether child and family outcomes are consistent across diverse demographics

Anticipated outcome(s):

- Stakeholders use the system to support program improvement to increase the percent of children with improved social emotional growth.
- High quality accurate data increases the percent of children exiting the program with an increased rate of social-emotional growth.

Next steps for Governance

- Develop policies and procedures for statewide implementation of the evidence-based practices in a manner consistent with IDEA regulations and state requirements, and FL-EPIC practices.
- Conduct public participation for draft policies, submit for OSEP approval and implement

Anticipated outcome:

- Service Coordinators, evaluators, providers, and families understand and implement policies and procedures that are clear and consistent with IDEA and state requirements.

Next steps for Finance

- Fund infrastructure to support implementation of EBPs.
- Request funds from Legislature for continued implementation for FY 2023-2024
- Monitor contracts and funding to ensure adequate resources are available and that performance is consistent with contract provisions.
- Finalize sustainability plan for long-term statewide implementation of FL-EPIC.

Anticipated outcome:

- The Early Steps Program will fund and sustain statewide infrastructure to support implementation of EBPs to improve social emotional outcomes.

Next steps for Personnel/Workforce

- Deliver and scale-up Caregiver Coaching Workshop Training, TEST Toolkits training, Practice Based Coaching and other training related to evidence-based practices.
- Revise Early Steps Orientation, Service Coordinator Apprenticeship, ITDS, and COS process training modules to align to FL-EPIC practices and



current policy.

- Evaluate knowledge and practice of professionals and caregivers in implementation of evidence-based practices.

Anticipated outcome:

- Improved training, knowledge, and practice of workforce will lead to an increase in the percent of children who have an improved rate of growth in social emotional statewide.

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

FL-EPIC, which includes: Setting the stage, Observation and Opportunities (SOOPR) Home Visiting Practices, 5Q Embedded Intervention Framework, Pyramid Model Practices

Tools for Early Steps Teams (TEST) Toolkit

Active Implementation Frameworks

These practices are ongoing from prior years.

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

Embedded Practices and Intervention with Caregivers (EPIC; Woods et al., 2018) was adapted for Florida as FL-EPIC. It includes SOOPR (Setting the stage, Observation and Opportunities to embed, Problem-solving and planning, Reflection, and review), a 5-Question (5Q) embedded intervention (EI) framework, and a 5Q Visual Model.

The Pyramid Model (Hemmeter et al., 2016) is an evidence-based framework that organizes practices used by adults to promote children's social-emotional and behavioral competence.

The TEST Toolkit EBPs were adapted from the Tennessee Early Intervention Data System (TEIDS)-Plus Project (Ridgley et al., 2011) for use in Florida and cover evidence-based and recommended practices from first contacts through transition.

Statewide EBP implementation and scale-up is based on the Active Implementation Frameworks (Fixsen, Blase, et al., 2019).

Florida continued to use a multi-tiered evidence-based practices (EBP) approach to impact social-emotional outcomes. Embedded Practices and Intervention with Caregivers (EPIC; Woods et al., 2018) was adapted for Florida as FL-EPIC. FL-EPIC is an EBP caregiver-coaching model for building caregivers' capacity to embed intervention. Providers coach caregivers using EBPs organized under SOOPR (Setting the stage, Observation and Opportunities to embed, Problem-solving and planning, Reflection, and review) and a 5-question (5Q) embedded intervention (EI) framework. A 5Q Visual Model promotes daily use of EI practices. Pyramid Model social-emotional practices are used with FL-EPIC to support EI for young children's social-emotional competence and provide positive behavior supports (Hemmeter et al., 2016).

Florida is following an evidence-based process for professional development through provider coaching to implement, scale, and sustain the FL-EPIC caregiver coaching model. The Active Implementation Framework enables Florida to continually assess progress in professional competencies, organizational enhancement, and strengthening leadership to make data-informed decisions through ongoing performance assessments to implement and refine effective strategies for early intervention programs. This framework guides work from the direct practice through program administration and accountability as each level of programmatic work contributes to improved outcomes for children. FL-EPIC is itself an evidence-based model for embedding intervention practices that focus on social-emotional skills and supporting parents and other caregivers in embedding learning opportunities in everyday routines. Components of FL-EPIC include the SOOPR, 5Q Framework, and 5Q Visual Model which are evidence-based methods for supporting, guiding, and engaging caregivers to help children learn. These FL-EPIC coaching practices are combined with the evidence-based Pyramid Model for social emotional learning through a process of site selection, orientation, hiring, workshops, coaching sessions, monthly cohort training, and ongoing maintenance coaching. Each stage of the process includes a variety of data collection activities and analysis to ensure that each model component is being implemented with fidelity, leading to changes in practice and improved progress for children.

