

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on
FFY 2023

Oklahoma



PART C DUE
February 3, 2025

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

In FFY 2020, SoonerStart reviewed its SPP as required every six years by IDEA, Part C (Sections 616(b)(1) and 642) and updated the plan with stakeholder input. For the FFY 2023 SPP/APR submission, stakeholders representing the Interagency Coordinating Council (ICC), Oklahoma Parent Center staff, parents of children currently or previously served in Part C services, early intervention staff, and other community, early childhood and disability advocates from childcare and head start programs and state agencies were provided with aggregated SoonerStart data compared to the previously established targets for each of the eleven SPP performance indicators. OSEP has added a twelfth indicator for the FFY 2023 submission. This indicator contains previously reported instances of non-compliance and correction of non-compliance in Indicators 1, 7, 8A, 8B, and 8B. The results from the FFY 2023 submission will establish the baseline for future submission. SoonerStart solicited stakeholder feedback and suggestions for improvement before reporting to OSEP in the FFY 2023 Annual Performance Report (APR).

For the FFY 2023 Part C APR, program data were disaggregated by each of the twelve districts who are responsible to OSDE (lead agency) for meeting the target for each indicator, just as the State is responsible to OSEP. SoonerStart uses a District Data Profile tool to share results with each district annually and a District Determination Profile to notify each district of their annual determination. For FFY 2023, all twelve SoonerStart districts were determined to meet the requirements of IDEA Part C.

In 2024, SoonerStart scaled up the implementation of Oklahoma's State Systemic Improvement Plan (SSIP) focusing on improving developmental outcomes for infants and toddlers. Service providers in four districts (District 2, District 5, District 6, and District 8) received intensive training on the implementation of the Pyramid Model framework. Practitioner coaches were selected and trained to provide support to staff throughout the implementation process.

Overview

- The percentage of children receiving early intervention services in natural environments remained static at 94% and did not meet the program's target of 96%. SoonerStart provided technical assistance and support to District 8 and District 9 who had the highest frequency of non-natural environment. (Indicator 2)
- In FFY 2023, the percentage of children who exhibited improved growth in social/emotional skills, skills and knowledge, and appropriate behaviors from program entry to exit showed slippage. SoonerStart provided intensive training and knowledge checks on Early Childhood Outcomes/Child Outcome Summary starting in the Fall of 2023. SoonerStart suspects response shift bias due to this professional development activity. (Indicator 3A, 3B, and 3C) Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information
- Each of the three family outcome statements improved from last year. Two of the family outcome statements met FFY 2023 targets. Indicator 4C increased but failed to meet target by less than a percentage point. There were slightly less than 100 fewer family survey responses for FFY 2023 than in the previous year. (Indicator 4A, 4B, and 4C)
- The percentage of children served by SoonerStart ages birth to three decreased slightly and did not meet target. The percentage of all children served (ages birth to three) compared to Oklahoma's birth to three population increased slightly and met the state's established target for FFY 2023 (Indicators 5 and 6)
- Oklahoma continues to work well with families, as evidenced by the zero counts of complaints (measured through the counts of resolution and mediation sessions in Indicators 9 and 10)
- Oklahoma did not meet the federally required target of 100% on four of the five compliance indicators, while reaching 100% for timely development of transition steps and services (8A). Oklahoma increased rates for timely development of an IFSP (7); timely transmittal of notice to the LEA (8B) and timely transition planning conference (8C). (Indicators 1, 7, 8A, 8B and 8C)
- SoonerStart utilizes the ASQ:SE-2 questionnaire as the measurement for the state-identified measurable result (SIMR) reported for Indicator 11. This assessment of social emotional development is completed for children who have received six months or more of early intervention service and are enrolled at the two original Pyramid Model pilot districts plus one new implementation district. ASQ:SE-2 results indicated that 51.18% of children in District 3 (Stillwater) District 9 (McAlester) and District 12 (Oklahoma County) implementation districts displayed no social emotional concerns which indicated slippage from the previous year. SoonerStart did not meet the FFY 2023 target of 61% for Indicator 11.

Additional information related to data collection and reporting

Oklahoma's data collection period for the FFY 2023 APR occurred between July 1, 2023 and June 30, 2024. The state collects and maintains all Part C data in a statewide database called EdPlan. The child's official educational record is electronically maintained in EdPlan and contains demographic information; evaluation/eligibility information; the IFSP and service delivery information including the transition plan; provider documentation; consents; and other documentation for IDEA Part C required processes. All data related to the child and his or her early intervention services are entered directly into the electronic record by SoonerStart staff at each local district program. The Part C Data Manager creates data reports in EdPlan that pull child information as well as services and timeline data directly from the electronic record for all children in the SoonerStart program. These data reports are utilized to monitor compliance to IDEA requirements as well as verify correction of non-compliances as applicable. SoonerStart staff are required to enter the date of all early intervention timeline activities in the child's EdPlan record.

