

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

**For reporting on
FFY 2024**

Connecticut



**PART C DUE
February 2, 2026**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Connecticut Office of Early Childhood (OEC) serves as the state's lead agency (LA) for Part C of the Individuals with Disabilities Education Act (IDEA), which is known in Connecticut as the Birth to Three program. During the year from 7/1/24 through 6/30/25, the OEC had contracts with 18 agencies to provide comprehensive Early Intervention Services (EIS), including service coordination, evaluations and assessments, and services from eligibility determination through exit. During this period, one program supported the comprehensive EIS programs to provide Deaf and Hard of Hearing supports to families of children with hearing loss. All 18 of these programs are considered contracted EIS programs.

Connecticut's 18 programs employ dedicated early interventionists who provide consistent support to families across the state. Throughout FFY24, these programs have demonstrated strong engagement as invested partners. This commitment is evident through their active participation in bi-monthly program director meetings, involvement in the Interagency Coordinating Council (ICC), engagement with our Parent and Training Institute (PTI) Connecticut Parent Advocacy Center (CPAC), contributions to statewide Communities of Practices (CoP), and attendance at various stakeholder meetings convened as needed.

Several CoPs focus on key topics such as insurance billing, mentor coaching, and Circle of Security (CoS). These CoPs offer valuable opportunities for program directors, office staff, and interventionists to collaborate with LA staff. Through these collaborative efforts, areas for improvement are identified, and solutions are co-developed to enhance program quality and overall effectiveness.

During FFY24, the state submitted a budget request in response to the programmatic need and program closures experienced in FFY23. Given the lengthy processing time for such requests, the state implemented measures to support programs and maintain financial stability, including providing stabilization payments throughout FFY23 and FFY24. A rate increase will help to ensure long-term sustainability of the system.

As a result of the FFY24 budget request, the state secured an increase to the OEC's direct service line item; however, this amount was insufficient to fully fund the rate increase identified in the state's rate study cost analysis. Over the next year, the state will continue to explore strategies to secure additional funding for a fully funded rate increase. Despite ongoing financial challenges, the state remains committed to working with contracted programs to ensure that children and families receive appropriate supports and services.

As noted in FFY23 Annual Performance Report (APR), the state's focus for FFY24 included strengthening the recruitment and retention efforts. Through FFY24, the state collaborated with institutions of higher education (IHEs) to introduce students to the field of early intervention and connect them with programs for practicum placements. Additionally, the state is working to finalize and execute a Memorandum of Understanding (MOU) with an IHE to update their coursework using materials developed by a consultant with the state. This coursework will be utilized to develop an EI certificate program as a pathway to better prepare students within that program. The courses are centered around the state's Early Intervention Specialist (EIS) Credential.

Additional systemic improvements include the state's General Supervision and Integrated Monitoring Manual for EIS programs with accompanying Accountability and Monitoring procedure. The manual and procedure strive to make the monitoring process clear and transparent for programs. This manual outlines the state's general supervision system, which integrates monitoring, data use, fiscal oversight, dispute resolution, and technical assistance to ensure compliance and improve outcomes for infants and toddlers and their families. Within this manual there are several key areas for systemic improvements and monitoring. Those include:

- Integrated Monitoring: Continuous, data-informed oversight of EIS programs, including annual and cyclical reviews.
- Data-Driven Accountability: Performance is tracked using federal indicators (e.g., timely services, transition planning) and state-selected metrics.
- Fiscal Management: Embedded financial monitoring ensures proper use of funds and adherence to the "payor of last resort" regulation.
- Dispute Resolution: Families have access to informal support and formal processes (complaints, mediation, due process).
- Technical Assistance (TA): Tiered TA (Universal, Targeted, Intensive) is provided based on program performance and needs.
- Improvement & Enforcement: Programs must correct noncompliance; strong performers may receive incentives, while persistent issues may lead to sanctions.

This structure ensures that Connecticut's early intervention services are compliant and focused on meaningful outcomes for children and families in a manner that is consistent throughout the system. The manual is consistent with the Office of Special Education Programs (OSEP's) updated General Supervision requirements as outlined in the guidance document released by OSEP in July 2023.

Results from the state's integrated monitoring activities and resulting annual local determinations are summarized in the state's new DROPP report (Determination Report of Outcomes and Program Priorities). This report is released annually to each program and summarizes the results of annual monitoring, dispute resolution, fiscal monitoring and SPP/APR compliance and performance indicators. The report also identifies each program's annual determination, based on the results of monitoring.

Connecticut continues to demonstrate a strong commitment to high-quality, evidence-based, and compliant implementation of IDEA Part C through proactive engagement with national technical assistance (TA) centers. During FFY24, the state actively participated in multiple Communities of Practices (CoPs) hosted by national TA centers. Engagement in these CoPs extends beyond the Part C team to include agency leadership, fiscal staff, and community organizers, reflecting a system-wide commitment to learning and collaboration. The state also maintains strong interagency partnerships,

with active involvement from legal, fiscal, grants and contracts, and executive leadership teams. These collaborative efforts reinforce Connecticut's dedication to continuous improvement, cross-sector alignment, and the delivery of equitable, high-quality early intervention services.

Additional information related to data collection and reporting

The Child Find Coordinator collaborates closely with the UConn Center for Excellence in Developmental Disabilities (UCEDD) to monitor and evaluate referral patterns across the state, including analysis by town, to ensure timely access to services for all children. As part of this work, the coordinator plays a key role in the Connecticut Screening, Tracking, and Referral System (STARS), a UCEDD-led initiative aimed at ensuring that every child has access to early childhood programs, regardless of the entry point, through a "no wrong door" approach. This includes referrals to the Birth to Three system.

The initiative places a strong emphasis on developmental screening, particularly for children who may not qualify for Birth to Three services. Through this process, the state anticipates an increase in referrals for younger children, especially those in the 0–1 age group. Additional details about this initiative can be found in Indicator 11 of this report.

As part of this ongoing work, procedures have been updated to align with evidence-based practices, ensuring that referral and screening efforts are both effective and equitable. The Child Find Coordinator continues to meet with primary referral sources to ensure that referrals are made efficiently once there is an identified developmental concern.

General Supervision System

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

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

Connecticut's Birth to Three System utilizes a comprehensive and proactive monitoring framework to ensure that all Early Intervention Service (EIS) programs comply with IDEA Part C federal and state requirements, including those outlined in Guidance Memo 23-01. The Lead Agency's monitoring framework includes:

- Annual compliance monitoring, conducted each year for all 18 programs
- Cyclical comprehensive reviews, conducted at least once every six years for each of the programs
- Focused monitoring, initiated in response to emerging data trends or dispute resolution outcomes

Annual compliance monitoring occurs for all 18 contracted EIS programs each year. Programs are monitored through a structured review of compliance data, including performance on federal indicators, fiscal reporting, and emergent trends.

Additionally, the lead agency prioritizes focused monitoring and a responsive general supervision program that is responsive to oversight. Focused monitoring includes:

- Ad hoc findings
- Dispute resolution outcomes (e.g., complaints and due process)

These activities ensure that the system remains responsive and that no area of concern is overlooked. Focused monitoring is not the only monitoring activity that the lead agency employs. Integrated monitoring is an efficient way to monitor data that is collected through the following methods:

- In-person and virtual meetings
- Desk audits and self-assessments
- Surveys and stakeholder interviews
- Data verification and analysis

Specific areas of review include:

- Compliance with IDEA and state policies
- Fiscal management and billing practices
- Child and family outcomes
- Child Find and eligibility rates
- Dispute resolution trends

Each year, as required under IDEA Part C, the Lead Agency uses monitoring data to assign a determination level to each EIS program. This informs the level of technical assistance (TA) provided, ranging from universal support, targeted, or intensive TA. The goal is to support continuous improvement and the implementation of evidence-based practices that lead to positive outcomes for children and families.

This structured, data-informed process ensures that all EIS programs are monitored consistently and in alignment with OSEP QA 23-01. Ultimately, this allows the Birth to Three System to remain accountable, transparent, and focused on quality.

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

As part of its general supervision responsibilities under IDEA Part C, the Connecticut Birth to Three Lead Agency (LA) has established a structured and data-informed process for selecting and reviewing child records to determine program compliance and verify correction of noncompliance. The process begins with the identification of a specific focus area or compliance question. Based on this focus, the Lead Agency determines the most appropriate method for selecting records, ensuring that the sample is representative and aligned with the monitoring objective.

A minimum of 10% of child records are reviewed for each EIS program, with adjustments made based on the number of families the program supports and other operational considerations. Records are selected randomly using child identification numbers drawn from the state's data system (SPIDER - Service Provider Individual Data Entry Resources). Each selected record is then reviewed for compliance with IDEA Part C requirements, including timelines for IFSP development, service delivery, and transition planning.

When noncompliance is identified, the Lead Agency requires the EIS program to correct the issue, at both the child and systemic level, and submit documentation demonstrating both child-specific and systemic correction. Follow-up desk audits are conducted to verify that the correction has occurred and that the program has implemented appropriate changes to prevent recurrence. If additional noncompliance is discovered during this process, the Lead Agency will expand the review or initiate further monitoring activities.

This approach ensures that the monitoring process is rigorous, and responsive, supporting both accountability and continuous improvement across all contracted EIS programs in Connecticut.

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

For the current SPP/APR, records are reviewed for the period July 1, 2024, through June 30, 2025. The State utilizes its legacy data system, SPIDER, to collect and manage monitoring and SPP/APR data. SPIDER serves as the central repository for service delivery information, Individualized Family Service Plans (IFSPs), and child outcome data, enabling the Lead Agency to track compliance, monitor program performance, and generate required federal reporting data.

Describe how the State issues findings: by EIS provider and/or EIS program; and if findings are issued by the number of instances or by EIS provider and/or EIS program.

The state issues its findings at the program level, and the number of identified instances is reported by each program.

If applicable, describe the adopted procedures that permit its EIS providers/ programs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

Not applicable, the state is working towards adopting procedures that will allow Early Intervention Service (EIS) programs to correct non-compliance prior to the State's issuance of a finding. The state hopes to roll this out in FFY25.

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

The Lead Agency retains the authority to implement appropriate enforcement actions in response to persistent deficiencies in compliance with Part C of the Individuals with Disabilities Education Act (IDEA) and Connecticut General Statutes §17a-248 et seq. Persistent deficiencies are defined as substantial non-compliance identified through data analysis, on-site reviews, or other quality assurance activities that continue for at least six months following written notification to the contractor, without evidence of significant improvement as determined by the Lead Agency.

In working with contracted EIS providers, the Lead Agency follows a progressive enforcement approach, as outlined in the Birth to Three Accountability and Monitoring Procedure. This procedure is publicly available on the Birth to Three website. Accountability and Monitoring Procedure posted here: https://www.birthe23.org/wp-content/uploads/2024/04/Accountability-and-Monitoring-Procedure_PSM-Delivered_Final.pdf, guides the decision-making process for determining when enforcement actions are warranted.

Enforcement actions may include, but are not limited to:

- Denial or recoupment of payment for services where noncompliance is documented.
- Suspension of new referrals to the program until non-compliance are substantially corrected.
- Termination or non-renewal of the contract in accordance with contractual provisions.

When enforcement is being considered, the Lead Agency provides written notice to the contractor. This notice includes an opportunity for the contractor to:

- Review the data and findings that led to the proposed enforcement action.
- Receive clarification on the specific compliance requirements.
- Understand the evidence of improvement necessary to reverse or avoid the enforcement action, when applicable.

This structured and transparent process ensures that enforcement is used judiciously and in support of sustained compliance and improved outcomes for children and families.

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

As reported earlier, in accordance with IDEA Part C and the Connecticut Birth to Three System's Accountability and Monitoring Procedure, the Lead Agency conducts annual determinations of each contracted Early Intervention Services (EIS) program's performance to compliance. This process ensures that programs are held accountable for compliance with federal and state requirements and are supported in achieving positive outcomes for children and families.

Each spring, the Lead Agency reviews performance data to determine whether each EIS program meets the requirements of IDEA Part C. Determinations are based on the most recently published Annual Performance Report (APR) data and other relevant monitoring information. Once determinations are finalized, each program receives their formal determination that is within their DROPP report and inclusive of a data summary outlining the basis for the decision.

The Lead Agency uses a structured four-step process to evaluate each program's performance. This includes:

1. Review of four required SPP/APR compliance indicators:

- Indicator 1: Timely Services
- Indicator 7: Timely Initial IFSPs
- Indicator 8a: Transition Plans
- Indicator 8c: Transition Conferences

2. Review of additional data sources:

- Correction of Noncompliance within 12 months
- Timely and Accurate Data
- Parent complaints and concerns
- Other monitoring data (e.g., data verification, focused monitoring)

3. Programs are assessed for substantial compliance, timely correction of noncompliance, data accuracy, and the presence and severity of complaints. Programs are then assigned to one of four determination categories:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

4. Programs identified as needing assistance or intervention are required to develop a Corrective Action Plan. These plans outline specific strategies and timelines for addressing areas of non-compliance.

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

Procedures and policies related to General Supervision are housed on the Birth to Three website here: <https://www.birth23.org/providers/procedures/>.

Technical Assistance System:

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

The Connecticut Birth to Three Lead Agency (LA) has established a comprehensive technical assistance (TA) system that supports continuous improvement and compliance across the early intervention network. This system is supported by a dedicated team within the Lead Agency, as well as through strategic partnerships with external organizations. Two of those organizations include University of Connecticut's Center for Excellence in Developmental Disabilities (UCEDD) and a parent leadership contract with the Connecticut Parent Advocacy Center (CPAC), the state's federally designated Parent Training and Information Center (PTI).

CPAC plays a key role in delivering technical assistance to the field, offering training on essential topics and engaging in lead agency training such as service coordination. Further, CPAC participates in statewide initiatives like the transition "roadshow," which is co-led by the state's Part C and Part B Section 619 coordinators. These collaborative efforts ensure that TA is not only responsive to compliance needs but also grounded in family-centered practices and invested partner engagement.

The need for technical assistance may arise from a variety of sources. It can be identified through the state's DROPP report, requested directly by staff or contracted EIS programs, a response to family complaints, or triggered by findings from monitoring activities or self-assessments.

Additionally, TA may be initiated in response to complaints received through the dispute resolution process, or as a result of changes to policies and procedures. The Lead Agency also remains attentive to emerging research and literature on evidence-based and promising practices, using this information to inform TA priorities.