TEST (Tools for Early Steps Teams) toolkit EBPs were adapted from the Tennessee Early Intervention Data System (TEIDS)-Plus Project (Ridgley et al., 2011) for use in Florida. This 7-component model includes EBPs to support the multi-tiered approach. TEST targets the practices of service coordinators, evaluators, and others as a complement to the more intensive work with providers under FL-EPIC. TEST ensures alignment of EBPs from first contacts with families through evaluation/assessment, IFSP development and implementation, FL-EPIC service delivery, and transition.

#### **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.**

Used together, the EBPs increase provider competence and confidence to implement caregiver coaching, which in turn increases families' confidence and competence to support embedded intervention for child development and learning, including social, emotional, and behavioral learning. Statewide EBP implementation and scale-up is based on the Active Implementation Frameworks (Fixsen, Blase, et al., 2019). SSIP implementation activities focus on professional development as a competency driver to support fidelity of implementation of EBPs, integrated with local and state leadership and organizational drivers.

PD for LICs/PCs. LICs and PCs from the nine sites contracted in FFY 2020 participated in a manualized, 12-hr virtual workshop facilitated by members of the IHE Team in September 2020. The workshop focused on the use of practice-based coaching (PBC) (Snyder et al., 2015; Snyder et al., 2022) to support providers' use of FL-EPIC practices. PBC is an evidence-based coaching framework that involves shared goal setting and action planning for the EBPs; focused observation of providers coaching caregivers and facilitated reflection and feedback to support providers' use of EBPs, including the SOOPR caregiver coaching and Pyramid Model practices. PBC workshops were implemented using multiple delivery formats, including individual, large group, small group, and face-to-face or virtually. Before participating in the 12-hr PBC training, LICs and PCs from the Southwest, Gulf Central, Southernmost Coast, and Western Panhandle LESs attended a 1.5-hr virtual orientation to FL-EPIC and a 2-hr virtual introductory training focused on essential FL-EPIC home visiting practices. Coaches from all 9 sites received additional implementation supports from the IHE Team during monthly, 1-hr cross-site coaching calls. LICs also received individualized supports from a member of the IHE Team in quarterly, bi-weekly, or monthly meetings.

PD for providers. PD activities focused on the EBPs (i.e., FL-EPIC, Pyramid Model, and TEST Toolkit) are referred to collectively as FL-EPIC Early Steps Professional Development (FL-EPIC ESPD). FL-EPIC ESPD for early intervention providers included an introductory FL-EPIC Workshop, a 6-month curriculum of monthly professional learning community (PLC) meetings, and PBC.

The FL-EPIC Workshop was a 12- to 14-hour PD workshop designed to increase early intervention providers' awareness and knowledge of FL-EPIC and Pyramid Model EBPs. FL-EPIC Workshops were designed to be facilitated in person over two full days or virtually over four half days. In FFY 2020, all workshops were conducted virtually.

The monthly PLC curriculum included materials for six group PLC meetings that were 1 ½ to 2 hours each. LICs/PCs facilitated the curriculum with Early Steps Program providers who were participating in the first six months of FL-EPIC ESPD.

Providers who had completed the first six months of FL-EPIC ESPD, service coordinators, evaluation staff, and administrators were also invited to participate. Each session included (a) opportunities to clarify evidence-based SOOPR practices, embedded intervention practices, Pyramid Model practices, COS practices, or assessment practices; (b) provider self-analysis of the use of the practices; and (c) opportunities for practice and feedback about use of the practices. In FFY 2020, all monthly PLC meetings were conducted virtually.

In addition to the monthly PLC meetings, providers participating in FL-EPIC ESPD at each LES site received PBC from a LIC or PC. Providers collaborated with the coach to identify EBPs for the coach to enhance. The provider and coach developed a goal and action plan focused on how to enhance the provider's use of the priority practice(s). Providers submitted video recordings of home visits to TORSH Talent®, which is a HIPAA-secure online coaching platform that allowed both providers and coaches to review the videos, make comments, and complete a checklist to document which EBPs, including SOOPR caregiver coaching practices, were used during the home visit. The coach conducted focused observations of the provider's home visit by viewing the video in the coaching platform and completing a practice fidelity checklist. Following the observation, the coach and provider met virtually for reflection and performance-based feedback about the provider's use of practices that were the focus of the goal and action plan. Providers participated in a minimum of three monthly individual coaching sessions following the FL-EPIC Workshop. Additional coaching supports, including the frequency of coaching (e.g., monthly, every other month, quarterly) and the format of coaching (e.g., individual, large group, small group, self) were determined after the LIC and provider reviewed the provider's data with respect to the extent to which the provider implemented the essential EBPs, including caregiver coaching practices, with fidelity.