EdPlan is also the source of data utilized for reporting the annual Exiting Report each year and reporting the annual Child Count and Settings on December 1st of each year. Dispute Resolution data are maintained separately with the SoonerStart Program Director. SoonerStart has not reported any Dispute Resolution sessions in over 10 years.

General Supervision System

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

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

Monitoring of local district programs is conducted to measure the performance of Early Intervention personnel in meeting IDEA requirements and compliance with the SoonerStart Operational Procedures. Oklahoma utilizes multiple methods including but not limited to self-assessments; examination of program data, local district visits and focused reviews to monitor SoonerStart Early Intervention service coordinators and providers for both compliance and quality. Oklahoma monitors all local districts annually regarding SPP/APR indicators and other related requirements and priority areas identified by the state.

Oklahoma's General Supervision integrated monitoring activities include on-site local district program improvement monitoring. On-site monitoring is on a three-year cycle, with four of the twelve local districts scheduled for each cycle. Cohort 1 is made up of Districts 1, 2, 5, and 12. Cohort 2 is made up of Districts 3, 6, 8, and 10. Cohort 3 includes Districts 4, 7, 9 and 11. The cohorts are determined by the districts' geographical location in the state and on-site visits historically occur in the spring of each year. In March, April and May of 2024, local district monitoring occurred in District 3 (Stillwater), District 6 (Shawnee), District 8 (Ardmore), and District 11 (Norman). On-site monitoring activities include data review on compliance and performance indicators, related requirements of IDEA Part C reviews, staff interviews, and technical assistance on evidence-based practices. The FFY 2023 on-site monitoring visits reviewed records and services for children who reside in 22 of Oklahoma's 77 counties.

SoonerStart monitors local district performance for all APR Indicators and related requirements annually for each of SoonerStart's twelve local districts. Monitoring data are obtained through the EdPlan database, family surveys and previously submitted 618 data. Oklahoma's compliance monitoring process verifies that each local SoonerStart Early Intervention district is correctly implementing the specific regulatory requirements and has corrected any untimely individual records. The data review for this reporting period occurs in the first two weeks of September for the prior fiscal year. SoonerStart utilizes standard procedures and EdPlan data reports to review data, identify non-compliance, issue findings and implement correction of non-compliance at the child and local district levels.

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

Oklahoma collects data for the entire FFY through the EdPlan database. SoonerStart monitors all records for enrolled children for natural environment, early childhood outcome, and child find data. Child records with IFSP activity or third birthdays in the fourth quarter of the FFY are monitored for compliance to IDEA regulatory requirements. The number of records in the fourth quarter are compared against the number of records in the remaining three quarters ensuring they are representative of the year's other quarters. This methodology has been consistently utilized for seven years. The number of records reviewed varies annually. Data from the fourth quarter represents all children on active IFSPs (Indicator 1 and 7) or with a 3rd birthday (Indicator 8A, 8B, 8C) during April, May and June of the FFY.

SoonerStart uses the EdPlan electronic database to identify individual cases of noncompliance and issue findings. Once identified, the Part C Data Manager reviews the child's record to verify correction of the noncompliance, ensure documentation of the reason for noncompliance, and confirms that no outstanding corrective actions remain, unless the child is no longer enrolled in the program or subject to state complaint or due process hearing decisions.

Oklahoma ensures the consistent and timely correction of all identified noncompliance, as required by: 34 C.F.R. §§ 300.600(e) and 303.700(e); OSEP Memorandum 09-02; and STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01)

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

Oklahoma collects both compliance and performance data for monitoring and the Annual Performance Report through the EdPlan database. The electronic record displays the date that early intervention activities occur and, if not timely, requires staff to enter the reason for missing the timeline. However, potential non-compliance identification may also come through parent surveys, informal complaints, local/peer feedback, and other periodic reports submitted to the State. Oklahoma has selected the 4th quarter of the fiscal year (April, May, and June) as the APR reporting period for compliance indicators. The Part C Data Manager examines data reported for this period and compares them to data for the full year (FFY 2023). This process ensures the results are representative of a full year of the State's data because it includes all areas of the state, all provider types, and all categories of eligible children.

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.

Oklahoma's Early Intervention program is comprised of 12 local district programs throughout the state. SoonerStart issues findings by local district program. An individual finding of noncompliance for an IDEA compliance or related requirement is issued to the local district program regardless of the number of instances identified.

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).

SoonerStart has not adopted procedures to report pre-finding corrections of noncompliance for local district programs. It is a common occurrence for noncompliance to be corrected at the child level prior to the Part C Data Manager's identification, however, the local district is issued a finding regardless of correction.

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

SoonerStart's system of progressive sanctions from least to most severe:

--Optional Training and Technical Assistance: Provide voluntary access to training, technical support, and self-assessment tools for improvement.