The scope of technical assistance is broad and tailored to the evolving needs of the system. Topics commonly addressed include fiscal management and insurance billing, coaching as a style of interaction strategies, implementation of Natural Learning Environment Practices (NLEP), and the use of a primary service provider approach. TA also supports programs in navigating complex family situations, utilizing the Birth to Three data system effectively, and maintaining adherence to state policies and procedures.

Through this integrated and collaborative approach, the Lead Agency ensures that technical assistance is timely, relevant, and aligned with the overarching goals of quality improvement and equitable service delivery for all children and families in Connecticut's Birth to Three System.

Professional Development System:

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

The Connecticut Birth to Three System has adopted a comprehensive and multi-tiered strategy to ensure that early intervention service providers are equipped with the skills necessary to deliver high-quality, evidence-based services that improve outcomes for infants and toddlers with disabilities and their families. These strategies are integrated into the state's general supervision system and are aligned with both federal requirements and Connecticut's State Systemic Improvement Plan (SSIP).

One of the tools used to assess provider practice is Quality Practice Self-Assessment (QPSA). Developed as part of the SSIP, under Indicator 11, the QPSA allows individual providers to reflect on their implementation of evidence-based practices. Program directors receive de-identified results from their staff's self-assessments and may use this information to inform and develop agency-wide improvement plans. The Lead Agency reviews these results biannually to monitor progress and expects that each program demonstrates measurable improvement in the quality of its practices over time.

To further support provider growth, the Lead Agency offers cohort-based training and technical assistance on key practices, including Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and the use of a primary service provider approach. For coaching as a style of interaction, providers receive 6–9 months of individualized technical assistance following the initial training. This process includes the review of coaching logs to assess fidelity to evidence-based practices. Review criteria focus on the quality of questions asked, development of joint plans, emphasis on skill-building within activity-based engagement, and the use of modeling and observation. Providers who demonstrate fidelity are formally recognized by the Lead Agency. Additionally, providers who are interested to advance may complete further training and log reviews; upon successful completion, they are designated as “Mentor Coaches,” serving as peer leaders within the system.

Most notably over FFY24, the state advanced its Early Intervention Specialist (EIS) Credentialing process, which includes both a written exam and a video-based demonstration of practice. In FFY24, several individuals completed the exam portion, and the state is currently reviewing video submissions as part of the credentialing process. The Lead Agency is proud to announce that two individuals have been awarded the updated credential. This credentialing system ensures that providers not only meet baseline qualifications but also demonstrate the implementation of high-quality, evidence-based practices within the field.

These layered mechanisms, ranging from self-assessment and coaching fidelity reviews to leadership development and credentialing, reflect Connecticut’s commitment to building a skilled, confident, and effective early intervention workforce. Together, they ensure that providers are equipped to deliver services that are both compliant and impactful, leading to improved outcomes for infants and toddlers with disabilities and meaningful support for their families.

In addition to practice-based support, Connecticut has prioritized leadership development through participation in the OSEP/OSERS-funded Leadership Grant (84.325L). Initiated in August 2020, this initiative strengthens leadership capacity across both the Birth to Three system and Preschool Special Education (Part B, Section 619). Now in its fifth cohort, the program focuses on building foundational, operational, and strategic leadership competencies, as well as strategies for driving systems-level change. Participants gain a comprehensive understanding of both Part C and Part B systems, equipping them to lead effectively and sustainably. The program is designed to enhance competence and confidence among early intervention leaders, ultimately improving outcomes for children and families.

Stakeholder Engagement:

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

Connecticut’s Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state’s Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency’s commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state’s federal reporting process.

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

YES

Number of Parent Members:

25

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.

Connecticut's Birth to Three System is committed to ensuring that parents are meaningfully engaged in all aspects of system planning, evaluation, and improvement. Parent members of the Interagency Coordinating Council (ICC), staff from the state's parent center, and families involved in local and statewide advisory groups have played an active role in setting performance targets, analyzing data, developing improvement strategies, and evaluating progress.

One key avenue for parent involvement has been through the ICC. During ICC meetings, the Lead Agency presents proposed targets and solicits feedback from members, including parents. Parent representatives contribute to these discussions by offering insights and recommendations that reflect their lived experiences. Once targets are established, the ICC continues to monitor progress at each meeting. The Lead Agency shares relevant data, such as referral trends, service hours documented in Individualized Family Service Plans (IFSPs), and transition outcomes, to facilitate informed discussion. Questions are addressed to ensure all members can participate meaningfully, and conversations are consistently linked to system needs and potential areas for refinement.

In addition to full ICC meetings, parents serving on ICC subcommittees are actively engaged in reviewing and interpreting data. For example, the Fiscal Subcommittee examines financial data and the Education and Outreach Committee analyzes enrollment and trend data across the system. These subcommittees not only review data but also provide input on improvement strategies, ensuring that parent perspectives are embedded in decision-making at every level.

Beyond the scope of the State Performance Plan (SPP), invested partners, including parents, have contributed to broader system improvement efforts. These include reviewing and commenting on the state's monitoring plan and informing the state's logic model.

The Office of Early Childhood (OEC) further supports family engagement through its Parent Cabinet, which includes families currently receiving Part C services. This group provides feedback across all child-serving systems and serves as a platform for sharing information and elevating the family voice. Through these multiple avenues, Connecticut ensures that parents are not only informed but are also empowered to shape the policies and practices that impact their children and communities.

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.

Connecticut's Birth to Three System is deeply committed to increasing the capacity of parents to support and inform the implementation of activities that improve outcomes for children with disabilities. The Lead Agency prioritizes meaningful engagement with a varied range of families and invested partners, ensuring that parents are not only informed participants but also active contributors to system-level decision-making.

Throughout FFY24, the state commenced several initiatives to strengthen family engagement and incorporate parent feedback into system improvements. One key area of focus was enhancing the referral process to ensure timely and effective access to early intervention services. This effort included collaboration with parents serving on the Interagency Coordinating Council (ICC), members of the OEC Parent Cabinet, and families who had recently navigated the referral process. Their insights directly informed updates to the intake procedures at the single point of entry. To ensure the revised process reflects family needs, the Lead Agency facilitated feedback loops through parent forums, including sessions co-led by the Part C Coordinator and the ICC co-chair, who also serves on staff at the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI). Additional details on this initiative are included in Indicator 11 of this report.

Family engagement is a foundational value of the Birth to Three System, as reflected in the state's mission. Whether through direct service delivery or system-level planning, the Lead Agency centers the parent voice in all conversations. When families are meaningfully engaged, outcomes for infants and toddlers improve. The Lead Agency actively promotes this understanding across the system, reinforcing that parents are essential partners in every aspect of early intervention.

During FFY24, the Part C Coordinator worked closely with the Parents with Special Needs Subcommittee of the Parent Cabinet. This group included parents with children currently enrolled in Birth to Three, including one parent who also worked within the system. The Part C Coordinator regularly brought system-level topics to the subcommittee for feedback, ensuring that parent perspectives were embedded in improvement planning. This work later transitioned to the Child Find Coordinator who is the co-facilitator of the subcommittee.

In addition to these efforts, the Family Liaison played a key role in building family relationships. Looking ahead to FFY25, the Family Liaison and Child Find Coordinator will lead expanded efforts in conjunction with our PTI to gather parent feedback through roundtables, targeted outreach, and facilitated discussions, creating more opportunities for families from diverse backgrounds to share their experiences and shape system improvements. The state also values the insights shared through the annual family survey, which is analyzed as part of Indicators 4 and 11. These open-ended responses provide a window into the lived experiences of families and are used to guide programmatic and policy changes. Connecticut recognizes that listening to families, and acting on what is heard, is one of the most effective ways to strengthen the early intervention system.

Soliciting Public Input:

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

The Connecticut Birth to Three Lead Agency prioritizes transparency and meaningful stakeholder engagement in all aspects of system planning, evaluation, and reporting. Public reporting and the solicitation of public input are central to the state's commitment to continuous improvement and accountability under IDEA Part C.

To ensure stakeholders are well-informed and able to provide meaningful feedback, the Lead Agency works closely with invested partners including parents, providers, and advocacy organizations to review data trends and understand the regulatory context of the SPP/APR. During Interagency Coordinating Council (ICC) meetings, the Lead Agency presents detailed trend data, including referral rates, service hours documented in Individualized Family Service Plans (IFSPs), and transition outcomes. These presentations are designed to foster informed discussion, with the Lead Agency posing targeted questions to guide feedback and offering opportunities for clarification and dialogue.

Throughout the year, the Lead Agency also convenes additional meetings with stakeholders to support data-driven decision-making, particularly during the development of state targets. These sessions include overviews of trend data and system performance, enabling stakeholders to make informed recommendations aligned with system priorities.

In addition to formal meetings, the Lead Agency maintains an active communication strategy through weekly blog posts distributed to a broad audience, including parents, early intervention providers, school personnel, legislators, and other early childhood stakeholders. These posts share updates on SPP/APR data, training opportunities, and key initiatives, ensuring the public remains informed and engaged in the state's early intervention efforts.

The Lead Agency also facilitates multiple Communities of Practice (CoPs), which serve as collaborative spaces for early interventionists, program directors, administrative staff, and other invested partners to provide feedback, co-develop improvement strategies, and evaluate system performance. These CoPs reflect the field's commitment to continuous learning and system enhancement.

Family engagement is further supported through the Office of Early Childhood's Parent Cabinet, a 15-member advisory group representing families from across the state. Established under state statute (P.A. 23-160, Sec. 4), the Parent Cabinet's mission is to "build strong connections, listen intentionally, and partner with Connecticut families of young children, communities, and OEC to incorporate the expertise of all parents throughout the early childhood system to ensure family-driven equitable policies and programs." In FFY24, a member of the ICC was appointed to the Parent Cabinet, strengthening cross-agency collaboration and ensuring Birth to Three representation in broader early childhood policy discussions.

Throughout FFY24, the Parent Cabinet provided feedback on reports and system improvement efforts, a role that will continue into FFY25 and beyond. The Lead Agency plans to involve the Parent Cabinet in future data analysis, improvement planning, and target setting processes, further embedding the family voice in system-level decision-making.

Stakeholder feedback timelines are typically 60 to 90 days, exceeding the federal minimum of 30 days. This extended timeframe allows invested partners to review materials thoroughly, ask questions, and provide informed input. During these periods, the Lead Agency often hosts presentations to ensure stakeholders understand the data and priorities under review. Once feedback is collected and synthesized, the Lead Agency reports back to stakeholders on how their input influenced decisions, maintaining a transparent and continuous feedback loop.

All determinations and related data analyses are posted publicly on the Birth to Three website at:

- IDEA Determinations - Birth23.org (www.birh23.org/data-analysis/idea-determinations/)
- Public Reporting - Birth23.org (<https://www.birh23.org/data-analysis/public-reporting/>)

For this reporting cycle, ICC members reviewed FFY24 performance data (covering 7/1/2024–6/30/2025) during the December 2025 ICC meeting. A draft of the Annual Performance Report (APR) was posted to the Birth to Three website and shared with the Parent Training and Information Center (CPAC), program directors, the Parent Cabinet, and subscribers to the Birth to Three blog. This broad dissemination ensured that all invested partners had access to the report and the opportunity to provide feedback prior to final submission.

Making Results Available to the Public:

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

The results for the FFY2023 APR were posted at <https://www.birh23.org/data-analysis/annual-performance-reports/> and <https://www.birh23.org/data-analysis/public-reporting/> within 1 week of submitting the Annual Performance Report (APR).

Reporting to the Public:

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

In accordance with federal requirements, the State of Connecticut publicly reported the FFY2023 performance of each Early Intervention Services (EIS) program within 120 days of submitting the State Performance Plan/Annual Performance Report (SPP/APR) to the Office of Special Education Programs (OSEP). In fact, the state exceeded this requirement by posting the public reporting data within one week of the APR submission.

The public reporting tables are available on the Birth to Three website at: <https://www.birh23.org/data-analysis/public-reporting/>. This webpage includes PDF files for each indicator, disaggregated by EIS program, as submitted in the FFY2023 SPP/APR. Additionally, an Excel file is provided that consolidates all indicators across programs, organized by tab for ease of access and comparison. This webpage also includes the historical public reporting tables for FFY22 and FFY21.

The final FFY2023 SPP/APR and the corresponding public reporting data were reviewed with the Interagency Coordinating Council (ICC) and other invested partners during the April 2025 ICC meeting. This review ensured transparency and provided an opportunity for stakeholder feedback on the state's performance and reporting practices.

To further support public access and transparency, the state downloads and posts a full copy of the submitted SPP/APR to the Birth to Three website on the same day it is submitted to OSEP. The report is available at: <https://www.birh23.org/data-analysis/annual-performance-reports/>. This webpage also houses previous years' Annual Performance Reports, offering stakeholders a historical view of the state's progress and system performance over time.

During FFY2023 and FFY2024, the state did not revise any of the performance targets previously submitted in the SPP/APRs.

Consistent with section 616(b)(2)(C)(ii)(I) and 642 of IDEA the historical APRs Public Reporting tables are available at this link: <https://www.birh23.org/data-analysis/public-reporting/>

Intro - Prior FFY Required Actions

The State has not publicly reported on the FFY 2022 (July 1, 2022-June 30, 2023) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by sections 616(b)(2)(C)(ii)(I) and 642 of IDEA. With its FFY 2024 SPP/APR, the State must provide a Web link demonstrating that the State reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2022 [and/or FFY 2021 and/or FFY 2020]. In addition, the State must report with its FFY 2024 SPP/APR, how and where the State reported to the public on the FFY 2023 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

Response to actions required in FFY 2023 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.40%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.62%	99.94%	99.94%	99.95%	99.87%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,278	4,304	99.87%	100%	99.84%	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.

19

Provide reasons for delay, if applicable.

There were seven instances of delay at two locally contracted Early Intervention Service Programs during this time. The reasons for delay are noted to be scheduling errors, provider illness, and workforce shortage limitations.

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).

Early Intervention (EI) services are considered timely when they are scheduled to begin within 45-days of the parent's signed consent on the Individualized Family Service Plan (IFSP) and are actually initiated within 45-days. Connecticut's definition of timely service delivery excludes any services planned to begin more than 45-days after the IFSP meeting, with parent permission, this includes services schedule for every other month, as that would exceed 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.