PD for other personnel. Service coordinators from implementation sites participated in orientations to the three parts of FL-EPIC and the TEST Toolkit, with an emphasis on how the practice is used when making first contacts, conducting evaluation/assessment, developing IFSPs, and evaluating child progress are aligned with FL-EPIC. Orientations were facilitated by LICs from the initial demonstration sites, co-facilitated by a LIC and a member of the IHE Team for some sites, or facilitated by the IHE Team for sites whose contracts began in FFY 2020.

Leadership and organizational support activities. FL-EPIC ESPD is guided by the Active Implementation Frameworks (Fixsen et al., 2019), which include three "drivers" of effective implementation of EBPs: competency, leadership, and organizational. FL-EPIC ESPD emphasizes the competency driver for effective implementation of the EBPs. Nevertheless, recognizing the integrated and compensatory nature of all three drivers, local leadership teams (i.e., site administrators, LICs, and PCs) participated in monthly cross-site calls and quarterly cross-site meetings with the SSIP Leadership Team (i.e., Part C director, state parent consultant, program consultant for policy and professional development, other Early Steps State Office personnel) and the IHE Team. The monthly meetings were one hour, and quarterly meetings were two to four hours. The focus of these meetings was to discuss competency, leadership, or organizational implementation facilitators or issues being encountered at the LES sites. To guide decisions and discussions, internal evaluation data gathered by the IHE Team were shared. These data were used to inform recommendations for sustainability and scale-up of the SSIP and to align SSIP activities with other statewide initiatives (e.g., statewide Child Outcome Summary implementation for OSEP child outcome reporting).

Statewide alignment of SSIP EBPs. The SSIP Leadership Team and other Early Steps State Office personnel collaborated with the IHE Team to revise competencies for the Early Steps Program personnel and considered recommendations from the IHE Team and LES sites for revisions to the content, scope, and sequence of the Early Steps Orientation Modules. The purpose of the recommendations was to ensure alignment of universal, statewide professional development for Early Steps Program providers with the SSIP EBPs. The recommendations were informed by internal evaluation data; knowledge and information gained through experiences across the nine implementation sites; literature focused on competencies for early intervention providers and service coordinators; and competencies from professional organizations and other state agencies.

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

Checklists and rating scales monitor implementation fidelity and assess practice change, including fidelity of FL-EPIC Workshops, coach implementation of practice-based coaching (PBC; Snyder et al., 2015) with providers, provider implementation of SOOPR practices with caregivers, and caregiver embedded intervention (EI) practices. These data inform changes to ongoing implementation and intervention supports for EBPs. Provider implementation of SOOPR caregiver coaching practices was measured pre-and post-coaching through observations of home visit videos. Caregivers' use of EI and Pyramid Model practices was evaluated by IHE Team review of 5Q Visual Models and a caregiver reported EI self-efficacy scale. SSIP sites continued to pilot the Child Outcomes Summary (COS) process, evaluating child progress data between the time providers attended the FL-EPIC Workshops and the completion of coaching (i.e., 6-9 months).

##### **Evaluation of Changes in Provider EBPs**

Caregiver Coaching Practices. Six SOOPR caregiver coaching practices have been identified as essential FL-EPIC practices. These practices are: (1) collaborating with the caregiver to make a plan for the home visit; (2) observing the caregiver-child interactions; (3) using EBP caregiver-coaching strategies to coach the caregiver as they embed Pyramid Model practices; (4) supporting the caregiver to engage in problem solving about practices that support the child's development; (5) supporting the caregiver to reflect about practices that worked or did not work during the session; and (6) supporting the caregiver to use the 5Q Visual Model to develop a plan for how to embed intervention and use Pyramid Model practices between home visits. As part of internal evaluation activities, the IHE Team watched videos of providers' home visits and used an EBP checklist focused on FL-EPIC and the Pyramid Model to record the extent to which providers implemented the EBPs as intended. The percentage of sessions in which each of these practices was used in the first and last home visit of FL-EPIC ESPD is summarized below.

Increases were observed in the percentage of home visits where the following practices were implemented: (a) collaborating with caregivers to make a plan for the visit (+8%); (b) observing the caregiver-child interactions (+9%); (c) supporting the caregiver to engage in problem solving about practices that support the child's development (+2%); (d) supporting the caregiver to reflect about practices that worked or did not work during the session (+17%); and (e) supporting the caregiver to use the 5Q Visual Model to develop a plan for to embed intervention and use Pyramid Model practices between home visits (+11%). A decrease was observed for using EBP caregiver-coaching strategies to coach the caregiver by using the embedded Pyramid Model practices (-6%). One potential explanation for decrease was that this practice was observed in 90% of initial visits and remained the practice that was observed most frequently across home visits; therefore, it might not have been identified as a priority for PBC.