--Corrective Action Plan (CAP): Require submission and implementation of a formal corrective action plan to address identified noncompliance or areas in need of improvement.

--Required Training, Technical Assistance, and Self-Assessment: Mandate participation in training programs, technical support, and completion of a self-assessment to ensure compliance.

--Focused Monitoring: Conduct targeted reviews of specific areas of concern to assess and verify corrective actions.

--Frequent Desk Audits: Increase the frequency of desk reviews to closely monitor compliance and progress.

--More Frequent Onsite Monitoring: Implement additional onsite inspections to observe and ensure adherence to required standards.

--Financial Penalties: Impose financial sanctions on the state provider agency (OSDH) as outlined in the annual master contract as a last resort when all other measures fail.

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.

Oklahoma is required to make annual determinations regarding the performance of each local district on compliance indicators identified in the most current year SPP/APR, correction of identified noncompliance, and the timeliness and accuracy of data submitted. The indicators used for the determination and the points available are chosen by the State's lead agency with stakeholder input. The five compliance indicators are timely services, 45-day timeline, transition initiation, transition notification to the local education agency, and transition planning conference timeline totaling 75% of the site's determination score. The district's determination includes local results for two performance indicators: Indicator #3 Early Childhood Outcomes and the survey response rate for Indicator #4 Family Surveys. The determination also includes points for timely submission and accuracy of the data entered into the EdPlan database. These performance indicators make up 25% of the site's determination score. The points earned on these selected indicators are totaled and compared with the total points available (100 points) to establish the level of determination for each site.

- Meets Requirements: 85%-100%
- Needs Assistance: 70% - 84.9%
- Needs Intervention: 55%- 69.9%
- Needs Substantial Intervention less than 55%

The data used to make local district determinations is the data collected for the current APR the first two weeks of September and disaggregated by the local district. Each of the twelve districts is notified of their determination on December 1st following the reporting year.

<https://sde.ok.gov/datareporting-part-c>

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

www.sde.ok.gov/soonerstart

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 SoonerStart State Leadership Team is responsible for ensuring the timely delivery of high quality, evidence-based technical assistance and support to SoonerStart staff at the twelve districts across the State. The State Leadership Team is comprised of the SoonerStart Program Director and Assistant Program Director with the Oklahoma State Department of Education (lead agency), the Allied Health Director and Early Intervention Manager with the Oklahoma State Department of Health (partner agency), and four project managers with varied areas of expertise related to supporting early intervention services in Oklahoma. The Leadership Team provides technical assistance to each district through the monitoring process and scheduled program improvement visits.

Technical assistance includes:

- Support for identifying underlying causes of low performance and non-compliance;
- Developing appropriate strategies for improvement;
- Troubleshooting issues with the SoonerStart EdPlan database; and
- Providing explanation and clarification of SoonerStart operational procedures and IDEA, Part C regulations.

The State Leadership Team provides technical assistance to identify underlying causes of low performance and non-compliance and help local teams develop appropriate strategies for improvement. Additional resources from the Early Childhood Technical Assistance Center (ECTA Center) and the Center for IDEA Early Childhood Data Systems (Dasy) are utilized as needed by the Leadership Team.

At the local district level, the Program Manager and Health Department Lead Clinician work together to implement policies, procedures, and regulations per IDEA, Part C, and the lead agency. They assure correction of all non-compliance and that procedures are put into place to address child level and systemic non-compliance. The district Program Manager and Lead Clinician have the responsibility of providing technical assistance to local district staff during team staff meetings and other opportunities as needed. Topics are specific to the needs of the district team or individual SoonerStart staff based on the district leadership's regular monitoring activities.

SoonerStart uses both web-based training and local supervisors to provide the initial training and ongoing support for the EdPlan database, which contains the electronic record for children enrolled in the Part C program. An outside vendor maintains the SoonerStart EdPlan database, but all EI staff have access to the Message Board to request information or assistance with features of the system. Detailed database "Tip Sheets" to improve data entry and data report access procedures are on the database's Main Menu page. The Assistant Program Director works with the outside vendor to improve EdPlan and regularly provides staff with updates on new processes and procedures.

The SoonerStart Operations Manual is available on the SoonerStart Personnel Development and Resource page in Microsoft Teams, which is available to all SoonerStart personnel. This document is used to support the program's policies and procedures by operationalizing each step of the SoonerStart process. A standing multi-agency task group reviews the Operations Manual regularly to ensure that all guidelines reflect current state and federal regulations/policies as well as current OSDE and OSDH agency practices. Where applicable, operational guidelines link to the new SoonerStart EdPlan database procedures. The State Leadership Team announces updates to the Operations Manual in program-wide emails. The SoonerStart Assistant Program Director has the primary responsibility to respond to staff's questions across the State and provide guidance and written feedback to local SoonerStart local district programs regarding IDEA, Part C regulations.

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.