This data is a point in time of December 1, 2024. Data accurately reflects infants and toddlers with IFSPs for the full reporting period as the point in time selected encompasses over 50% of all children served during the reporting period. Further, using December 1, 2024, as a point in time is representative of the reporting period because it is the same date used for Indicators 2, 5, and 6 in this report.

The source of the data is the State Database, however, the state selected "State Monitoring" as directed previously due to only monitoring a singular point in time. All EIS programs were monitored at the same time using the data in the state database through data verification emails, and technical assistance was provided through the state's annual determination report of priority performance as described in the introduction.

Provide additional information about this indicator (optional)

As described in Indicator 1, the December 1st data point accurately represents infants and toddlers with IFSPs throughout the reporting period, covering more than 50% of the children served. This date is also used consistently across Indicators 2, 5, and 6, reinforcing its representativeness

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	0	1	1

FFY 2023 Findings of Noncompliance Verified as Corrected

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

In alignment with the Office of Special Education Programs (OSEP) Questions and Answers memo QA 23-01 and as outlined in Indicator 1, the lead agency performed verification activities to ensure programs previously found to be noncompliant were implementing the required regulations. This verification was based on a review of the statewide data system, follow-up data verification communications, and technical assistance provided to the local Early Intervention Service programs.

In every case of noncompliance, the state ensured that the child ultimately received the service outlined in their Individualized Family Service Plan (IFSP). Additionally, the state conducts an annual review of data as of December 1st to assess whether local early intervention programs are operating in accordance with Part C of IDEA. These data reviews, which include system-generated reports and verification processes, help confirm that programs are meeting the regulatory requirements of this indicator.

In FFY23, two instances of noncompliance required both individual and systemic correction, as previously reported. In FFY24, the state found that one program had resolved its systemic noncompliance, while another continued to demonstrate systemic issues and reported additional noncompliance. The lead agency issued formal notification letters to the local early intervention program identified as noncompliant. In all cases, services were either ultimately delivered, or the family exited the program before services could be provided, which remains compliant with OSEP QA 23-01.

However, after conducting a multi-year analysis and identifying recurring noncompliance, the lead agency concluded that systemic issues had not been fully addressed in one program. Consequently, the program was placed under targeted technical assistance and required to collaborate directly with the lead agency. To support this effort, the lead agency will offer professional development training, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators.

All programs found to have noncompliance in Indicators 1, 7, and 8 (a, b, and c) are required to develop and implement a corrective action plan. These plans must align with Part C of IDEA and the guidance provided in OSEP QA 23-01. As part of the corrective process, programs must revise internal

procedures and enhance service coordinator understanding of Part C requirements. Furthermore, each program must detail how it will achieve full compliance with the specific regulatory requirements and demonstrate correction through updated data collected via the state's data system.

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

Consistent with OSEP QA 23-01, the State verified correction of each individual case of noncompliance through multiple data-verification activities. These activities included direct communication with local programs and a review of information entered into the statewide data system. For every identified case, the State confirmed that the child ultimately received the required service or had exited the program before the service could be delivered. The lead agency documents and monitors each instance of noncompliance within each data run and tracks program responses throughout the verification process.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The programs were placed under targeted technical assistance and required to collaborate directly with the lead agency. To support this effort, the Lead Agency offered professional development training, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators.

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

Connecticut has not adopted procedures that allow for correction of noncompliance prior to issuance of a finding.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

For FFY 2022, the State identified two programs that had not yet been verified as having corrected previously identified noncompliance. In alignment with OSEP QA 23-01, the State initiated a structured verification process to determine whether each program was correctly implementing the regulatory requirements. This process included a review of updated data submitted through the statewide data system, which captured service delivery timelines and compliance with IDEA Part C regulations. Verification activities also involved targeted data runs, email-based confirmations with local programs, and analysis of documentation related to Individualized Family Service Plans (IFSPs). In each case, the State ensured that the child either received the required service or exited the program before the service could be provided, consistent with federal guidance.

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

Consistent with OSEP QA 23-01, the State verified the correction of each individual case of noncompliance through a structured set of data-verification activities. This process included direct communication with local programs to confirm the status of required services, as well as a detailed review of information entered into the statewide data system to validate program-reported updates. For each case reviewed, the State confirmed the child ultimately received the required service or had exited the program before the service could be provided.

1 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

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

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.60%

FFY	2019	2020	2021	2022	2023
Target>=	95.00%	95.00%	95.00%	95.00%	95.00%
Data	99.97%	99.98%	100.00%	99.92%	99.90%

Targets

FFY	2024	2025
Target >=	95.00%	95.00%

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the

Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state’s federal reporting process.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	7,135
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	7,150

FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
7,135	7,150	99.90%	95.00%	99.79%	Met target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Implementation of child outcomes involves a collaborative process with stakeholders to ensure accurate data collection and adherence to state procedures. Stakeholders, including state leadership and program administrators, monitor data quality, compare Federal Fiscal Year (FFY) results using the Meaningful Difference Calculator, and share findings to inform program improvement and compliance with federal requirements. The state also utilized the ECTA training on the COS to provide professional development to the field. Engaging invested partners is critical and includes transparent communication of data trends, collaborative decision-making, ongoing training on COS procedures and assessment tools, and feedback loops to refine practices. Specifically, the ICC was brought into these conversations to improve data quality. This work will continue over the next FFY. These efforts align with state and federal goals to improve program quality and child outcomes.

To address Connecticut's FFY2023 determination of “Needs Assistance”, the Birth to Three system developed and shared a Determinations Handout with the ICC, invested community partners, and program directors. This resource summarized our state's performance, including strengths, areas for improvement, and next steps. While compliance remained strong at 87.5%, results-driven accountability scored lower at 62.5%, primarily due to challenges with data completeness in the Child Outcomes Summary (COS) process.

Recognizing that improving COS completion rates is critical to enhancing overall results, we used the handout as a foundation for structured stakeholder discussions. The document highlighted that to earn full points for data completeness, at least 65% of children exiting services must have a completed COS, and our current performance fell short of that benchmark. This transparency helped frame the conversation around actionable strategies.

The discussions informed several next steps outlined in the handout, including:

1. Joining a national Community of Practice on COS.
2. Incorporating the DaSy Knowledge Check into professional development.
3. Providing targeted technical assistance to programs with outlier results.
4. Sharing resources such as the ECTA Decision Tree and crosswalk tools.
5. In the upcoming year the Child Outcomes Summary procedure will be updated and invested partner feedback will be solicited.

By leveraging the Determinations Handout as both an informational and engagement tool, we created a shared understanding of performance challenges and fostered collaborative problem-solving. This approach not only generated actionable feedback but also strengthened stakeholder commitment to improving data completeness and, ultimately, child outcomes.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2014	Target>=	73.00%	74.00%	74.00%	74.00%	74.00%
A1	73.80%	Data	73.65%	73.80%	73.51%	75.80%	74.35%
A2	2014	Target>=	60.00%	60.00%	60.00%	60.00%	61.00%
A2	59.60%	Data	56.36%	60.21%	58.96%	58.08%	57.26%
B1	2014	Target>=	83.00%	82.00%	82.00%	83.00%	83.00%
B1	83.00%	Data	79.02%	80.57%	77.52%	80.13%	79.64%
B2	2014	Target>=	53.00%	53.00%	53.00%	53.00%	53.00%
B2	50.95%	Data	47.29%	52.90%	49.76%	49.57%	49.47%
C1	2014	Target>=	84.00%	82.00%	82.00%	82.00%	83.00%
C1	83.65%	Data	81.03%	83.87%	82.01%	82.83%	82.13%
C2	2014	Target>=	73.00%	73.00%	73.00%	73.00%	73.00%
C2	73.00%	Data	67.27%	70.89%	71.30%	70.80%	69.45%

Targets

FFY	2024	2025
Target A1>=	74.00%	75.00%
Target A2>=	61.00%	62.00%
Target B1>=	84.00%	84.00%
Target B2>=	54.00%	54.00%
Target C1>=	83.00%	84.00%
Target C2>=	74.00%	74.00%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	20	0.47%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	801	18.65%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	950	22.12%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,390	32.37%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,133	26.39%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,340	3,161	74.35%	74.00%	74.03%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in	2,523	4,294	57.26%	61.00%	58.76%	Did not meet target	No Slippage

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Outcome A by the time they turned 3 years of age or exited the program							

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	16	0.37%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	687	16.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,310	30.51%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,667	38.82%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	614	14.30%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,977	3,680	79.64%	84.00%	80.90%	Did not meet target	No Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,281	4,294	49.47%	54.00%	53.12%	Did not meet target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	10	0.23%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	545	12.69%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	706	16.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,975	45.99%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,058	24.64%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,681	3,236	82.13%	83.00%	82.85%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	3,033	4,294	69.45%	74.00%	70.63%	Did not meet target	No Slippage

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
turned 3 years of age or exited the program							

FFY 2024 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	7,612
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.	3,318
Number of infants and toddlers with IFSPs assessed.	4,294

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The instruments used to gather the data for this indicator include the child outcomes survey (COS) calculator and meaningful difference calculator created and shared through The Early Childhood Technical Assistance Center (ECTA) (a demo version can be found here:

<https://ectacenter.org/eco/pages/childoutcomes-calc.asp>).

Assessment tools to gather the data for the COS included the Carolina, HELP, and AEPS. While completing the meaningful difference calculator, the state compared the previous Federal Fiscal Year (FFY) to the current FFY and found there was no meaningful difference for any of the summary statements.

More information can be found in our procedures here: <https://www.birthe23.org/providers/provider-resources/procedures-2/> specifically the evaluation and assessment procedure here: https://www.birthe23.org/wp-content/uploads/procedures/forms/eval_assessment.docx.

Further, the state leadership team at the Lead Agency utilizes this data and information to provide guidance to the field related to implementation. The states leadership team is actively reviewing the current procedure related to the Child Outcome Summary (COS) in order to monitor the implantation. This work will continue into the upcoming FFY.

Additionally, as outlined above, using the meaningful difference calculator, the state monitors data quality and trends year-to-year. With this, the state compares federal fiscal year (FFY) data to previous FFY data to identify changes or stability in child outcomes. Ultimately, this allows for better federal reporting and monitoring to state procedures.

Provide additional information about this indicator (optional).

To increase data quality for child outcome data reported, the lead agency will implement targeted, family-centered strategies to improve timely and complete data collection. These actions include standardizing procedures for administering child outcome surveys at entry and exit and introducing the Child Outcomes Summary Knowledge Check created by multiple national Technical Assistance centers. The lead agency will provide training and coaching to local programs on explaining the purpose of child outcomes in plain language and using culturally and linguistically responsive practices, as emphasized in the OSEP 23-01 guidance memo. Responses will be monitored regularly, with disaggregated data reviewed to identify and address participation gaps. Programs with low response rates will receive targeted technical assistance, and progress will be tracked through continuous improvement cycles to ensure child outcome data are representative and usable for improving services and results.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2006	Target>=	90.00%	91.00%	91.00%	91.00%	91.00%
A	79.00 %	Data	90.86%	89.86%	91.03%	96.51%	91.79%
B	2006	Target>=	91.00%	90.00%	90.00%	90.00%	90.00%
B	75.00 %	Data	89.56%	89.53%	89.29%	95.00%	90.02%
C	2006	Target>=	93.00%	97.00%	97.00%	97.00%	97.00%
C	87.00 %	Data	96.61%	95.70%	94.93%	98.68%	94.68%

Targets

FFY	2024	2025
Target A>=	91.00%	91.00%
Target B>=	90.00%	90.00%
Target C>=	97.00%	97.00%

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Connecticut's Birth to Three system prioritizes family engagement as a cornerstone of Indicator 4 in the State Performance Plan/Annual Performance Report (SPP/APR). To ensure authentic family voice in this process, we have embedded family perspectives into every stage of material development and feedback collection.

Family Voice in Materials Development:

*All materials related to Indicator 4, including survey invitations, explanatory guides, and training resources—are reviewed with family input before dissemination.

Families participate in advisory groups and focus sessions where they provide feedback on:

- * Language clarity and accessibility to ensure materials are understandable and response to families needs.
- * Relevance of examples and scenarios to reflect real-life experiences.
- * Format and delivery methods to maximize engagement and reduce barriers to participation.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	5,845
Number of respondent families participating in Part C	2,494
Survey Response Rate	42.67%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	2,232
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,494

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	2,170
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,494
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	2,340
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,494

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	91.79%	91.00%	89.49%	Did not meet target	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)	90.02%	90.00%	87.01%	Did not meet target	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)	94.68%	97.00%	93.83%	Did not meet target	No Slippage

Provide reasons for part A slippage, if applicable

During FFY24, the percentage of families reporting that participation in Part C helped them know their rights (Indicator 4a) decreased compared to the previous year, resulting in slippage and the state not meeting its established target. A review of raw data and family comments indicates that the primary factor contributing to this decline is the ongoing workforce shortage within early intervention services. Families noted that staffing challenges impacted the frequency and quality of interactions with service coordinators and providers. This trend is also noted in Indicators 1 and 7 of this report. Overall, these limitations may have reduced opportunities for families to receive clear, consistent information about their rights under IDEA Part C. Several parents specifically mentioned observing workforce shortages. These disruptions likely affected the ability of programs to fully engage families in conversations about procedural safeguards and rights.

Additionally, the state implemented new processes that significantly increased the number of surveys collected—from 1,693 in FFY2023 to 2,494 in FFY2024. These strategies included offering an online survey option accessible via a QR code, sending email reminders to families, and providing multiple modes for survey completion to reduce barriers. While this improvement enhances data representativeness, it may have introduced greater variability in responses, as more families with diverse experiences participated. This broader sample could have influenced overall percentages for Indicator 4a and 4b.

Provide reasons for part B slippage, if applicable

During FFY24, the percentage of families reporting that participation in Part C helped them effectively communicate their child's needs (Indicator 4b) declined compared to the previous year, resulting in slippage and the state not meeting its target. An analysis of raw data and family comments suggests that the primary contributing factor is the persistent workforce shortage within early intervention programs. This may have limited the opportunities for implementing coaching as a style of interaction and modeling strategies that support effective communication about their child's needs.