##### **Evaluation of Changes in Caregiver EBPs**

Embedded intervention and Pyramid Model practices. To evaluate caregivers' use of embedded intervention and Pyramid Model practices, the IHE team reviewed the 5Q Visual Models completed collaboratively by providers and caregivers. Seven categories of Pyramid Model practices were identified and examined: (1) environmental arrangements, (2) contingent responding, (3) wait time, (4) extra cues, (5) affection, (6) anticipatory guidance, and (7) responding to challenging behavior. The percentage of Visual Models that included practices from the seven categories of Pyramid Model practices was examined for the caregivers' first and last FL-EPIC ESPD home visits. For caregivers whose providers participated in FFY 2020 workshops, changes in the percentage of 5Q Visual Models that included each category of Pyramid Model practice were: (a) environmental arrangement strategies increased from 50% to 55%; (b) contingent responding strategies increased from 41% to 58%; (c) wait time increased from 36% to 41%; (d) extra cues increased from 84% to 90%; (e) affection strategies increased from 6% to 8%; (f) anticipatory guidance strategies increased from 3% to 10%; and (g) responding to challenging behavior increased from 3% to 12% of 5Q Visual Models.

Caregiver self-efficacy. Caregivers completed an embedded intervention self-efficacy scale and indicated the extent to which the caregivers agreed with (a) knowing how to arrange/set up a routine or activity to help the child learn, (b) could identify who could be a partner for the child's learning, (c) could identify the routines and activities that were the best fit for teaching the child new skills, (d) could identify different times or places in routines or activities where the child could take a turn or practice using a new skill, and (e) could identify ways to know if the child was learning or able to use a new skill. The rating scale anchors ranged from 1 (strongly disagree) to 6 (strongly agree). The percentage of caregivers who indicated agreement with self-efficacy statements increased for all five statements following the provider's participation in FL-EPIC ESPD.

Impact on Progress Toward Improving Child Social-Emotional Outcomes

Child outcome summary. For the FL-EPIC ESPD internal evaluation, data about children's progress were collected between the time providers attended the FL-EPIC Workshops and the time the providers completed approximately 6-months of FL-EPIC ESPD activities, which included PBC. The data reported are from 60 children whose providers participated in workshops in FFY 2020 and for which there is a pre-and a post-FL-EPIC Child Outcome Summary (COS). Of these children, 59% substantially increased the rate of growth with respect to Outcome 1 (positive social-emotional skills), and 35% were within age expectations for positive social-emotional skills at the end of the provider's participation in FL-EPIC ESPD. These data show the progress children made in social-emotional skills after receiving approximately 6 months of FL-EPIC caregiver coaching support by providers to embed intervention on priority social-emotional skills. By comparison, for the 24 children for whom COS entry-exit data were available for OSEP child outcome reporting in FFY 2020, results for Outcome 1 (social-emotional skills) were 42.1% for children who substantially increased the rate of growth and 41.7% for children who were within age expectations. Data from SSIP internal evaluation activities and OSEP outcome reporting will continue to be examined to ensure progress toward improving children's social-emotional outcomes.

**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.**

Detail of Professional Development Activities and Evaluation of Implementation Fidelity  
PD for LICs/PCs. A 56-item implementation fidelity checklist was completed for the LIC/PC workshop to ensure content for the PBC workshop was implemented as intended. The percentage for LIC/PC training implementation fidelity was 100%. Following the PBC workshops, participants completed an evaluation that included 18 rating scale items related to the quality of the workshop, the relevance of the content, and the importance of the content, plus a one-item overall rating of the facilitator(s). The mean rating across the items rated on a 4-point scale was 3.8 (SD = 0.3). The mean score for facilitators was 5.0 (SD = 0). Following the PBC workshops, coaches participated in 12 cross-site coaching calls that were facilitated by the IHE Team to support ongoing implementation of PBC. The LICs from each site also met with a member of the IHE Team to receive feedback about use of coaching practices. LICs from the three initial demonstration sites met with an IHE Team member monthly or quarterly. LICs from the two sites that began implementation in FFY 2019 met with an IHE Team member monthly. LICs from the four sites that began implementation in FFY 2020 met with an IHE Team member twice per month in the first six months of implementation, and monthly thereafter.