Oklahoma provides professional development (PD) to all SoonerStart staff to comply with the IDEA Part C. SoonerStart PD activities seek to ensure accountability and promote the use of recommended evidence-based practices. The goal of SoonerStart's ongoing PD is to provide EI professionals (service coordinators, service providers, and EI program administration) with the tools, confidence, & competence to equip them to support families. PD is crucial in helping SoonerStart staff promote evidence-based practices that assist families in helping their child develop and learn.

SoonerStart employs a dedicated PD Project Manager to ensure that staff are trained to provide quality services to families of eligible infants and

toddlers in an individualized, culturally sensitive and ethical manner. SoonerStart employs the following part-time positions: Allied Health Technical Manager; a Behavior Health Training Consultant; & a Regional Technical Consultant to develop discipline specific activities to support providers in meeting program requirements. As a component of Oklahoma's Part C general supervision system, the PD system is designed to:

- Be responsive to identified agency/provider/family needs
- Inform the system when new procedures & policies are required
- Address practice change to improve child and family outcomes, and
- Implement evidence-based practices.

SoonerStart's PD system includes:

- Entry-level online training modules
- Information sharing & resource sharing
- Professional development activities provided by early intervention content experts

The PD Project Manager identifies professional development needs through a variety of methods, including:

- reviews of local program and statewide data compliance monitoring and quality assurance reviews;
- new research and current evidence-based practices and initiatives in early intervention;
- input from local district program supervisors;
- results from training surveys;
- an online Training Request form; and
- national and state-level policy changes.

Oklahoma continues to utilize its online learning platform, titled Pepper, designed by the same vendor that supports the SoonerStart EdPlan database, to provide online learning, interactive communities, and a tracking system. The "SoonerStart New Employee Orientation" training series, developed in FFY 2019, is used to offer blended learning modules. Online training modules are also available for EdPlan database navigation which covers staff competency requirements for applicable data entry of all SoonerStart children from program entry to exit.

SoonerStart also has an online professional development clearinghouse built in Microsoft Teams. The program uses this online system to maintain a master calendar of training opportunities, whether in-house or provided by outside organizations and community partners. Collaboration with agency partners such as the Oklahoma Assistive Technology Center (AbleTech) and the Oklahoma Health Care Authority offers regular opportunities for staff training. Staff mentoring and peer-to-peer collaborations provide informal training at the local district program level across the State.

Peer-to-peer training on a variety of early intervention topics has been provided by SoonerStart staff. Training courses are recorded and available to all new and existing staff members on a permanent basis. Many recorded trainings are also being converted to courses in the on-line learning management system to allow more peer interaction and tracking of knowledge acquisition that are not available in a recorded Microsoft Teams format.

SoonerStart's PD Project Manager uses state and local resources as well as other leadership personnel to develop a wide array of professional development activities that promote:

- Statewide coordination of training activities related to infants and toddlers and their families;
- Greater access to learning opportunities for families and service providers;
- A balanced and coordinated schedule of training activities in terms of topics, locations, and dates throughout the State available year-round;
- On-line and face-to-face training; and
- Specialized training opportunities bringing together families and professionals from different fields, including early education and childcare service providers.

Some of the professional development activities completed in FFY 2023 include:

- Working with the EdPlan database vendor to create tools to track, measure and report on all usage of the courses on the learning management system;
- Providing a demonstration training and parent/family interaction lab in partnership with AbleTech to assist providers and families in choosing and utilizing potential Assistive Technology
- Providing in person and recorded Early Childhood Transition trainings, in conjunction with the 619 Coordinator training in six different locations with SoonerStart staff and LEA representatives;
- Providing a 2-day feeding conference for all SoonerStart service providers in Winter 2024. This was coupled with a more intensive 5 day feeding training which had representation from each of the 12 SoonerStart districts. This ensured equal access to feeding techniques across the State of Oklahoma;
- Certifying one additional staff member as trainers for the ASQ 3 and ASQ SE2 screening tools. Quarterly trainings are scheduled as a component of onboarding for new staff;
- 7 Tech Time events which focused on assisting staff with software and programs used by SoonerStart;
- 15 Coffee and Carline events which focused on staff-selected topics;
- 7 peer staffing opportunities by provider discipline to assist with teaming and problem-solving.

SoonerStart remained invested in a personnel development/general supervision tool titled Playbook. Playbook is a reflective supervision online tool which allows SoonerStart supervisors to assign a play that highlights one of the key components of IDEA Part C and/or Early Intervention Key Principles to a SoonerStart staff. Playbook offers a deeper, more meaningful opportunity to assess the learner's understanding of the assigned topic. The supervisor has access to the learner's actions within the system, which leads to discussion & corrections of fidelity drift. Playbook remains in the last stages of implementation, with it being utilized for all new SoonerStart staff as a 6 month knowledge check to ensure fidelity and understanding of the IDEA Part C regulations and SoonerStart daily operations.