Additionally, the state implemented new processes that significantly increased the number of surveys collected—from 1,693 in FFY2023 to 2,494 in FFY2024. These strategies included offering an online survey option accessible via a QR code, sending email reminders to families, and providing multiple modes for survey completion to reduce barriers. While this improvement enhances data representativeness, it may have introduced greater variability in responses, as more families with diverse experiences participated. This broader sample could have influenced overall percentages for Indicator 4a and 4b.

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	42.47%	42.67%

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

The state used the ECTA Response Rate and Representativeness Calculator provided through technical assistance:
<https://ectacenter.org/eco/pages/familyoutcomes-calc.asp>.

The ECTA response rate and representativeness calculator applies proportional testing and is utilized to determine if the surveys received were representative of the target population. Representativeness of both languages spoken in the home and race and ethnicity were analyzed by comparing the percentage of families enrolled in Part C with the percentage of surveys received. The distribution of families in Part C is determined to be representative overall for both race and ethnicity and language spoken in the home and based on the ECTA Response Rate and Representativeness Calculator provided through technical assistance that indicates that we do not interpret the representativeness tests for each individual subgroup.

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International.

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

The statewide family survey response rate was 42.67%. Though our response rate was slightly higher than the previous FFY, the state had a significant increase in the number of families that the survey was distributed to leading to a significant increase in the number of families the state heard from. The State analyzed the extent to which responding families were representative of infants and toddlers enrolled in the Part C program by examining race/ethnicity, as required, and primary language. While response rates for some racial/ethnic groups (Asian 45%, White 47%, and families identifying as Hispanic 44%) were above the statewide average, others (African American or Black 32%, American Indian 30%, Pacific Islander 33%, and those that identified as more than one race 24%) were below the statewide average, results from the ECTA Response Rate and Representativeness Calculator indicated no statistically significant underrepresentation across race/ethnicity overall. Consistent with guidance in OSEP Memo 23-01, the state analyzed the extent to which the demographics of families who responded are representative of the demographics of the infants and toddlers receiving Part C services through analyzing race/ethnicity and primary language spoken in the home. Proportional testing using the same ECTA calculator showed that families who responded in English (49%), Spanish (22%), and other languages (4%) were proportionally represented and did not demonstrate significant deviation from the target population. Based on these analyses, the State concludes that the survey responses are representative of the Part C population in Connecticut with respect to race/ethnicity and primary language.

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International

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

YES

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

To increase the response rate year-over-year, the following strategies have been implemented and will continue:

Enhanced Language Accessibility

- Continue translating surveys into multiple languages based on community demographics.
- Provide culturally responsive communication to build trust and encourage engagement.

Multiple Access Points

- Maintain and expand the use of QR codes for quick mobile access.
- Offer paper copies for families with limited internet access or digital literacy challenges.
- Ensure surveys are optimized for mobile devices.

Targeted Outreach

- Use data from a completed needs assessment to identify barriers (e.g., technology gaps, time constraints) and tailor outreach accordingly.
- Partner with community organizations and trusted messengers to reach underrepresented groups.

Reminders for Families

- Implement reminder campaigns via email.

Feedback Loops

- Share survey results and actions based on feedback to demonstrate impact and build trust within invested partners.
- Engage families in co-designing feedback loops.

Continuous Monitoring and Adjustment

- Track response rates by demographic groups annually.
- Adjust strategies based on data trends and community feedback.

Describe the analysis of the response rate including any nonresponse bias that was

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

The state used the ECTA Response Rate and Representativeness Calculator provided through technical assistance:

<https://ectacenter.org/eco/pages/familyoutcomes-calc.asp> to determine any nonresponse bias. Connecticut interprets "enrolled in the Part C program" as those families who had an IFSP on 2/1/25, having been with their Early Intervention Provider for at least six months. All of those families are sent surveys (census). The state analyzed the response rate by comparing how many surveys were returned versus how many were sent out. Overall, the state did not identify any areas of nonresponse bias through the analysis. In order to prevent nonresponse bias in future surveys the state is continuing to incorporate best practices as identified by the states ICC, CPAC, and the Parent Cabinet. Additionally, the state is in the planning phase of creating education and outreach videos that capture captured families in the system that are in authentic circumstances with their service coordinator. The state is seeking out English-speaking, Spanish-speaking, and ASL representation for these videos. Over the next FFY the state will begin recording so that the additional videos for families are incorporated into the systems outreach.

DaSy Center, & ECTA Center. (2022). SPP/APR Family Outcomes Writing Examples. SRI International

Provide additional information about this indicator (optional).

To address the slippage in this indicator, the state is implementing the following strategies:

Workforce Recruitment and Retention Initiatives: Expanding efforts to attract and retain qualified early intervention personnel through incentives and professional development.

Enhanced Family Communication: Developing supplemental resources (revising guides and materials and including translation) to ensure families receive accurate information about their rights, even when provider availability is limited.

Monitoring and Support: Increasing technical assistance to local programs to strengthen family engagement practices and ensure compliance with Indicator 4 requirements.

The state will continue to monitor workforce trends and family feedback to evaluate the effectiveness of these strategies and improve performance in future reporting periods.

4 - Prior FFY Required Actions

None

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.93%

FFY	2019	2020	2021	2022	2023
Target >=	1.21%	1.20%	1.30%	1.40%	1.40%
Data	1.48%	1.39%	1.44%	0.64%	1.61%

Targets

FFY	2024	2025
Target >=	1.40%	1.50%

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Throughout the reporting period, we worked closely with a group of stakeholders who address the many different aspects of our system to strengthen our referral system and ensure that families with children birth to one receive timely and accurate services. This collaborative effort included engaging with medical providers, members of the major Neonatal Intensive Care Units, child care providers, families, our intake team, ICC members, and contracted Part C providers. Our team facilitated communication across these groups, addressing barriers to efficient referrals, and providing guidance to maintain compliance with established protocols. By fostering strong partnerships and offering targeted support, we were able to streamline processes, improve data accuracy, and enhance the overall experience for families navigating early intervention services.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	662
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	34,968

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
662	34,968	1.61%	1.40%	1.89%	Met target	No Slippage

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

The results of our root cause analysis demonstrated that multiple different system-wide changes lead to an increase in our child counts for children birth to 1. To address identified gaps in referral timelines and compliance with IDEA Part C regulations, a multifaceted approach was implemented. A new contract amendment was established to align expectations and responsibilities as well as further define deliverables and timelines. Procedures were updated to reflect current standards and ensure consistency across providers within our single point of entry. Regular monitoring, including biweekly technical assistance, was introduced to support continuous improvement and accountability. Efforts were made to enhance open communication through the development of structured methods and procedures. The Lead Agency conducted targeted trainings and provided technical assistance to direct service providers, focusing on IDEA timelines and regulatory requirements. Additionally, field trainings were delivered to hospital staff, Community Health Centers (CHCs), pediatricians, and other medical professionals to improve early identification of developmental concerns and appropriate referral practices to the Connecticut Birth to Three System. Connecticut will continue to monitor weekly the referral timelines for our single point of entry and working together to ensure that the children birth to 1 are represented in our system.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	3.16%

FFY	2019	2020	2021	2022	2023
Target >=	4.00%	4.80%	4.90%	5.00%	5.10%
Data	5.39%	4.81%	5.81%	4.94%	6.51%

Targets

FFY	2024	2025
Target >=	5.20%	5.30%

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the

Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Throughout the reporting period, we worked closely with a group of stakeholders who address the many different aspects of our system to strengthen our referral system and ensure that families with children 1-3 years old receive timely and accurate services. This collaborative effort included engaging with medical providers, child care providers, families, our intake team, ICC members, and contracted Part C providers. Our team facilitated communication across these groups, addressing barriers to efficient referrals, and providing guidance to maintain compliance with established protocols. By fostering strong partnerships and offering targeted support, we were able to streamline processes, improve data accuracy and reliability, and enhance the overall experience for families navigating early intervention services.

Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	7,150
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	109,242

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
7,150	109,242	6.51%	5.20%	6.55%	Met target	No Slippage

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

The results of our root cause analysis demonstrated that multiple different system-wide changes lead to an increase in our child counts for children birth to three. To address identified gaps in referral timelines and compliance with IDEA Part C regulations, a multifaceted approach was implemented. A contract amendment was established to align expectations and responsibilities as well as further define deliverables and timelines. Procedures were updated to reflect current standards and ensure consistency across providers within our single point of entry. Regular monitoring, including biweekly technical assistance, was introduced to support continuous improvement and accountability. Efforts were made to enhance open communication through the development of structured methods and procedures. The lead agency conducted targeted trainings and provided technical assistance to direct service providers, focusing on IDEA timelines and regulatory requirements. Additionally, field trainings were delivered to hospital staff, Community Health Centers (CHCs), pediatricians, and other medical professionals to improve early identification of developmental concerns and appropriate referral practices to the Connecticut Birth to Three System. Connecticut will continue to monitor weekly the referral timelines for our single point of entry and working together to ensure that the children birth to three are represented in our system.

Provide additional information about this indicator (optional).

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.92%	99.84%	99.93%	99.32%	99.91%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
6,151	7,759	99.91%	100%	99.76%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

1,589

Provide reasons for delay, if applicable.

During FFY24, there were 19 instances of IFSP delays at five programs due to workforce shortages and program errors, including staff scheduling difficulties. Findings of noncompliance were sent to each of the five individual programs.

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

State database

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

The time period in which the data were collected includes the full reporting period of July 1, 2024 through June 30, 2025.

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

These data are from the Connecticut Birth to Three data system for the entire reporting year and verified using various general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, verification visits, and complaint data.

Provide additional information about this indicator (optional).

During FFY 2024, the State identified 19 instances of noncompliance across five Early Intervention Service (EIS) programs related to Indicator 7. In each instance in which required IFSP service data were missing, the State verified through review of the statewide data system and follow-up communication with local programs that the services were ultimately provided, or that the child exited the Birth to Three program prior to initiation of the new service. Findings of noncompliance were issued to the five EIS programs identified as noncompliant. Consistent with regulatory requirements, the State has revised its technical assistance and support to local programs to ensure correction of individual instances of noncompliance and to address underlying systemic issues.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	1	0	2

FFY 2023 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

In accordance with the OSEP QA 23-01 memo and as outlined in Indicator 7, the lead agency confirmed that programs with instances of noncompliance were implementing the required regulations. This determination was made through a review of the statewide data system, verification emails, and technical assistance provided to local Early Intervention Service (EIS) programs. For each case of noncompliance, the state verified that the child ultimately received the intended service. Additionally, the state reviewed data to assess whether local programs were delivering early intervention services in alignment with Part C of IDEA. This process includes confirming that programs are implementing the regulatory requirements for this indicator based on annual data runs. Indicator 7 is reported over the full period from July 1st through June 30th. Through a multi-year analysis, one program was found to have corrected both individual and systemic noncompliance, and two programs were identified as continuing to demonstrate noncompliance with this indicator, as previously described in this report. For each instance of systemic noncompliance, the lead agency provided technical assistance and increased oversight of the EIS program.

Due to the identified systemic noncompliance, the local programs received targeted technical assistance. These programs were required to work directly with the lead agency and to develop corrective action plans aimed at updating internal procedures and strengthening service coordinator understanding of IDEA Part C. In addition, the programs were required to determine whether they were correctly implementing the specific regulatory requirements (i.e., achieving 100% compliance) by reviewing updated data collected through the state's data system. Over the upcoming FFY, all programs with any indicator noncompliance, including those with Indicator 7 issues, must complete a corrective action plan. These plans, developed and verified by the lead agency, must detail how the program will address systemic noncompliance and self-verify that correction has occurred. The lead agency also provided professional development training to support these efforts, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators. These trainings include content on timelines and reviews of service coordination modules available to local programs through the lead agency's learning management system.

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

Consistent with OSEP QA 23-01, each individual case of noncompliance for this indicator was reviewed through various data verification efforts, including emails to local programs, and reviewing data entered into the statewide data system. In each instance, the child either ultimately received the service or exited the local program before the IFSP could be provided.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

The programs were placed under targeted technical assistance and required to collaborate directly with the lead agency. To support this effort, the lead agency offered professional development training, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators.

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

Connecticut has not adopted procedures that allow for correction of noncompliance prior to issuance of a finding.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

For FFY 2022, two programs had not yet completed the verification process. These programs remain under continued monitoring and follow-up to ensure that all identified noncompliance is corrected in accordance with federal requirements. In alignment with OSEP QA 23-01, the State initiated a structured verification process to determine whether each program was correctly implementing the regulatory requirements. This process included a review of updated data submitted through the statewide data system, which captured IFSP timelines and compliance with IDEA Part C regulations. Verification activities also involved targeted data runs, email-based confirmations with local programs, and analysis of documentation related to Individualized Family Service Plans (IFSPs). In each case, the State ensured that the child either received the required service or exited the program before the service could be provided, consistent with federal guidance.

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

Consistent with OSEP QA 23-01, the State verified the correction of each individual case of noncompliance through a structured set of data-verification activities. This process included direct communication with local programs to confirm the status of required services, as well as a detailed review of information entered into the statewide data system to validate program-reported updates. For each case reviewed, the State confirmed whether the child ultimately received the required service or had exited the program before the service could be provided.

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.90%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,970	4,970	100.00%	100%	100.00%	Met target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

0

Provide reasons for delay, if applicable.

Not Applicable

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

State database

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

The time period in which the data were collected includes the full reporting period of July 1, 2024 through June 30, 2025.

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

The state utilizes the full reporting period.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

8A - Prior FFY Required Actions

None

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

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

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
5,376	5,376	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

Not Applicable

Describe the method used to collect these data.

Notification data is transmitted electronically from the Part C data system to the Part B (SEA and LEA) data system every night for all children with IFSPs who are over the age of 30 months, the denominator for this indicator was collected from the Part C statewide transactional database.

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

NO

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

State database

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

The full reporting period of July 1, 2024 through June 30, 2025.

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

The data are from the Connecticut Birth to Three data system for the entire reporting year and were verified using reports via the nightly feed to Connecticut's State Department of Education (CSDE) and data housed within the Birth to Three data system.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

8B - Prior FFY Required Actions

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	98.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.66%	99.93%	99.91%	99.45%	99.23%

Targets

FFY	2024	2025
Target	100%	100%

FFY 2024 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
4,094	5,009	99.23%	100%	98.77%	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.

609

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.

252

Provide reasons for delay, if applicable.

During FFY24, there were 51 instances of IFSP delays at six programs due to workforce shortages, program errors in timeline, and staff scheduling difficulties. Findings of noncompliance were sent to the individual programs.