PD for Providers. Across the nine implementation sites, 163 providers participated in FL-EPIC Workshops in FFY 2020. Following workshops, 132 providers either completed or are currently in the process of completing the monthly PLC curriculum and PBC. Additional detail is available regarding providers who discontinued participation.

FL-EPIC workshops. Sixteen FL-EPIC Workshops were attended by 163 providers across the nine sites in FFY 2020. The mean percentage for workshop implementation fidelity across all workshops was 98% (SD = 1). The mean percentage for workshop implementation fidelity of workshops facilitated by the IHE Team, co-facilitated by the IHE Team and site LICs/PCs, and facilitated independently by LICs/PCs was 97% (SD = 0.6), 98% (SD = 1.4), and 97% (SD = 1.5), respectively. Following each workshop, participants completed an evaluation that included 18 rating scale items related to the quality of the workshops, the relevance of the content, and the importance of the content, plus a one-item overall rating of the facilitator(s). The rating scale anchors were the same as those described for the LIC/PC coaching workshops. Across all provider workshops, the mean evaluation rating for items rated on a 4-point scale was 3.7 (SD = 0.4). The mean rating for workshops facilitated by the IHE Team, co-facilitated by the IHE Team and LICs/PCs, and facilitated independently by LICs/PCs was 3.7 (SD = 0.4), 3.6 (SD = 0.5), and 3.7 (SD = 0.3), respectively. The mean rating for facilitators on a 5-point scale across all workshops was 4.9 (SD = 0.4). The mean facilitator rating for workshops facilitated by the IHE Team, co-facilitated by the IHE Team and LICs/PCs, and facilitated independently by LICs/PCs was 4.8 (SD = 0.4), 4.8 (SD = 0.4), and 4.9 (SD = 0.4), respectively.

Monthly PLC meetings. Of the providers who participated in virtual workshops, 132 completed or are in the process of completing the six monthly PLC meetings. Participants completed an evaluation, for each meeting attended, that included ten rating scale items about the quality of the training, the relevance of the content, and the importance of the content, plus a one-item overall rating of the facilitator(s). The rating scale anchors for the participant evaluations were the same as described for the FL-EPIC Workshops. The mean evaluation rating for PLC meeting items rated on a 4-point scale was 3.5 (SD = 0.7). The mean rating for facilitators on a 5-point scale was 4.8 (SD = 0.5).

Practice-based coaching. Of the providers who participated in virtual workshops, 132 completed or are in the process of completing the recommended number of PBC sessions based on implementation of EBPs. All coaches reported implementation fidelity for individual coaching sessions using a 16-item coaching fidelity checklist. In addition, the IHE Team randomly selected 25% of individual coaching sessions for coaches from sites that began implementation in FFY 2020, viewed the coaching video, and completed the same 16-item coaching fidelity checklist completed by coaches. The mean percentage for coaching implementation fidelity reported by coaches across all coaching sessions in FFY 2020 was 91% (SD = 11). The mean percentage for coaching implementation fidelity reported by the IHE Team for the seven coaches from sites that began implementation in FFY 2020 was 80% across all coded coaching sessions (SD = 12). The mean percentage fidelity criterion for PBC implementation is >80%. Following coaching, providers completed a social validity questionnaire that included 17 rating scale items to assess the extent to which PBC helped support the use of EBPs. Participants rated agreement with each item using a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). The mean rating across 58 providers who completed the questionnaire was 5.2 (SD = 0.7). In addition, 95% of the providers (n = 56) indicated to somewhat agree (n = 2), agree (n = 16), or strongly agree (n = 38) with the statement that the feedback received from the individual coach helped implementation of EBPs.

COS Training. During FFY 2020, as part of the statewide implementation of the COS, the Early Steps Program providers completed required online training focused on the COS process. FL-EPIC LES implementation sites determined whether providers participating in FL-EPIC ESPD were required to complete the supplemental FL-EPIC COS training. Based on participant evaluations submitted following the FL-EPIC COS training, 69 of 163 providers completed the supplemental training and submitted a participant evaluation of the COS training. Participants completed an evaluation for the COS training that included ten rating scale items about the quality of the training, the relevance of the content, and the importance of the content, plus one item that is an overall rating of the facilitator(s). The rating scale anchors for the participant evaluations were the same as described for the FL-EPIC Workshops. The mean evaluation rating for evaluation items rated on a 4-point scale was 3.5 (SD = 0.4). The mean rating for facilitators on a 5-point scale was 4.8 (SD = 0.4).