SoonerStart remains committed to ensuring service providers are equipped to effectively provide services that continually improve the outcomes of infants and toddlers with disabilities and their 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.

The Oklahoma ICC serves as the primary stakeholder group providing ongoing guidance and input into the SPP/APR and SSIP. Information and updates are provided regularly at each quarterly ICC meeting regarding progress towards the achievement of targets, the child outcome data process, training initiatives, and public reporting of program status. SoonerStart provides the ICC sub-committees and special task groups ongoing opportunities for input throughout the year. Each sub-committee follows specific by-laws for the membership that reflect the State's diversity, with sub-committees

including Personnel Development, Public Awareness, Program Planning and Evaluation, and Financial Planning.

The SoonerStart lead agency identifies broad-based stakeholders (per §303.601) and provides the information about prospective members to the Oklahoma Governor's Office for approval and appointment to the Council. Members represent service providers, families of children with disabilities under the age of 12, child development instructors, and representatives from state agencies providing services to families of infants and toddlers with disabilities. In FFY 2023 no new appointments were made by the Governor to the ICC. Members are provided multiple opportunities to share their input throughout the year. Lead Agency personnel provide programmatic updates regularly via email and at each ICC meeting. SoonerStart submits the APR for review and approval to the ICC in its December meeting each year. The ICC Chair certification provided with the APR submission confirms that the ICC has reviewed Oklahoma's Part C FFY 2023 SPP/APR for accuracy and completeness.

Other SoonerStart stakeholders—some of whom have been engaged with strategic planning and program improvement for many years—continue to be included in discussions regarding the program's performance compared to targets in Oklahoma's FFY 2020 – FFY 2025 State Performance Plan (SPP), which includes the current SSIP. In addition to Governor-appointed ICC members, SoonerStart engages early intervention staff, parents of children enrolled or formerly enrolled in SoonerStart, and community early childhood advocates (Head Start, Child Care, Preschool) in program improvement discussions. Many of these participants also serve on the SSIP Stakeholder Advisory Committee. Other stakeholders include representatives from the Oklahoma Parent Center; the Oklahoma Family Network and other disability advocates; state agencies including Oklahoma Department of Mental Health Services; Oklahoma Department of Health, and the Oklahoma Regents for Higher Education.

Parent and Community Stakeholder meetings were held on the following dates:

September 26, 2023
December 13, 2024
March 24, 2024
June 14, 2024

ICC meetings were held on the following dates:

September 8, 2023
December 7, 2023
February 7, 2024
June 5, 2024

SoonerStart holds all parent and community stakeholder meetings via Microsoft Teams. ICC meetings are held in-person with a virtual participation option. Stakeholders represent all geographic areas of the state so virtual meetings allow participation without the burden and expense of travel to a central location. To increase participation, SoonerStart sends a reminder to registered participants one week before the scheduled meeting.

SoonerStart continues to use the "Quick Reference Guide: Working with Stakeholders to Identify Potential Improvement Strategies for Program Improvement (Including the SSIP)" as a resource for stakeholder engagement. This quick reference guide developed by the Early Childhood Technical Assistance Center (ECTA), The Center for IDEA Early Childhood Data Systems (DaSy) and the Regional Resource Center Program (RRCP) is designed to assist states in understanding what information needs to be available for stakeholders to assist in selecting potential improvement strategies that will help programs improve results for infants, toddlers and their families with disabilities.

The program will continue to seek opportunities to solicit new parent stakeholders as well as stakeholders from community advocacy organizations and early childhood programs for their valuable support, insight, and resources.

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

NO

Number of Parent Members:

30

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.

SoonerStart continues efforts to engage parents of children with disabilities to fully participate in the stakeholder process. Parent representatives for SoonerStart are embedded in our ICC, Oklahoma's legislative Disability Caucus, Oklahoma Parent Center, Oklahoma Family Network, Oklahoma Sooner Success and a variety of community agency partnerships.

Parent stakeholders on the ICC along with stakeholders from community organizations, state agencies and early childhood programs met on a quarterly schedule. At these meetings we reviewed targets for APR indicators and stakeholders felt they continued to be appropriate. During FFY 2023, stakeholders chose to focus on child-find improvement strategies. Ideas were discussed for public awareness activities that could be implemented at the local district level and statewide. Suggestions for local activities included partnering Resource Coordinators with parent stakeholders to visit local referral sources such as doctors' offices and childcare facilities. An improvement strategy from the ICC parent subcommittee was to hold a "SoonerStart Day at the Capitol"

The ICC and other stakeholders, assisted by program staff, organized a "SoonerStart Day at the Capitol" to increase awareness of Oklahoma's early intervention services with state legislators and legislative partners. A diverse group of SoonerStart families attended to share their story and express appreciation for the services available to help their children. The ICC partnered with Oklahoma's Commission on Children and Youth to offer stipends and mileage reimbursement for families to attend. A second "SoonerStart Day at the Capitol" event is being planned for late Spring 2025.