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

State database

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

The full reporting period of July 1, 2024 through June 30, 2025.

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

These data are from the Connecticut Birth to Three data system for the entire reporting year and verified using various general supervision components, including emails, ad hoc, standard data reports, on-site monitoring, self-assessments, verification visits, and complaint data.

Provide additional information about this indicator (optional).

During FFY 2024, the State identified 51 instances of noncompliance related to Indicator 8 across six Early Intervention Service (EIS) programs. In each instance in which required IFSP service data were missing, the State verified through review of the statewide data system and follow-up communication with local programs that the services were ultimately provided in accordance with transition requirements, or that the child exited the Birth to Three Program prior to having a transition conference. Written findings of noncompliance were issued to each of the three EIS programs determined to be noncompliant. As described in the introduction, the State has revised the technical assistance and supports provided to local EIS programs to ensure correction of individual instances of noncompliance and to address underlying systemic issues consistent with Indicator 8 requirements.

Correction of Findings of Noncompliance Identified in FFY 2023

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

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The programs were placed under targeted technical assistance and required to collaborate directly with the lead agency. To support this effort, the lead agency offered professional development training, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators.

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

Connecticut has not adopted procedures that allow for correction of noncompliance prior to issuance of a finding.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	3	3	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

For FFY 2022, the State identified three programs that had not yet been verified as having corrected previously identified noncompliance. In alignment with OSEP QA 23-01, the State initiated a structured verification process to determine whether each program was correctly implementing the regulatory requirements. This process included a review of updated data submitted through the statewide data system, which captured service delivery timelines and compliance with IDEA Part C regulations. Verification activities also involved targeted data runs, email-based confirmations with local programs, and analysis of documentation related to Individualized Family Service Plans (IFSPs). In each case, the State ensured that the child either received the required service or exited the program before the service could be provided, consistent with federal guidance.

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

Consistent with OSEP QA 23-01, the State verified the correction of each individual case of noncompliance through a structured set of data-verification activities. This process included direct communication with local programs to confirm the status of required services, as well as a detailed review of information entered in the statewide data system to validate program-reported updates. For each case reviewed, the State confirmed whether the child ultimately received the required service or had exited the program before the service could be provided.

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

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

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

The state has adopted Part C due process procedures; therefore, the indicator is not applicable.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the

Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=		.00%	0.00%	0.00%	0.00%
Data					

Targets

FFY	2024	2025
Target>=	0.00%	0.00%

FFY 2024 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
0	0	0		0.00%		N/A	N/A

Provide additional information about this indicator (optional)

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Connecticut's State-identified Measurable Result (SiMR) is "Parents of children who have a diagnosed condition will be able to describe their child's abilities and challenges more effectively as a result of their participation in Early Intervention."

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

NO

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

YES

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

The data is of children who have a diagnosed condition within the Birth to Three system. In addition, this indicator is a subset of children who are represented in Indicator 4 of the report, which, as outlined in the indicator, is a sample of the children served in Connecticut's Birth to Three system. Children who are included in Indicator 4 of this report are enrolled, as defined as having an IFSP for at least six months and not yet exited on 2/1/25.

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.

State Systemic Improvement Plan (SSIP) - Birth23.org (<https://www.birth23.org/data-analysis/state-systemic-improvement-plan/>)

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	89.56%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	90.00%	90.00%

FFY 2024 SPP/APR Data

Number of respondent families participating in Part C who have a child with a diagnosed condition and report that early intervention services have helped the family effectively communicate their children's needs.	Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs.	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
514	577	90.02%	90.00%	89.08%	Did not meet target	No Slippage

Provide the data source for the FFY 2024 data.

Using data from the FFY24 (July 1, 2024 - June 30, 2025) NCSEAM Family Survey.

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

Using the Indicator 4 data from the FFY24 APR, Connecticut analyzes the SiMR by addressing which families agreed that as a result of Early Intervention, they were better able to talk about their child's needs and abilities. Indicator 4 of the APR evaluates the percentage of parents who (A) know their rights, (B) can effectively communicate their child's needs, and (C) help their child develop and learn. Using the NCSEAM Family Survey, Connecticut is able to identify the percentage of families in Early Intervention who know their rights, effectively communicate their child's needs, and are able to develop and learn. In order to do this, Connecticut selects a group of families who have been enrolled in the system for at least 6 months and have not yet exited to distribute the survey. Connecticut also has service coordinators hand-deliver surveys to families and explain the survey to families with a newly created one-page document explaining the process and use of the survey data. Families can respond via paper copy, via phone calls with the CPAC, or online. Of the survey respondents, there were 577 families with children who were determined to be eligible for Part C based on a diagnosed condition that has a high likelihood of resulting in developmental delays. 525 of those families did not answer "Very Strongly Agree" to all the items on the self-assessment. Of those 525 families, 514 or 97.9% had a pattern of responses that resulted in a measure that met or exceeded the national standard for SPP/APR Indicator 4b: "Early Intervention services helped the family communicate effectively about the child's needs."

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

NO

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

NO

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

NO

Section B: Implementation, Analysis and Evaluation

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

The current evaluation plan can be found here: <https://www.birh23.org/ssip/>.

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

NO

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

Education and Outreach:

Help me Grow (HMG) and developmental monitoring progression continued throughout the FFY2024 reporting period. The LA continues to engage in HMG forums and meetings. In July, a national HMG conference was held in Hartford, CT, where staff both presented and hosted an information table. Birth to Three has collaborated with HMG to redesign a family handout aimed at connecting families with additional resources when a child is not eligible for Birth to Three services or when a child is ineligible for services. Through this partnership, the LA continues to strengthen families' capacity to advocate for and meet their children's needs. This work aligns with the CT STARS work described in the introduction. Additionally, in FFY24, the Education and Outreach coordinator continued to work with Community Health Centers to inform physicians about the Birth to Three referral process and supporting their Community Health Workers with supporting families referred to our system.

The Child Find Coordinator delivered presentations to multiple referring sources on the Birth to Three system. These presentations provided an overview of the referral process, who can make a referral, what an evaluation looks like, and what services look like. Additionally, information on child development, and when and how to make a referral to the system. This helps the state achieve its SiMR when referral sources are better informed; they can describe the process to families, who have a better understanding of the process and are better able to describe their child's needs and abilities, as shown by Indicator 4 data. This also helps to ensure that referrals come from a wide variety of informed sources so that possibly underserved communities are not missed.

Professional Development:

Since 2014, the state has contracted with national trainers (Rush & Shelden and currently the Family, Infant, Preschool Program: FIPP) to provide annual coaching training with an additional 6-10 months of monthly TA. This monthly TA enhances EI staff skills in building parent capacity to support their child's development. The 2-day training was provided to 103 EIS program staff at the caregiver coach designation. As part of the TA, the team members complete coaching logs detailing their reflective conversational support of families. The logs serve as the basis of an hour-long TA session each month with mentor coaches at the program level who have demonstrated fidelity to practice. Training and TA were provided to 26 mentor coach trainees supported by a national or state-level expert at the Fidelity Coach level. The logs and TA sessions determine fidelity with mentor coaching practices. This 3-tier scaffolded approach continues to develop a robust statewide, self-sustaining framework supporting EI staff implementing the EBP of building parent capacity at both the programmatic and state levels. This will help the state achieve its SiMR, as it is hypothesized that when a practitioner is at fidelity across practices, families rate themselves higher on the family survey. This systemic approach strengthens capacity and equips families of children with diagnosed conditions to better describe their child's needs and abilities.

The EIS Credential has been updated to capture fidelity to the implementation of evidence-based practices. Candidates for the EIS Credential sit for a proctored exam to measure their understanding of Knowledge Indicators prior to moving to observations for the Implementation Indicators. The proctored exam, which is structured in two parts, is scheduled quarterly. Fifteen candidates sat for the proctored exam over the 4 quarters with 10 candidates passing and eligible to proceed to the observation and implementation portion of the credential. Of the ten passing candidates, 3 were repeat exam takers. After passing the exam for Knowledge Indicators, EIS candidates are currently partnered with a Mentor Coach at their program level to support four observations of Implementation Practice. The four observations are recorded and shared with the LA for inter-rater reliability. Two graduate

level courses were developed in an effort to support the rigor and integrity of this credential. The initial course is Mentoring and Evaluating the Early Intervention Specialist Credential, Part 1: Mentoring Early Intervention Professional. The Second graduate course developed was: Mentoring and Evaluating for the Early Intervention Specialist Credential, Part II: Evaluator Reliability. The lead agency is partnering with Charter Oak State College to host these courses beginning in Fall 2026. These courses are intended to build a cadre of independent evaluators with established inter-rated reliability to reduce the requirement from four video sessions to one video session while continuing to maintain the rigorous credential requirements.

Accountability and Monitoring:

During the current reporting period, the OEC, as the Lead Agency for the Birth to Three System, implemented a significantly enhanced accountability and monitoring infrastructure aligned with federal IDEA Part C requirements and OSEP's QA 23-01 guidance. The strategy centers on a unified general supervision system that integrates compliance monitoring, fiscal oversight, data validation, and targeted technical assistance (TA). A key improvement was the operationalization of a hybrid monitoring model that includes both annual compliance reviews and cyclical in-depth monitoring of Early Intervention Service (EIS) programs. Each EIS program is evaluated annually through the Determination Report of Outcomes and Program Priorities (DROPP), which incorporates performance on federal indicators, fiscal audits, dispute resolution data, and emergent findings.

The infrastructure now emphasizes integrated monitoring as a continuous, data-informed process rather than a series of isolated events. Monitoring activities include desk audits, data system reviews, and fiscal documentation analysis. The Lead Agency also investigates credible allegations of noncompliance, using a structured protocol that includes document review, interviews, and service data analysis. This responsive model ensures that both systemic and child-specific issues are identified and addressed promptly. Additionally, the state has embedded fiscal monitoring into its general supervision system, with monthly invoice validation, internal control audits, and enforcement of payor of last resort rules. These fiscal checks are not standalone but are integrated with programmatic performance reviews to ensure holistic accountability.

A major innovation in this reporting period was the refinement of the technical assistance framework. Rather than assigning TA solely based on determination categories, the Lead Agency now uses a fluid, data-driven model that allows for escalation or de-escalation of TA levels based on real-time performance, organizational changes, and family feedback. TA is tiered into Universal, Targeted, and Intensive levels, with each level offering differentiated supports ranging from general guidance to individualized coaching and corrective action planning. This approach ensures that TA is responsive, equitable, and aligned with each program's unique needs.

Fiscal

The OEC launched an RFP to identify the state's central billing office. This RFP sought a qualified vendor to continue the state's CBO that serves as the system's hub for Medicaid and commercial insurance claims processing.

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.

Education and Outreach: Leadership Development:

The OEC continued working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a fourth cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders in early childhood from birth through age five. During FFY24, the LA sought a second no-cost extension as the grant was nearing its final year. The no-cost extension was approved for one additional year, and the OEC will continue to work with the UCEDD on this initiative. The no-cost extension being approved is important, as early childhood leaders demonstrate increased capacity to support children from birth through age five, fostering collaboration between Part B and Part C programs. Families experience smoother transitions and continued support across systems, reducing service gaps and improving developmental outcomes.

Referral Source Engagement:

Through targeted education and outreach to multiple entities across the state, the LA continues to strengthen relationships with referral sources, including pediatric medical providers within Connecticut and neighboring states, Neonatal Intensive Care Units (NICUs), early childhood education providers, home visiting programs, and other community resources that support families with young children. These partnerships enable the Lead Agency to share information and resources about the Birth to Three System, including service delivery models, the research supporting our approach, referral procedures, eligibility criteria, and the transition process from Part C to Part B services. Through established protocols and ongoing analysis of referral data, the Single Point of Entry (SPOE), supported by the Child Find Coordinator and the Part C Data Manager, ensures that all referrals are transmitted to programs accurately and in a timely manner.

Through this work, referral sources, including pediatric providers, NICUs, early childhood educators, and community programs, have improved understanding of the Birth to Three System, eligibility criteria, and transition processes. As a result, families receive timely referrals and accurate information about their rights and available services, supporting the state's SiMR by increasing family engagement and informed decision-making. This impacts the intake process as children identified with developmental delays are connected to services more quickly and efficiently through streamlined intake procedures and data monitoring. SPOE and data teams ensure timely transmission of referrals, reducing delays and improving access to early intervention services for families.

Student Placement Impacts:

The state invested money in student placement reimbursements, which will continue in the next FFY. The student placement initiative is an opportunity for reimbursement to individual practitioners for their time and efforts when overseeing an intern, CFY, or other students who are interested in a rotation in early intervention. The Lead Agency is focused on this initiative as early intervention programs benefit from an expanded pipeline of qualified professionals as student placements increase exposure to the field at undergraduate and graduate levels. Individual practitioners are incentivized to mentor interns and CFYs, strengthening workforce development and fostering collaboration with Institutions of Higher Education (IHEs). As a result, the likelihood of recruiting graduating students into early intervention roles improves, addressing workforce shortages and enhancing service delivery.

Evidence-Based Practices:

The state continued its commitment to providing training for the system around evidence-based practices, including a two-day caregiver coach training, a two-day mentor coach training, and Natural Learning Environments Practices. An additional six months of TA was provided to participants of the coaching training to support the implementation of evidence-based practices to fidelity. The Lead Agency continues to provide support for Mentor Coaches at fidelity through periodic CoP meetings, providing a platform for discussion of trends and strategies to limit the drift of skills. The state also recognized the need for continued opportunities for learning specific to Social Emotional Support hosting a two-part training: The Trauma of Homelessness: The Impact on Very Young Children & Families. The LA continues to support trained CoS Facilitators through periodic CoPs. To meet the System's needs, the LA continues to develop and support asynchronous learning modules to allow for self-paced continued learning opportunities. These offerings are available online and are tied to early intervention staff training history.

Through the use of trainings early intervention practitioners implement evidence-based practices with greater fidelity, improving the quality of services provided to families. Further, hosting additional training such as the homelessness training has increased results as early interventionists demonstrate increased capacity to support families experiencing trauma and homelessness, resulting in more responsive and individualized interventions for very young children. Circle of Security facilitators maintain fidelity through ongoing CoPs, strengthening caregiver-child relationships and promoting emotional security.