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

From July 2021 to present, the Early Steps State Office and IHE Team have been providing technical assistance to existing sites as they develop the SUSU plans. Baseline data from each of nine LESs that have been participating in FL-EPIC ESPD for at least 12 months were submitted by September 30, 2021. Submitted data enumerate: LES Leadership Team members; number of LES providers; number of providers in the natural environment; number and description of professionals who have participated in FL-EPIC workshops, coaching, and/or service coordinator orientation and TEST Toolkit training. Initial SUSU plans for nine LES sites entering sustainability and scale-up in FFY 2021 will be submitted to the Early Steps State Office in December 2021 for review and approval. The Early Steps State Office plans to continue to support sites during implementation of initial plans and updates, as needed. The IHE Team will support the Early Steps State Office and LES sites as they engage in SUSU activities and plan revisions or updates, as requested. In FFY 2021, the three penultimate FL-EPIC sites will submit the SUSU Plans, with the three final sites submitting plans in FFY 2022.

FFY 2021 will bring initial FL-EPIC ESPD implementation to the final three LESs. The Early Steps State Office will be working with the IHE Team to provide support and guidance to these sites in advance of the next fiscal as the sites undertake administrative tasks necessary to onboard Lead Implementation Coaches and other staff needs as quickly as possible.

In FFY 2021, the IHE Team and the Early Steps State Office will begin revising the Early Steps Program professional development courses. This collaboration will ensure that the Early Steps State Office-required trainings fully integrate practice competencies that align to FL-EPIC ESPD. Additionally, the IHE Team will be completing the website that will host the TEST Toolkit resources. These two activities are key as the Early Steps Program works to cement the FL-EPIC ESPD enhancements into standard practice.

**Describe any changes to the activities, strategies, or timelines described in the previous submission 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.**

NA

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

#### Interagency Coordinating Council

The Early Steps Program maintains a statewide interagency coordinating council, the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities. FICCIT is comprised of governor appointed members who are representative of the state's population. Members from various fields, such as Early Head Start, the Agency for Health Care Administration, Department of Children and Families, Department of Education, and parents of infants and toddlers with disabilities are represented.

#### Stakeholder Workgroups

In accordance with Section 391.308(2)(c), Florida Statutes, the Early Steps Program is required to:

Develop a State Plan annually and ensure the State Plan is developed through an inclusive process that involves families, local programs, health care providers, and other stakeholders.

The Early Steps Program established five workgroups, in partnership with the LES Programs, FICCIT, and other community partners to assist with Early Steps Program strategic planning for program priorities. Representatives included members of FICCIT, LES Programs, parents, and other state agencies and programs that serve young children and their families. The stakeholder groups provide opportunity for input in the preparation of the Early Steps State Plan. Input is gathered through face-to-face meetings, webinars, and video/conference calls.

The stakeholder workgroups have also completed the ECTA System Frameworks or the DaSy Data System Framework Self-Assessments as tools to record the status of the state system and set priorities for improvement in each of the areas addressed by the workgroup. The results of these self-assessments have been used to develop action and sub-action steps for planning and implementation. The groups meet throughout the year to monitor progress towards implementation of action steps, review data to determine progress, and provide additional information on achievements or challenges.

The stakeholder workgroups met and reviewed historical data and targets on September 29, October 4, 8, 11, 19, and December 2, 2021, to provide input and recommendations for setting new targets for FFY 2020-2025. When reviewing information, the workgroups focused on the data collection tools, data quality, and trends in performance. Analysis for meeting and/or not meeting previous targets was discussed. Continued impact of COVID-19 and weather emergencies were also considered.

Florida is transitioning the methodology for collecting Indicator 3 Early Child Outcomes data from the Battelle Developmental Inventory, 2nd Edition (BDI-2) as the primary entry and exit evaluation to measure child outcomes to the Early Childhood Outcomes Center (ECO) Child Outcome Summary (COS) process. This change in methodology will impact the ability to compare future data to historical data and previous target data that was set when the BDI-2 was the exclusive tool to measure child outcomes. After reviewing historical data with stakeholder workgroups, Florida requests to reset the baseline data for Indicator 3 using FY 2019 data: for 3A1 from 31.80 % to 26.03%, 3A2 from 68.80% to 50.54%, 3B1 from 54.20% to 74.27%, 3B2 from 44.00% to 47.78%, 3C1 from 54.10% to 84.36% and 3C2 from 69.40% to 87.66%.

The experiences of stakeholders were used to shape the implementation and evaluation of the EBPs, including FL-EPIC tools, practices, and infrastructure. A team of LES administrators, LICs, PCs, and Family Resource Specialists were involved in developing professional development materials, refining coaching tools, developing Spanish language materials, and enhancing other SSIP activities. From the beginning of FL-EPIC, demonstration sites and subsequent sites have participated in refining all training curricula and evaluation instruments; provider checklists; and materials provided to LICs/PCs, providers, FRSS, and parents. Providers were surveyed to evaluate FL-EPIC Workshops, monthly PLCs, and PBC. Parent/caregiver stakeholders were surveyed to evaluate providers' caregiver coaching practices and rate their self-efficacy in embedded intervention to support the child's development and learning.