In FFY 2022 the SoonerStart website was updated reflecting the work completed by stakeholders. Those various resource links continue to be updated to specifically help new parent stakeholders gain a better understanding of the SoonerStart and OSEP processes.

Stakeholder meetings are offered online to enable families from across the state to participate in providing input and evaluating progress toward improvement strategies. All stakeholders report that virtual meetings offer more flexibility for them to participate from any location using their mobile devices. Additionally, parents with small children at home or who do not have transportation to attend an in-person meeting are not excluded from participating.

In all stakeholder engagement, SoonerStart seeks to create an open environment for parents to share their thoughts on program improvement with each

other and program administration throughout the stakeholder input process. An agenda for each meeting is shared in advance via an email invitation along with the presentation from the previous stakeholder meeting. This attachment is helpful for stakeholders who were unable to attend the prior meeting or as a reminder of the information shared with stakeholders who were present. At each meeting, data are presented with visual demonstrations using charts and graphs. Stakeholder input is collected through the chat feature of TEAMS or using the Ideaz Board website tool which provides a virtual "sticky note" when parents want to share their thoughts, ideas and questions anonymously.

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.

SoonerStart provided online training for parents on Early Childhood development. This training was presented in a parent friendly manner. This included the use of subtitles, child-centered language, jargon free, and presented in an on-demand video to accommodate the family's schedule. This video was distributed to medical professionals, early childhood partners and to each family in SoonerStart.

SoonerStart also provided mandatory Family and Caregiver Coaching training with Drs. Dathan Rush and M'Lisa Shelden to each service provider, service coordinator and interpreter. The expected outcome of the implementation of Family and Caregiver Coaching coupled with Natural Learning Environment Practices was to build the capacity of early intervention providers to support SoonerStart families. SoonerStart also increased the capacity of SoonerStart local district program leadership with additional training in fidelity to the trained practices.

The ICC and the SoonerStart Stakeholder group were instrumental in discussions about the implementation of family coaching practices. The ICC and Stakeholder group's parent representatives were able to voice concerns, questions and previous experience with the modality of coaching in Early Intervention. The robust discussions informed SoonerStart leadership of the tools and supports parents of all backgrounds would need to understand and participate in Family and Caregiver coaching. Local district programs tailored handouts, talking points for staff as well as documentation of the evidence-based practice of coaching to meet the needs of their unique communities.

Soliciting Public Input:

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

In addition to feedback received during stakeholder meetings, SoonerStart ensures that information presented is available for comment from those unable to directly participate. The primary method used to solicit additional public input for developing improvement strategies, and evaluating progress, is to publish all resources on a public forum, specifically the SoonerStart website: <https://sde.ok.gov/soonerstart-apr-stakeholder-engagement>. Each stakeholder discussion about the SPP/APR targets and goals has been posted there, as well as each SSIP presentation. Presentations include polls with stakeholder selection of targets and methodologies.

SoonerStart presented stakeholders updated program results compared to selected targets for the FFY 2020 – FFY 2025 State Performance Plan at stakeholder meetings in FFY 2023 and requested feedback on improvement strategies. The presentation was included in the meeting agenda which was publicly posted in advance of the ICC meeting inviting people interested to attend. Additionally, the public was welcomed to attend the ICC meeting in December 2023 when progress was evaluated by the comparison of program data to targets.

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 of the target setting, data analysis, development of the improvement strategies, and evaluation were posted on the SoonerStart website. <https://sde.ok.gov/soonerstart-apr-stakeholder-engagement>. Stakeholder presentations for FFY 2023 containing information regarding any new improvement strategies as well as evaluating progress by comparing program data to targets in the APR are also posted and available to the public. The same information is included as a discussion item on the official ICC agenda to be reviewed at quarterly ICC meetings. ICC meetings are open to the public and agendas are posted in advance as directed by the state's open meeting regulations. The results were also emailed to stakeholders who participated in any of the discussions throughout the year.

Reporting to the Public:

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

SoonerStart has made its FFY 2022 SPP/APR and its Part C Annual Determination Letter for FFY 2022 available to the public on the OSDE website: <http://ok.gov/sde/datareporting-part-c/>

FFY 2023, Site Data Profiles were provided to the local sites on December 1, 2024. Site Data Profiles are posted on the OSDE website at <http://ok.gov/sde/datareporting-part-c/> before the February SPP/APR submission each year.

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.74%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	98.62%	99.07%	98.97%	99.03%	98.06%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
828	1,012	98.06%	100%	99.31%	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.

177

Provide reasons for delay, if applicable.

SoonerStart reported that 177 children did not receive timely first intervention visits due to exceptional family circumstances. These exceptional family circumstances included when the child was unavailable to complete the first intervention visit because the parent cancelled or did not show for the appointment. SoonerStart also documented an exceptional family circumstance for delay when repeated attempts to contact the family to schedule the first intervention visit in a timely manner were unsuccessful.