Fiscal Management and Planning:

Connecticut continued to participate in the Center for IDEA Fiscal Reporting (CIFR) CoP. The LA continues to gain a deeper understanding of fiscal priorities, including indirect cost/cost allocation plans and the use of funds. Participation in the CIFR CoP relates to the finance areas in the ECS Framework, with short-term outcomes of forecasting and accessing fiscal data throughout Connecticut's Early Intervention System, which were necessary for fiscal planning as part of the Part C application.

Connecticut's participation in the CIFR Community of Practice strengthens the state's capacity to manage Part C funds effectively. The Lead Agency applies improved forecasting and fiscal data analysis to ensure accurate budgeting and resource allocation, supporting a financially sustainable early intervention system. These practices enable compliance with federal requirements and informed decision-making for long-term system stability. Ensuring fiscal stability impacts the SiMR as when the system is fiscally responsive, programs are better equipped to train staff and provide better support to families.

Central Billing Office Impact:

The establishment and continuation of a dedicated vendor for Medicaid and commercial insurance claims ensures timely and accurate billing, compliance with regulations, and transparent reporting. A financially viable system reduces service interruptions, allowing families to maintain consistent access to early intervention supports. This stability fosters innovation and continuous improvement, enabling the state to pilot new strategies and refine processes that enhance service delivery and family engagement. This impacts the SiMR as transparent fiscal reporting empowers families to understand how the system works and how funding impacts the system overall.

Technical Assistance:

Programs and staff within the early intervention system receive timely, targeted technical assistance that improves their ability to implement best practices with fidelity. Collaboration with UCEDD and the PTI and Information Center ensures that professional development and system improvements reflect family input and evidence-based strategies. Participants in the yearlong intensive course demonstrate increased competency in family-centered practices, evaluation and assessment, and intervention planning, resulting in higher-quality services for families. Ongoing review of submitted competencies allows for individualized support, strengthening practitioner skills and improving outcomes for children and families.

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

NO

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

The implementation of evidence-based practices (EBP) with fidelity continued to increase over FFY24. As addressed in the logic model, the EBPs are woven throughout the three strands of education and outreach, professional development, and fiscal enhancements.

Education and Outreach:

The LA prioritizes outreach to providers and referral sources across the state. This includes engaging pediatricians, Neonatal Intensive Care Units (NICUs), early childhood educators, home visiting programs, and community-based organizations to ensure they are informed about developmental milestones, the B23 referral process, eligibility criteria, and available services. By equipping these professionals with accurate information and resources, the state enhances early identification of infants and toddlers with developmental delays, promotes timely referrals, and ensures families understand their rights and options. These efforts directly contribute to achieving SiMR goals by improving family engagement and the quality of information families receive during the referral and evaluation process.

Additionally, the LA has prioritized enhancements to its website and the development of updated materials for the field. Website improvements include clearer guidance on the referral process, eligibility criteria, and family rights under Part C of IDEA, as well as resources for providers to facilitate timely identification and referral of children with developmental delays. Updated outreach materials—such as brochures, handouts, and digital content—will be distributed to pediatric practices, early childhood programs, and community organizations to ensure consistent messaging statewide. These efforts aim to increase awareness, improve access to accurate information, and promote early identification, which directly supports SiMR goals by empowering families and referral sources to engage effectively with the Birth to Three system.

Finally, to strengthen the transition process and support families as children move from Part C to Part B services, the LA will work to update transition materials to provide clearer, more comprehensive guidance. These revisions include detailed timelines, family-friendly explanations of rights and options, and step-by-step instructions for collaborating with local education agencies. Additionally, materials now include information on EIS available beyond age three for children who qualify, ensuring families understand continuity of supports during this critical period. By improving the clarity and accessibility of transition resources, the state promotes smoother transitions, reduces gaps in services, and empowers families to actively participate in planning, key factors in achieving SiMR goals related to family engagement and child outcomes.

Professional Development:

During FFY25, the state plans to continue promoting the newly developed Early Intervention Specialist (EIS) credential. The EISC, formally known as ITFS, is a rigorous, self-paced, evidence-based, professional credential with a robust training manual. It includes a proctored examination to assess knowledge indicators, followed by four recorded sessions demonstrating excellence in implementation across four critical early intervention components: service coordination of an initial or annual IFSP, Evaluation and assessment, home visit, and community visit. EIS candidates are supported by a mentor coach at their program and videos are submitted for coding to the Lead Agency Professional Development team and scored according to the credentialing rubric. The Lead Agency Professional Development team meets with each EIS candidate and their program mentor to reflect on the implementation recording and to outline next steps. During 2025, the Lead Agency will design two graduate level courses in mentorship and evaluator training for interrater reliability to develop a cadre of independent evaluators to support this credential and mitigate potential program bias.

The state hopes to release a newly revised IFSP. The new form encompasses evidence-based practices and updated information aligning the IFSP with the policy changes over the last FFYs. This includes the removal of family fees, an update to the payment system, and parental rights. The draft form has gone to multiple national TA centers, to providers for feedback, and out for public comments. The new IFSP will help families better understand the process and be further informed about early intervention. This has been delayed from FFY23 due to data system development delays and feedback from the field.

Additionally, during FFY25, the Quality Practices Self-Assessment (QPSA) will be distributed in January and analyzed in March to assess the EBPs impacts. Improved fidelity in EBPs directly impacts the SiMR by ensuring that families receive high-quality, consistent interventions that enhance their ability to understand and communicate their child's needs, ultimately improving child and family outcomes.

Fiscal:

During FFY25, the LA plans to hire an additional staff member dedicated to insurance billing. This individual will serve as a liaison between the LA and the central billing office and will assist local providers in understanding and monitoring their claim processes. By improving billing efficiency and supporting providers, the state aims to stabilize and increase private insurance revenue, contributing to overall fiscal sustainability. A financially stable system ensures continuity of services, supports provider capacity, and enables ongoing implementation of evidence-based practices all of which directly impact the SiMR by promoting consistent, high-quality interventions that improve family engagement and child outcomes.

The LA is actively exploring additional strategies to update funding mechanisms and stabilize programs within the Birth to Three system. These efforts include identifying new revenue streams, enhancing private insurance reimbursement processes, and evaluating opportunities for federal and state funding alignment. By diversifying and strengthening financial resources, the state aims to ensure long-term sustainability, maintain provider capacity, and support consistent delivery of evidence-based practices. A stable funding structure is essential for achieving SiMR goals, as it enables uninterrupted services, fosters innovation, and ensures equitable access for all families.

During FFY25, the state will continue collaborating with the fiscal division and the division of grants and contracts to revise procedures, streamline processes, and ensure full compliance with assurances and regulations under Part C of IDEA. These efforts aim to strengthen fiscal accountability, improve operational efficiency, and maintain alignment with federal requirements, thereby supporting program stability and sustainability.

General Supervision:

The LA will focus on enhancing internal procedures and increasing systemic uptake of its improved accountability and monitoring infrastructure through active stakeholder engagement, particularly with Early Intervention Service (EIS) programs. Building on the implementation of the hybrid monitoring model, which includes both annual compliance reviews and cyclical in-depth evaluations, the state will refine its internal processes to streamline data integration and ensure greater consistency in the Determination Report of Outcomes and Program Priorities (DROPP). These improvements aim to strengthen the alignment between compliance, fiscal oversight, and program performance metrics. Enhancements to internal workflows will support more efficient and responsive monitoring and allow staff to better identify and address systemic and child-specific concerns.

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

During this reporting period Connecticut worked on the following evidence-based practices and supports are based on the following practices: (1) Natural Learning Environment Practices; (2) Coaching as a style of interaction with families and team members; and (3) Primary Service Provider Approach to teaming.

Provide a summary of each evidence-based practice.

Natural Learning Environment Practices (NLEP):

Through this practice supports are delivered in natural environments outlined as places where children live, learn, and play. NLEPs begin with looking for activities families and their children participate in during their everyday life both at home and in the community. These activities provide learning opportunities which when combined with incorporating child interest led to engagement of the child and increased opportunity for development. Ultimately, the goal is to increase the child's participation, enable families to support their child in everyday activities, begin with the activity and not the skill, and expand on the learning opportunities for all areas of development that are present. This practice leads to building the caregivers competence with strategies which align with Connecticut's SiMR.

Coaching as a style of interaction with families and team members:

Coaching, as a style of interaction, looks like a practitioner and parent working together, beginning with an everyday activity. This practice supports parents in their everyday activities, and parents are using these strategies with their child during the visit. The practitioner builds upon parent ideas and will share information and even models for the parent throughout the supports. Early intervention visits conclude with a collaboratively designed joint plan outlining which activity a caregiver will be supporting with which strategies between visits. It also includes a tentative next visit plan with the routine/activity that will likely be the focus of the next early intervention visit. The key elements of the practice should include:

- (1) being consistent with adult learning
- (2) capacity building
- (3) non-directive

- (4) outcome oriented
- (5) solution focused
- (6) performance based
- (7) reflective, collaborative
- (8) context driven
- (9) as hand-on as it needs to be

As outlined by Rush and Shelden (2011) there are five key characteristics of coaching that build confidence and competence in parents:

- 1: Joint Planning: to collaboratively determine the specific activities and strategies the parent will focus on during and between visits, and for parents to determine the specific activity that will be the focus of the next visit;
- 2: Observation: of the parent and child by the interventionist during the visit;
- 3: Action: taken by the parent with the child during the visit and between visits;
- 4: Reflective questions: to determine what the parent already knows and is doing, as well as to foster analysis of information and generation of alternative ideas by the parent; and
- 5: Feedback: from the interventionist that is affirmative and informative, including sharing research-based knowledge and hands-on modeling followed by practice by the parent.

Primary Service Provider Approach to teaming:

Primary Service Provider approach to teaming means that every child and every family have a full team with one interventionist functioning as the primary support for the family. This primary provider and the family receive support from other team members on joint visits as needed. Ultimately the goal of PSP is to strengthen parents' confidence and competence in promoting child learning and development. As described by Rush and Shelden (2013) a PSP approach to teaming includes an established team consisting of multiple disciplines, meeting regularly and selecting one member to act as the PSP to the family, using coaching as an interaction style with parents, caregivers and other team members, strengthening parents confidence and competence in promoting child learning and development, supporting parents competence in obtaining desired supports, and resources providing all services and supports within the natural learning opportunities/activities of the family. The PSP is selected with parental feedback based on who is the best match for the child and family.

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child/outcomes.

The Lead Agency continued to meet with a contractor, Linchpin, to discuss enhancements to the Birth23.org website. Priorities include file management, menus and navigation, and correctly listing one program by towns by specialty. Furthermore, a provider-only space has been added to create streamlined and easily referenced information sharing with all contracted EIS programs. The website is a critical tool in scaling up the EBPs and the communities understanding about what Birth to Three hopes to accomplish (SiMR). The website updates include updating the data pages to reflect graphs and charts. Improving the website is intended to impact the SiMR by changing programs to easily access procedures, and/or research supporting evidence-based practices, and data related to parent/caregiver outcomes, and/or child/outcomes.

Professional Development:

Training for new Service Coordinators and all staff entering the Birth to Three system was fully revised to place greater emphasis on evidence-based practices (EBPs) in early intervention. Updated asynchronous materials were relocated to an in-house Learning Management System (LMS), which is integrated with each early interventionist's historical training record. Additionally, the introduction of an Initial Birth to Three Certificate aligns with Connecticut's logic model and supports program sustainability by attracting new talent and improving staff retention. Strengthening hiring and retention through comprehensive EBP-focused training is intended to impact on the SiMR by influencing program policies, procedures, and practices; enhancing provider behaviors; improving parent and caregiver outcomes; and ultimately advancing child outcomes.

The specific EBPs targeted for the past eleven years have been Natural Learning Environment Practices (NLEP), coaching as a style of interaction, and a Primary Service Provider (PSP) approach to teaming. Fidelity with these practices builds the confidence and competence of caregivers in assessing their child's strengths, abilities, and challenges. More importantly, the EBPs help families identify learning opportunities with naturally occurring family activities and successful strategies to address challenges, which equip them to support their child's development and align perfectly with Connecticut's Part C SiMR. The higher the fidelity with implementing the EBPs at the practitioner level, the more likely the State's SiMR will be achieved. In FFY24, the Office of Early Childhood (OEC) offered a two-day team training plus one-day Mentor Coach training in conjunction with mandatory six months of monthly technical assistance. Several EIS programs used their Mentor Coaches to provide monthly TA with their family coaches using the Electronic Coaching Logs (ECLs) described earlier to advance coaching practices. This method for reaching fidelity is labor-intensive. Data about how Master Coaches are used at the EIS programs was collected through interviews with program directors and revealed that many programs were not using Mentor Coaches in this capacity due to the change to a fee-for-service reimbursement system. The ICC PD committee and other interested stakeholders formed a workgroup that is exploring manageable solutions to this problem in implementation.

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

Connecticut refers to the EBPs as Activity-Based Teaming (ABT). There are several indicators to monitor fidelity of implementation and to assess practice changes including, ABT Fidelity Checklist, Electronic Coaching Logs (ECLs), QPSA, and reports submitted to the Lead Agency for the 84.325P grant. The purpose of the Activity-Based Teaming Fidelity Checklist is for Birth to Three providers to gauge fidelity with activity-based teaming practices. The indicators found on this checklist are like those that will eventually make up the program self-assessment. It is designed to serve as a tool for providers to reflect upon their effectiveness as early interventionists using Activity-Based Teaming, consisting of measures that are consistent with NLEPs, coaching as a style of interaction, and PSP approach to teaming. Connecticut used ECLs to assess fidelity among practitioners trained in

Evidence-Based Practices (EBP) in Early Intervention combined with a minimum of six months of technical assistance. The ECL calculates fidelity to EPBs based on coding from Mentor Coaches, with specific formulas built into the ECL that determine the level of fidelity with the practices. Fidelity checks using ECLs are also completed periodically by EIS programs to monitor EI providers' potential drift from EBP.

The Quality Practices Self-Assessment (QPSA) focuses on practitioners identifying strengths and areas of growth in fidelity to quality, best practices in Early Intervention. This survey outlines and assesses the fidelity to practices within five areas (1) involving families, (2) natural learning environment practices, (3) coaching, (4) teaming, and (5) disposition, knowledge, and values. Results from this survey are analyzed and reported out as a system wide report with individual programmatic data de-identified and sent to the program.

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.