Additionally, the Early Steps State Office staff consulted with FL-EPIC stakeholders (LICs/PCs and LES Leadership Teams) to address needs for additional performance measures to enhance LES and program accountability, resulting in the development of the SUSU Plan process. The template for the SUSU Plans and the Baseline Data report were vetted by LES Leadership Teams during development to ensure usability and completeness.

At the state level, the Child and Family Outcomes workgroup brings together the shared expertise of parents (two LES Family Resource Specialists and the State Parent Representative), LES leadership (three LES Administrators, one Evaluator, five Lead Implementation Coaches, two Service Coordinators all representing 11 of 15 LESs across Florida), service providers (three Service Providers, including one who is the FICCIT representative for the workgroup), and multi-sector partners (five Partners representing state agencies, university researchers, and local non-Early Steps Program service providers, with three additional members representing the IHE Team) to guide Early Steps' efforts to improve child outcomes and family outcomes. This workgroup meets quarterly to address a progressive agenda developed collaboratively. Additionally, during Spring and Summer 2021, task area-related subgroups were formed from this larger workgroup to address specific program needs through stakeholder input. These subgroups met monthly from April through August to develop specific recommendations for the full group to review and approve. The Early Steps State Office has implemented or is in the process of enacting the recommendations, which include:

- Contract for additional training and technical assistance for the COS Process (pending execution of contract).
- Revise policy to clarify COS requirements, amend to no longer mandate exit COS for children receiving less than six months of services.
- Revise COS Implementation Guidance Document to add additional clarity to policy and procedures (revised).
- Develop and implement mentoring relationships between FL-EPIC sites (this task was undertaken by LICs in partnership with the IHE Team and is fully operational).
- Identify additional resource needs for FL-EPIC sites for IHE Team to develop, including Installation Resource Guide and Family Voice document developed with FRS leaders.
- Begin FL-EPIC orientation earlier with new sites to address administrative challenges (final three sites will begin orientation February 2022 instead of May 2022).
- Identify additional parent and FRS members to serve on other workgroups (ongoing), incorporate FRSs into FL-EPIC LES Leadership Teams (in progress with some LES fully incorporating).
- Identify existing and develop additional materials for parents that respond to different information preferences and needs.
- Develop a strategy for monthly peer learning calls co-facilitated by a subject matter expert and an Early Steps State Office representative.
- Develop 2020-2025 Targets for Indicators 3 & 4.

As Florida continues to enhance stakeholder engagement, we will be working to assess and enhance inclusion and representativeness across our stakeholder opportunities.

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

FL-EPIC stakeholders are continually engaged via monthly meetings with the Lead Implementation Coaches and monthly Cross-Site meetings with the LES Leadership Teams. This implementation project is built on participant collaboration in designing and refining the program materials and evaluation processes. Stakeholder input is intrinsic to the process.

Additionally, the Child and Family Outcomes (CFO) workgroup was engaged to make recommendations for child outcomes targets and finalize plans related to implementation of the COS process and other aspects of outcomes strategies. Workgroup membership was selected from the previous Child and Family Outcomes Workgroup and the SSIP Workgroup, which were merged in 2021 in response to stakeholder feedback. Members were selected to represent all regions of Florida, multiple LES agencies, the diverse communities across Florida, and partnering agencies across the early childhood field. Additionally, members were specifically selected to reflect different professional backgrounds and roles within the Early Steps Program network and to ensure family voices are centered. The group is strongly representative of LICs because of our directive to move toward FL-EPIC becoming the way all Early Steps Program services are delivered. The Early Steps State Office will be reviewing our various workgroups in the future to ensure these groups effectively represent the communities we serve. The workgroup is co-facilitated by an LES administrator from an urban region, an LIC from a mixed urban and rural region, and the Early Steps State Office SSIP Analyst.

Like all Early Steps Program workgroups, the CFO workgroup meetings are always publicly noticed and open to public comment. These meetings are scheduled in advance, generally to occur at consistent times, though sometimes it is necessary to reschedule when conflicts arise. Any schedule changes are noticed. The agenda is developed by the workgroup co-facilitators in response to prior meeting discussions (e.g., Early Steps State Office progress on stakeholder recommendations) and programmatic needs (e.g., indicator target setting) and shared with stakeholders in advance. Each meeting includes a public comment period. The workgroup periodically performs the ECTA self-assessment and regularly considers what perspectives are not yet included among the membership.