Seven children did not receive timely first intervention visits due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling conflict.

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).

Oklahoma defines "timely" receipt of early intervention services as 15 working days from the date of parent consent on the IFSP to the date of the first intervention service provided to the family.

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).

Data were collected during the time period between April 1, 2024 and June 30, 2024 (4th quarter of FFY 2023)

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

Program data for this indicator were collected from Oklahoma's Part C program's online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff create an electronic record in EdPlan for each infant and toddler that enters the program with a referral. For children who are evaluated and determined eligible for an IFSP, the date of the first intervention service following parental consent on the IFSP is entered by the service provider in the record. The dates of the first intervention service for all initial and subsequent IFSPs completed during the time period reported are reviewed by SoonerStart supervisors at each local district program.

Oklahoma has chosen to utilize the first intervention service data associated with IFSPs completed in the fourth quarter (April 1, 2024 to June 30, 2024) to report in the FFY 2023 APR, as it has done the past seven years. The SoonerStart Part C Data Manager examined data that were reported for this time period and compared them to data for the full year (FFY 2023). Based on the number and percentages of completed IFSPs for the entire year, Oklahoma determined that the 4th quarter data are representative of the 1st and 3rd quarters for FFY 2023 but not the 2nd quarter due to a decreased number of IFSPs completed in the 2nd quarter. However, the data are valid and reliable. The 4th quarter results accurately reflect data for the full reporting period because all areas of the state, all provider types and all categories of eligible children are included.

1st Quarter -----993 IFSPs ----- 26.33%
 2nd Quarter -----823 IFSPs ----- 21.81%
 3rd Quarter ----- 944 IFSPs ----- 25.03%
 4th Quarter -----1012 IFSPs ----- 26.83%

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	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.

Oklahoma considered a variety of factors to determine whether the local SoonerStart program had corrected identified noncompliance. These considerations included investigating the extent and root cause of the identified noncompliance, in addition to ensuring child-specific and systemic correction.

On December 1, 2023, SoonerStart issued a finding for noncompliance for timeliness of first intervention service visits to nine local districts for twenty-one individual instances of noncompliance identified in September 2023. In all nine local districts, the identified noncompliance in each child's record was determined by the Part C Data Manager to be an isolated incident and documented as occurring due to an illness or training conflict experienced by the assigned service provider which delayed the first visit. SoonerStart does not currently make allowances for pre-finding corrections so a finding of non-compliance was made even though each child was verified by the local district supervisor reviewing the electronic record, to have received a first intervention service visit before the finding letter was issued (thereby verifying correction of non-compliance).

The Part C Data Manager required that a Corrective Assurance Statement be submitted by each of the nine districts following their receipt of a finding letter due to demonstrating less than 100% compliance for first intervention visits. The Part C Data Manager also verified that the noncompliance identified did not result in a denial of a basic right under the IDEA (e.g., a long delay in an initial evaluation beyond applicable timelines with a corresponding delay in the child's receipt of early intervention services, or a failure to provide services in accordance with the IFSP).

Following the issuance of findings, a subsequent data set was monitored in March 2024 and continued every three months until 100% compliance was achieved to ensure that each local district was correctly implementing the regulatory requirements for timely services. The Part C Data Manager monitored compliance and verified correction of noncompliance by utilizing the First Intervention Service Visit Report created from the data recorded in individual child records in the SoonerStart EdPlan database. This report pulled the first visit date from the child's electronic record for all children enrolled in each local district during the previous three months and indicated the number of working days between the IFSP consent date and the first intervention visit. If more than 15 working days, the report also included the reason for delay that was documented in the child's record. Records with delays attributed to exceptional family circumstances were considered to be in compliance. All local districts demonstrated 100% compliance in subsequent reviews completed less than one year from notification of noncompliance.

Verification of correction of both child and local program-level noncompliance findings was completed according to OSEP Memorandum 09-02 as well as procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01.

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance for timely services reported in FFY 2022. Individual child records were determined in noncompliance using the First Intervention Service Report that displayed the number of days between parental consent on the IFSP and the completed first service visit. Following the identification of noncompliance, the Part C Data Manager reviewed the child's electronic record in the EdPlan database to determine if the first intervention service visit had been completed, although late, and ensure that staff had documented the reason for missing the timeline in the child's record. Through this process, the Part C Data Manager verified correction of each individual case of previous noncompliance unless the child was no longer enrolled in the SoonerStart program, and no outstanding corrective action existed under a state complaint or due process hearing decision for the child.