Additional data that was collected supports the decision to continue the ongoing use of each evidence-based practice including priority rubric data which evaluates programmatic data. Each year Connecticut sends out a Priority Rubric to our programs that is focused on an area of interest or need. This includes collecting data on initiatives or other activities the system is implementing. The rubric is developed with stakeholder feedback including our ICC, CPAC, and the OEC leadership team. For each data point the state creates rubric and evaluates data that is included in the data system or at the provider level.

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

1 Natural Learning Environment Practices:

To strengthen the implementation of Natural Learning Environment Practices (NLEPs), the next step is to develop and execute a structured plan that embeds these practices into service delivery using coaching as a style of interaction. This includes creating clear guidance and practical tools for practitioners to identify and document everyday family activities and child interests during visits and integrating NLEP strategies into IFSP development. Targeted training and coaching will ensure practitioners can model and reinforce caregiver strategies that promote child engagement in natural environments. Progress will be monitored by measuring caregiver confidence and child participation through feedback and observation, while families will be encouraged to expand learning opportunities across multiple daily routines at home and in the community. These actions will build caregiver competence and align with Connecticut's SiMR by increasing child participation and supporting families in everyday activities.

2. Coaching as a Style of Interaction:

To strengthen the use of coaching as an interaction style in early intervention, the Lead Agency will implement a comprehensive plan that includes training, technical assistance, and supplemental funding. Practitioners will participate in a two-day intensive training focused on the essential elements of coaching, including adult learning principles, capacity building, and Rush and Shelden's five key characteristics: joint planning, observation, action, reflective questioning, and feedback. Following training, participants will receive six months of individualized technical assistance to reinforce fidelity through observation, feedback, and reflective discussions. Supplemental funding will support program participation and staff time. Coaching will be embedded into service delivery by starting visits with everyday family activities and concluding with a collaboratively designed joint plan that outlines strategies for between visits and identifies the next routine to focus on. This approach builds caregiver confidence and competence, aligns with Connecticut's SiMR, and ensures that families are supported in promoting their child's development during daily routines.

3. Primary Service Provider:

To strengthen the Primary Service Provider (PSP) approach, the next step is to develop a structured implementation plan that ensures fidelity to the model and builds early intervention practitioner capacity. This includes providing targeted technical assistance to programs related to PSP principles and coaching as an interaction style, emphasizing collaborative problem-solving and family-centered practices. Guidance and tools and monitoring will continue throughout the upcoming FFY to assist programs in selecting the PSP based on parent input and ensuring services are embedded within natural routines and activities. Monitoring and evaluation will include fidelity checklists and caregiver feedback to measure improvements in confidence, competence, and child engagement, aligning with Connecticut's SiMR and promoting functional outcomes for families.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Based on stakeholder feedback and data analysis, the state has decided to continue implementing the current State Systemic Improvement Plan (SSIP). Over the past several years, significant progress has been made, including the adoption of evidence-based practices and the development of evaluation tools such as the Quality Practices Self-Assessment (QPSA) and the priority/risk rubric. To ensure ongoing improvement, the state will continue tracking trend data and analyzing implementation outcomes throughout the next year. Maintaining the current SSIP allows for continued evaluation and refinement of strategies without disruption, ensuring consistency in efforts to improve family engagement and child outcomes. Therefore, the state will not modify the existing SSIP at this time.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Connecticut's Birth to Three System prioritizes meaningful engagement with invested partners, recognizing that this participation strengthens system accountability, transparency, and responsiveness. Through intentional collaboration with families, providers, and community organizations, the state ensures that varied perspectives inform decision-making and system improvement efforts.

The Lead Agency actively engages parents across multiple platforms, including the Connecticut Parent Advocacy Center (CPAC), Interagency Coordinating Council (ICC), the Connecticut Office of Early Childhood (OEC) Parent Cabinet, and families who are part of the Birth to Three system. These parents contribute valuable insights through participation in subcommittees, workgroups, and direct collaboration with program directors and Lead Agency staff. The Lead Agency supports parent engagement by offering capacity-building opportunities such as facilitated conversations, presentations, and leadership roles within advisory bodies such as the ICC.

Parents serving on the ICC play a critical role in shaping system initiatives. They have provided feedback on various initiatives such as the structure and financial sustainability of the Birth to Three System. These parents shared their lived experiences and perspectives on how system changes have impacted families, offering a unique lens into the effectiveness of service delivery and policy implementation.

In addition to the ICC, the Lead Agency partners with the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information Center (PTI), to co-deliver training and technical assistance. For example, CPAC staff and parent representatives collaborate with the Comprehensive System of Personnel Development (CSPD) coordinators to train service coordinators, ensuring that the parent voice is embedded in professional development. CPAC also participates in the statewide transition roadshow, where a parent representative presents transition requirements under IDEA Parts C and B and shares the family perspective on navigating the transition process. These efforts reflect the Lead Agency's commitment to ensuring that families are informed, empowered, and actively engaged in shaping the early intervention system.

The Part C Coordinator regularly attends Parent Cabinet meetings, and beginning in FFY25, the Child Find Coordinator will serve as co-chair of the Parents with Special Needs Subcommittee. This leadership role will enhance the feedback loop between families and the Lead Agency, particularly in areas such as target setting, data analysis, and evaluation of system performance. The Child Find Coordinator will also present proposed procedural changes to the Parent Cabinet and other committees to gather input from a broad range of family perspectives.

Stakeholder engagement is also central to the development and review of the State Performance Plan/Annual Performance Report (SPP/APR). In December 2025, the ICC reviewed FFY24 performance data for each indicator and provided input on the draft APR. The draft was posted publicly on the Birth to Three website (www.Birth23.org) and shared with CPAC, national technical assistance centers (including DaSy and ECTA), and other stakeholders for review and feedback. ICC members and OEC leadership reviewed the document, asked clarifying questions, and suggested edits. The ICC formally approved the final version of the APR, fulfilling its advisory role in the state's federal reporting process.

Stakeholder engagement is a top priority for the state. With stakeholder engagement, the state garners various benefits, including increased awareness of the Part C system and allowing stakeholders to provide feedback on initiatives. Broad efforts for stakeholder engagement include connecting with multiple parents, including those who serve on the Interagency Coordinating Council (ICC), parent cabinet, and parents enrolled in the Birth to Three. The lead agency provides assistance to stakeholders to build the capacity of diverse groups of parents in various ways, including conversations, presentations, and workgroups. Parents on the ICC attend and participate in the subcommittees and work with program directors, other ICC members, and lead agency staff to provide feedback on initiatives and system improvements. Parents who are part of the ICC have met with the Office of Early Childhood (OEC) on the system's structure and provided feedback on the financial state, especially given the program closure in FFY23. With this, parents shared their experiences within the system and the impacts of system improvements from a parent's perspective.

In addition to the ICC, the lead agency works with the Connecticut Parent Advocacy Center (CPAC) in collaboration with training. For example, a staff member and parent train with the Comprehensive System of Personnel Development coordinators on service coordination. In this training, the parents will bring the parent's voice to the table. Additionally, a parent from CPAC attends the transition roadshow to talk about what CPAC has to offer for all families, specifically those who are part of Part C and Part B 619 systems in Connecticut, and train on the transition requirements under Part C and B of the Individuals with Disabilities Education Act (IDEA). They share the parent perspective within the transition process and the benefits of parent voice throughout the process. This demonstrates the lead agency's commitment to ensuring diverse parents are informed of IDEA and understand the requirements and regulations.

The Part C Coordinator attends Parent Cabinet meetings, and in FFY24, the family liaison will take on a leadership role in the Parents with Special Needs Subcommittee as a cochair of the committee. This will build upon parents' capacity and improve feedback from parents who serve in the parent cabinet. Feedback will include revisions to future targets, data analysis, and evaluation of the Part C system in Connecticut. Further, any procedural changes will be brought to the parent cabinet and other various committees by the family liaison to solicit feedback from a diverse group of parents.

For the State Performance Plan (SPP), stakeholders were involved in the development and provided input. At a State Interagency Coordinating Council (ICC) meeting in December 2024, the members reviewed results from FFY23 (7/1/23-6/30/24) for each indicator. As entered the online submission tool, a draft PDF of the APR was posted on the Birth to Three website, www.Birth23.org, in December 2024. The link was sent to the Parent Training Institute (PTI), Connecticut Parent Advocacy Center (CPAC), Inc., and several national technical assistance (TA) centers, including DaSy, and the ECTA Center, whose staff reviewed the draft and provided helpful guidance. The APR was also sent directly to State ICC members who reviewed the file thoroughly, asked questions, and suggested edits. Leadership from the OEC also reviewed APR and made suggestions. The ICC approved the final edits so that this Annual Performance Report (APR) fulfills the State Interagency Coordinating Council's obligations to report to the U.S. Department of Education in the current fiscal year.

In addition to the ICC, providers, and others listed above, the parent CT OEC Parent Cabinet members reviewed the current SPP/APR.

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

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

Throughout FFY24, Connecticut actively engaged stakeholders in every phase of its improvement efforts. The state ensured meaningful participation through multiple avenues, including:

- Interagency Coordinating Council (ICC) meetings
- Provider meetings
- Bi-monthly Communities of Practice (CoP)
- Bi-monthly Part C Equity Subcommittee meetings
- Advisory boards for the 84.325L grant
- Collaboration with other state agencies on items impacting operations or billing

Families played a central role in these engagement processes. Family representatives included ICC members and parents from the Office of Early Childhood (OEC) Parent Cabinet. To solicit feedback, the Lead Agency provided clear descriptions of tools or strategies and shared resources to ensure stakeholders had the necessary information. Following this, listening sessions and meetings were held to gather input from all stakeholders, including families.

Once feedback was collected, OEC implemented changes and revised processes as needed. A significant enhancement during FFY24 was the introduction of Padlet as a feedback collection tool. Padlet allowed stakeholders to submit questions organized by topic and stack comments to indicate alignment with specific feedback points. This approach provided a centralized platform for capturing diverse perspectives and enabled the Lead Agency to access organized data when making informed decisions about the Part C system.

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

NO

Additional Implementation Activities

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

Education and Outreach:

The OEC will continue participating in ECTA-Community of Practice to bolster the family survey. The next year, the state will evaluate the opportunities to change the survey collection to include all children within our system at a single point in time that will capture all children in the system on June 1, with the survey collection period open until August 15. The state hopes to capture additional parents' feedback on the system, which will impact Indicator 11, as the family survey is the data utilized to analyze this indicator.

The OEC will continue working with the UConn University Center for Excellence in Developmental Disabilities (UCEDD) on a fifth cohort in the leadership academy as part of the 84.325L grant, working closely with Part B and CPAC to develop leaders' competence in early childhood from birth through age five. This will support the SSIP and SiMR by connecting Part B staff with Part C to build valuable relationships. These relationships will enable families to continue to receive support through Part C and, if eligible, Part B support through a smooth transition process. Additionally, the state sought a one-year no-cost extension for this work, and it was approved through OSEP.

The OEC will work with Connecticut Children's Medical Center (CCMC) on a grant project, Bridging the Gap, which looks to equitably identify concerns for autism sooner. With this project, Connecticut anticipates an increase in referrals. Therefore, the state began planning and meeting with programs that have an autism designation to ensure children are supported in compliance with IDEA and receive support based on evidence-based practices. The OEC and CCMC have regular meetings on the calendar to discuss this grant project and any impacts it will have on the Birth to Three system.

The OEC will collaborate with the UCEDD, MEICV programs, SPARKLER, and local programs to better track children across systems in Connecticut. Through funding, the UCEDD has pulled together a stakeholder group to track children across systems in a pilot city. This will support the SSIP by providing better-quality referrals to the Part C system. This work is part of the child find model demonstration project related to child find and better tracking children across the state.

The state will work with the Early Hearing Detection and Intervention task force to streamline the support and services for children who are deaf and hard of hearing. A lead agency staff member attends the task force meetings, and the Part C Coordinator is scheduled to attend in the upcoming FFY.

Professional Development:

The state will release the new data system, Reliable Accountable Integrated Network (RAIN). This data System will allow for better tracking of staff and professional development throughout the system. Additionally, it will allow the state to track retention efforts and anecdotally collect why staff leave the field if they resign. Retaining staff improves family outcomes as the longer one works in the system the more competent and confident they are, leading to better support for families.

The CSPD Coordinators will work with the general supervision coordinators to develop and implement administrative service coordination training for admins throughout the system. This training will be housed on the state's learning management system (LMS).

The state will continue to work with Dr. Bonnie Keilty on developing training and a needs assessment. The training will include professional development for Institutes of Higher Education (IHE) staff and connections to the EIS Credentials process within higher education materials. This will allow for additional recruitment and retention efforts from the higher education level. The CSPD coordinators are hopeful to work with high schools to track the aptitude and interest for working within early intervention as part of the recruitment process.

The state will continue to bring in national trainers to support evidence-based practices and provide CEUs to the field. Topics include naturalistic developmental behavioral supports, social emotional supports, and Caregiver/Mentor Coach training.

Fiscal:

Connecticut will continue participating in the Center for IDEA Fiscal Reporting (CIFR) CoP. Through this participation, the Lead Agency will gain a deeper understanding of fiscal priorities, including indirect cost/cost allocation plans and the use of funds. Additionally, the Lead Agency will utilize the tools created by CIFR and its partners to track the use of funds. Connecticut will continue to participate in a TA plan with CIFR while it scales up the general supervision revision and implements new strategies for general supervision.

Connecticut will continue identifying ways to support early intervention programs to ensure they are fiscally viable.

Accountability and Monitoring:

The state will continue to work with programs to implement updated procedures and work within them. This includes developing a glossary and definition guidance to complement the system's procedures. This will ensure that children and families receive equitable services throughout the system.

The general supervision team will work with the data manager to update the Determination Report - Outcomes and Program Priorities (DROPP). The purpose of this report is to summarize the results of the Monitoring and Support activities conducted by the CT Office Early Childhood (OEC). As part of the contract and monitoring process, CT contracted providers of Early Intervention, IDEA Part C are monitored on their general supervision systems, which encompass the responsibility of the program to ensure that they meet the requirements of the Individuals with Disabilities Education Act (IDEA). Those requirements include 1) Improving educational results and functional outcomes for all infants, toddlers, children, and youth with disabilities and 2) Ensuring agencies meet the program requirements under Parts C of IDEA, with a particular emphasis on those requirements that are most closely related to improving educational results for infants, toddlers, children, and youth with disabilities. During the year, the Lead Agency examined the contracted programs' policies and procedures and implemented these policies and procedures regarding the following monitoring priorities and components of general supervision. This report will combine the monitoring efforts with the determination process to provide a streamlined way to communicate the outcomes of programs to providers. This ties to the SSIP as having a family outcome. The state understands that when parents are competent and confident, there are improved family outcomes; thus, it can hypothesize that there is an improvement in child outcomes. In this updated report, the system will strategize how to solicit stakeholder feedback, update the program's explanation, and update the feedback loop for program directors.