Publicly noticed meetings were held for broad stakeholder engagement in reviewing and approving policy revisions in Spring 2021. Florida law requires public hearings for all policy revisions. The Early Steps Policy Handbook and Operations Guide is revised annually, inviting Policy Change Requests (PCR) from all stakeholders and the public. PCRs are accepted year-round, and The Early Steps Program announces to stakeholders when the policy revision process is beginning, inviting additional PCR submission. Internal staff use the same PCR process for policy revisions as external stakeholders. Requested revisions are reviewed by the Early Steps State Office policy staff and program experts with consideration for affected program components and any unintended effects. Revised policy is drafted and made available (with consistent markup of revisions) for public review, with public hearings scheduled and publicly noticed and advertised to stakeholders to ensure robust participation. During the public hearings, the Early Steps State Office staff clarify the revisions made and why revisions were made. Public comment is accepted during these hearings, and any further revisions are considered and made in response to public comments. Revised policies are reviewed internally and submitted to OSEP for approval as necessary. When fully approved, revised policy is posted on the Early Steps Program website.

The Early Steps Program is considering new strategies to evaluate stakeholder participation and identify more effective ways of outreach that engage more perspectives for program and policy input.

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

YES

#### **Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders from each of the nine FFY 2020 implementation sites expressed concerns about FL-EPIC ESPD and FL-EPIC sustainability and scale-up activities and requested opportunities to discuss and receive follow-up guidance about these activities and related performance measures. The Early Steps State Office collaborated with the IHE Team and the implementation sites to develop guidance and a template for local sites to use to develop Scaling and Sustainability and Plans (i.e., SUSU plans). The plans include activities and locally determined performance measures for monitoring local sustainability and scale-up with consideration for competency, leadership, and organizational drivers. The Early Steps State Office and the IHE Team are providing technical assistance to sites in FFY 2021 as they develop the SUSU plans.

The Child and Family Outcomes Workgroup, representing stakeholders from LESs, families, and statewide partner agencies across early childhood services, contributed to the development of the SUSU Plan strategy. Additionally, this group reviewed the new Early Steps Policy Component 13 (currently under OSEP review) and made substantial contributions to policy changes around the COS Process. One such policy change includes returning to Florida's prior practice of exit assessment for children who have received at least six months of services. In FFY 2019, the Early Steps State Office required exit assessment for all children, to reduce the administrative burden of calculating which children needed exits. Stakeholders shared concerns that completing the COS Process for children with less than six months of services was not helpful for understanding program success and needs, resulting in the policy change.

#### **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.**

NA

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

NA

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

Stakeholders from each of the nine FFY 2020 implementation sites expressed concerns about FL-EPIC ESPD and FL-EPIC sustainability and scale-up activities and requested opportunities to discuss and receive follow-up guidance about the activities and related performance measures. The sites are aware of the need to shift from initial implementation to making FL-EPIC the standard for the Early Steps Program services. This transition is especially pertinent as the final three implementation sites are added in FFY 2022. The improvement strategies that comprise FL-EPIC are demonstrating promising results that must be expanded across the state if Florida is to succeed in improving social emotional developmental outcomes.

Additionally, the Early Steps State Office identified the implementation rollout timeline and individual site variation in program administration presented a barrier to consistent monitoring and accountability for implementation sites. The Early Steps State Office needed a method for identifying relevant performance measures relating to FL-EPIC fidelity, practice changes, and outcomes.

The Early Steps State Office collaborated with the IHE Team and the implementation sites to develop guidance and a template for local sites to use to develop Scaling and Sustainability Plans (i.e., SUSU plans). The plans include activities and locally identified performance measures for monitoring local sustainability and scale-up with consideration for competency, leadership, and organizational drivers. The Early Steps State Office and the IHE Team are providing technical assistance to sites in FFY 2021 during development of the SUSU plans. The Early Steps State Office contracts team, SSIP Analyst, and each contract's assigned program consultant will collaborate with each LES to review the SUSU Plan, ensure essential supports are in place, and monitor progress to identified milestones. Contracts were amended at the close of FFY 2020 to incorporate accountability to these milestones and clarify the process for plan revision as additional needs, barriers, and progress become evident.

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

### **11 - Prior FFY Required Actions**

None

### **11 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State did not provide the numerator and denominator descriptions in the FFY 2020 SPP/APR Data table. The State must provide the description of the numerator and denominator used to calculate its FFY 2020 data.

### **11 - 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:**

Jessica O Meyer

#### **Title:**

Part C Coordinator

#### **Email:**

jessica.meyer@flhealth.gov

#### **Phone:**

850-245-4456

#### **Submitted on:**