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

Over the next year, the OEC will continue participating in the ECTA Community of Practice to strengthen the family survey process and evaluate opportunities to collect data on all children in the system at a single point in time, with the survey window running from June 1 to August 15. This effort aims to capture more comprehensive family feedback, which informs Indicator 11 and supports the SiMR by improving family outcomes. Concurrently, the state will collaborate with UCEDD, Part B, and CPAC on the fifth leadership academy cohort under the 84.325L grant to build cross-system relationships that ensure smooth transitions for families. Work with Connecticut Children's Medical Center on the Bridging the Gap autism project will continue, anticipating increased referrals and ensuring compliance with IDEA through evidence-based practices. The state will also pilot child tracking across systems with UCEDD and stakeholders to strengthen child find efforts and referral quality. Professional development initiatives include launching the RAIN data system to monitor staff retention and training, developing administrative service coordination training for the LMS, and partnering with Dr. Bonnie Keilty to connect higher education programs to early intervention recruitment. Additional national training will focus on evidence-based practices such as naturalistic developmental behavioral supports and caregiver coaching. Fiscal priorities will be addressed through ongoing participation in CIFR's Community of Practice and implementation of cost allocation strategies. Finally, accountability efforts will include updating monitoring procedures, creating a glossary for consistency, and revising the Determination Report (DROPP) to integrate monitoring outcomes and stakeholder feedback. These activities collectively aim to improve family confidence and competence, strengthen workforce stability, enhance cross-system collaboration, and ensure equitable service delivery, all of which support the SiMR and SSIP goals.

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

The additional barriers are related to the monitoring of programs and workforce shortage. The lead agency will continue to work with programs and educational resources to work on retention to address the workforce shortage. The lead agency also is placing priority on revamping the monitoring process and determining if there needs to be additional staff in the general supervision team to monitor programs effectively.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2024	50.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					46.15%

Targets

FFY	2024	2025
Target	100%	100%

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

Findings of Noncompliance Identified in FFY 2023

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

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

Connecticut did not have any additional findings to report in Column B.

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

The state did not identify any new findings during this reporting period. However, in alignment with the Office of Special Education Programs (OSEP) Questions and Answers memo QA 23-01 and as outlined in Indicator 1, the lead agency performed verification activities to ensure programs previously found to be noncompliant were implementing the required regulations. This verification was based on a review of the statewide data system, follow-up data verification communications, and technical assistance provided to local Early Intervention Service programs.

In every case of noncompliance, the state ensured that the child ultimately received the service outlined in their Individualized Family Service Plan (IFSP). Additionally, the state conducts an annual review of data as of December 1st to assess whether local early intervention programs are operating in accordance with Part C of IDEA. These data reviews, which include system-generated reports and verification processes, help confirm that programs are meeting the regulatory requirements of this indicator. As described in Indicator 1, the December 1st data point accurately represents infants and toddlers with IFSPs throughout the reporting period, covering more than 50% of the children served. This date is also used consistently across Indicators 2, 5, and 6, reinforcing its representativeness.

In FFY23, two instances of noncompliance required both individual and systemic correction, as previously reported. In FFY24, the state found that one program had resolved its systemic noncompliance, while another continued to demonstrate systemic issues and reported additional noncompliance. The lead agency issued formal notification letters to the local early intervention program identified as noncompliant. In all cases, services were either ultimately delivered, or the family exited the program before services could be provided, which remains compliant with OSEP QA 23-01.

However, after conducting a multi-year analysis and identifying recurring noncompliance, the lead agency concluded that systemic issues had not been fully addressed in one program. Consequently, the program was placed under targeted technical assistance and required to collaborate directly with the lead agency. To support this effort, the lead agency will offer professional development training, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators.

All programs found to have noncompliance in Indicators 1, 7, and 8 (a, b, and c) are required to develop and implement a corrective action plan. These plans must align with Part C of IDEA and the guidance provided in OSEP QA 23-01. As part of the corrective process, programs must revise internal procedures and enhance service coordinator understanding of Part C requirements. Furthermore, each program must detail how it will achieve full compliance with the specific regulatory requirements and demonstrate correction through updated data collected via the state's data system.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:
Consistent with OSEP QA 23-01, the State verified correction of each individual case of noncompliance through multiple data-verification activities. These activities included direct communication with local programs and a review of information entered into the statewide data system. For every identified case, the State confirmed that the child ultimately received the required service or had exited the program before the service could be delivered. The lead agency documents and monitors each instance of noncompliance within each data run and tracks program responses throughout the verification process.

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	0	1	0	2

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

Connecticut did not have any additional findings to report in Column B.

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

The state did not identify any additional findings during this reporting period. In accordance with the OSEP QA 23-01 memo and as outlined in Indicator 7, the lead agency confirmed that programs with instances of noncompliance were implementing the required regulations. This determination was made through a review of the statewide data system, verification emails, and technical assistance provided to local Early Intervention Service (EIS) programs. For each case of noncompliance, the state verified that the child ultimately received the intended service. Additionally, the state reviewed data to assess whether local programs were delivering early intervention services in alignment with Part C of IDEA. This process includes confirming that programs are implementing the regulatory requirements for this indicator based on annual data runs. Indicator 7 is reported over the full period from July 1st through June 30th. Through a multi-year analysis, one program was found to have corrected both individual and systemic noncompliance, and two programs were identified as continuing to demonstrate noncompliance with this indicator, as previously described in this report. For each instance of systemic noncompliance, the lead agency provided technical assistance and increased oversight of the EIS program.

Due to the identified systemic noncompliance, the local programs received targeted technical assistance. These programs were required to work directly with the lead agency and to develop corrective action plans aimed at updating internal procedures and strengthening service coordinator understanding of IDEA Part C. In addition, the programs were required to determine whether they were correctly implementing the specific regulatory requirements (i.e., achieving 100% compliance) by reviewing updated data collected through the state's data system. Over the upcoming FFY, all programs with any indicator noncompliance—including those with Indicator 7 issues, must complete a corrective action plan. These plans, developed and verified by the lead agency, must detail how the program will address systemic noncompliance and self-verify that correction has occurred. The lead agency will also provide professional development training to support these efforts, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators. These trainings will include content on timelines and reviews of service coordination modules available to local programs through the lead agency's learning management system.

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

Consistent with OSEP QA 23-01, each individual case of noncompliance for this indicator was reviewed through various data verification efforts, including emails to local programs, and reviewing data entered into the statewide data system. In each instance, the child either ultimately received the service or exited the local program before the IFSP could be provided.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

Connecticut did not have any additional findings to report in Column B.

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

The lead agency did not report any non-compliance as part of this indicator.

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

The lead agency did not report any non-compliance within this indicator.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

Connecticut did not have any additional findings to report in Column B.

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

The lead agency did not report any non-compliance within this indicator.

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

The lead agency did not report any non-compliance within this indicator.

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

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

Findings of Noncompliance Identified in FFY 2023

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	0	0	4

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

Connecticut did not have any additional findings to report in Column B.

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

No additional findings were identified by the Lead Agency during this reporting period. In alignment with the OSEP QA 23-01 memo and as detailed in Indicator 8c, the Lead Agency confirmed that programs previously found to be noncompliant were actively working to meet regulatory requirements. This determination was made through a comprehensive review of the statewide data system, follow-up verification emails, and technical assistance provided to local Early Intervention Service (EIS) programs. For each individual case of noncompliance, the agency verified that the child ultimately received the required service. Additionally, the agency conducted a broader data review to assess whether local programs were delivering early intervention services in accordance with Part C of IDEA. This process includes annual data runs to ensure compliance with the indicator's requirements. The data span the full reporting period from July 1 through June 30 and are sourced from the state's data system, which is validated through multiple monitoring activities such as ad hoc data runs, email-based verification, self-assessments, on-site visits, and dispute resolution procedures.

Out of the 18 programs contracted with the Lead Agency during the reporting period, four were found to have ongoing systemic noncompliance related to this indicator. In response, these programs were provided with targeted technical assistance. Each was required to collaborate directly with the Lead Agency and develop a corrective action plan aimed at revising internal procedures and enhancing service coordinator understanding of IDEA Part C. The corrective action plans included a framework for achieving full compliance with the relevant regulatory requirements (i.e., reaching 100% compliance), with progress measured through updated data collected via the state's data system.

In the upcoming federal fiscal year, all programs with any indicator-related noncompliance, including those with issues under Indicator 8c—must complete their corrective action plans. These plans, which have been reviewed and approved by the lead agency, outline the steps each program will take to resolve systemic noncompliance and verify correction independently. To support these efforts, the Lead Agency will offer professional development opportunities, coordinated between general supervision staff and the state's comprehensive personnel development system coordinators. Training sessions will focus on timelines and service coordination practices and will be delivered through the Lead Agency's learning management system. Additionally, technical assistance was extended to local programs through a collaborative transition roadshow training led by the Part C and Part B Section 619 Coordinators. This training, based on the 2023 Early Childhood Transition Questions and Answers, featured a parent representative from the Connecticut Parent Advocacy Center (CPAC), the state's Parent Training and Information (PTI) center, who shared insights from the family perspective. Furthermore, during FFY23, the 618 and 619 coordinators hosted a series of "lunch and learn" sessions that addressed current topics in the field, including transition. These informational sessions provided program staff with opportunities to ask questions and deepen their understanding of IDEA Parts B and C.

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

Consistent with OSEP QA 23-01, the State verified the correction of each individual case of noncompliance through a series of structured data-verification activities. These activities included direct outreach to local programs to confirm the status of each child's services, as well as a careful review of information entered into the statewide data system to validate program reported updates. For every identified case, the State confirmed that the child ultimately received transition conference or had exited the local program before the service could reasonably be provided. This process ensured that each instance of noncompliance was addressed and resolved in alignment with federal expectations.

Optional for FFY 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
9	0	1	0	8

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1	9	46.15%	100%	11.11%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	88.89%
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Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	9
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the EIS program/provider of the finding)	1
3. Number of findings <u>not</u> verified as corrected within one year	8

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

4. Number of findings of noncompliance not timely corrected	8
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	1
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0

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

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

Although the State did not identify any new findings of noncompliance during the reporting period, systemic noncompliance persisted in several local programs across Indicators 1, 7, and 8c. Specifically, one program continued to demonstrate systemic noncompliance under Indicator 1 and reported additional instances in FFY24. For Indicator 7, two programs were identified through multi-year analysis as having ongoing noncompliance. Under Indicator 8c, four programs were found to have continued systemic noncompliance during the reporting period. In each case, the State verified that individual instances of noncompliance were addressed appropriately, children either received the required services or exited the program before services could be delivered, consistent with OSEP QA 23-01. However, the persistence of systemic issues indicated that timely correction had not occurred.

To address these concerns, the Lead Agency required each noncompliant program to develop and implement a corrective action plan. These plans included steps to revise internal procedures, strengthen service coordinator knowledge of IDEA Part C, and ensure accurate implementation of regulatory requirements. Progress toward correction is being monitored through updated data submitted via the statewide data system. The Lead Agency also provided targeted technical assistance to each program, which included direct collaboration to support implementation of corrective actions and address specific areas of concern. Technical assistance is considered part of the State's enforcement strategy, consistent with IDEA's enforcement provisions, the OMB Uniform Guidance, and applicable State rules.

To further strengthen its general supervision system and support timely correction, the State has developed a comprehensive General Supervision and Integrated Monitoring Manual for providers. This manual outlines expectations, procedures, and tools for monitoring, self-assessment, and compliance verification. In addition, the State has introduced financial reimbursement incentives to encourage participation in technical assistance activities, recognizing the time and resources required for meaningful engagement. The Lead Agency has also designed targeted group learning experiences focused on improving programs' internal systems for self-monitoring, identifying noncompliance, and implementing sustainable corrections. These learning sessions are aligned with the corrective action process and are intended to build capacity across local programs.

Additional support was provided through professional development training coordinated between general supervision staff and the State's comprehensive personnel development system coordinators. These trainings focused on timelines, service coordination practices, and the use of learning modules available through the lead agency's learning management system. For Indicator 8c, further assistance was offered through a transition roadshow training co-led by the Part C and Part B 619 Coordinators. This training incorporated guidance from the 2023 Early Childhood Transition Questions and Answers and included parent perspectives shared by a representative from the Connecticut Parent Advocacy Center (CPAC), the State's Parent Training and Information (PTI) center. During FFY23, the Part C and Part B 619 Coordinators also hosted "lunch and learn" sessions that addressed current topics in the field, including transition. These sessions provided program staff with opportunities to ask questions and deepen their understanding of IDEA Parts B and C.

The Lead Agency continues to monitor progress closely and will consider additional enforcement actions if correction is not achieved within the required timeframe.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	7	7	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

For FFY 2022, the State identified seven programs that had not yet been verified as having corrected previously identified noncompliance. In alignment with OSEP QA 23-01, the State initiated a structured verification process to determine whether each program was correctly implementing the regulatory requirements. This process included a review of updated data submitted through the statewide data system, which captured service delivery timelines and compliance with IDEA Part C regulations. Verification activities also involved targeted data runs, email-based confirmations with local programs, and analysis of documentation related to Individualized Family Service Plans (IFSPs). In each case, the State ensured that the child either received the required service or exited the program before the service could be provided, consistent with federal guidance.

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

Consistent with OSEP QA 23-01, the State verified the correction of each individual case of noncompliance through a structured set of data-verification activities. This process included direct communication with local programs to confirm the status of required services, as well as a detailed review of information entered into the statewide data system to validate program-reported updates. For each case reviewed, the State confirmed whether the child ultimately received the required service or had exited the program before the service could be provided.

12 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2023 SPP/APR

12 - OSEP Response

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Nicole Cossette

Title:

Part C Coordinator

Email:

nicole.cossette@ct.gov

Phone:

2038154953

Submitted on:

01/29/26 6:35:07 PM