Twenty-one individual records that resulted in nine local district findings of non-compliance for timely first intervention visits issued in FFY 2022 were verified as corrected prior to the issuance of a finding letter and met the requirement for correction within 12 months of identification. Oklahoma does not currently make allowance for pre-finding corrections. Oklahoma utilized established program procedures to ensure the consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e) and required by OSEP Memorandum 09-02. In verification of correction, SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

1 - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In the FFY 2023 SPP/APR, Oklahoma verified that each local program with noncompliance identified in FFY 2022 for Indicator 1 was correctly implementing the specific regulatory requirements and achieved 100% compliance based on a review of updated data collected in the EdPlan database. The state also verified correction of each individual case of noncompliance, unless the child was no longer enrolled in the program or no outstanding corrective action existed under a state complaint or due process hearing decision for the child. Specific actions taken to verify the correction of non-compliance are outlined in the previous sections above. Verification of all noncompliance is consistent with OSEP Memo 09-02. SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

1 - Required Actions

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

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

Data Source

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

Measurement

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

Instructions

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.52%

FFY	2018	2019	2020	2021	2022
Target >=	96.00%	96.00%	96.00%	96.00%	96.00%
Data	95.06%	96.30%	98.33%	94.14%	94.66%

Targets

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

Targets: Description of Stakeholder Input

In FFY 2023, SoonerStart shared detailed explanatory and contextual information with stakeholders in the discussion of each APR indicator. SoonerStart shared data on services provided in natural environments with stakeholders including reasons for providing services in non-natural environments. Stakeholders learned from program staff that family choice for services in the provider location or provider safety were the most prevalent reasons for arranging services in non-natural environments. Although Oklahoma did not meet its target for Indicator 2 for FFY 2023, there was no slippage from the previous year. SoonerStart stakeholders continued to agree that the current target of 96.00% remained appropriate to ensure individuality of the IFSP service location.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	2,553
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Total number of infants and toddlers with IFSPs	2,711

FFY 2023 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,553	2,711	94.66%	96.00%	94.17%	Did not meet 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

Stakeholders were presented with the results of Indicator 3 (A1, A2, B1, B2, C1 and C2). SoonerStart did not meet targets and experienced slippage for all statements of Indicator 3 in FFY 2023. Stakeholders conducted an in-depth analysis to identify potential reasons for significant slippage observed in Indicator 3. During this process, they considered multiple factors. State agency staff offered information that a possible factor for slippage across all six statements could be "response-shift bias". Response-shift bias occurs when an individual's increased knowledge, understanding or experience in a subject matter can potentially alter their response on reported outcomes. In FFY 2023, all early intervention providers were required to complete the DaSy online module training for ECOs as well as a follow-up fidelity check with DaSy's Child Outcome Summary – Knowledge Check (COS-KC). Stakeholders joined Soonerstart leadership in surmising that increased knowledge and understanding could have led to staff responses in completing child outcome summaries that were significantly different than in previous years.

Stakeholders also discussed the perception of some SoonerStart staff members that children served and exiting over the past year presented with more significant developmental delays than in previous years. Stakeholders requested continued reporting and observations to inform on target setting in the future.

Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2020	Target>=	79.00%	79.00%	79.00%	84.00%	84.50%
A1	84.38%	Data	84.69%	84.96%	84.38%	85.86%	86.01%
A2	2020	Target>=	53.00%	53.00%	48.50%	48.50%	49.00%
A2	48.58%	Data	52.09%	50.20%	48.58%	47.81%	47.46%
B1	2020	Target>=	84.00%	84.00%	84.00%	85.00%	85.50%
B1	85.10%	Data	88.26%	86.09%	85.10%	87.19%	87.10%
B2	2020	Target>=	47.00%	47.00%	39.50%	40.00%	40.00%
B2	39.83%	Data	44.30%	41.19%	39.83%	38.47%	40.08%
C1	2020	Target>=	85.00%	85.00%	85.00%	85.00%	85.50%
C1	85.82%	Data	86.90%	87.68%	85.82%	86.41%	86.91%
C2	2020	Target>=	48.00%	48.00%	43.50%	43.50%	44.00%
C2	43.56%	Data	48.37%	47.23%	43.56%	43.38%	45.10%

Targets

FFY	2023	2024	2025
Target A1>=	84.50%	84.50%	85.00%
Target A2>=	49.00%	49.50%	49.50%
Target B1>=	85.50%	85.50%	86.00%
Target B2>=	40.50%	40.50%	41.00%
Target C1>=	85.50%	85.50%	86.00%
Target C2>=	44.00%	44.50%	44.50%

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	8	0.44%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	309	16.93%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	760	41.64%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	622	34.08%

Outcome A Progress Category	Number of children	Percentage of Total
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	126	6.90%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,382	1,699	86.01%	84.50%	81.34%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	748	1,825	47.46%	49.00%	40.99%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement A1.

Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

Provide reasons for A2 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement A2.

Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

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	3	0.16%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	303	16.60%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	870	47.67%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	605	33.15%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	44	2.41%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,475	1,781	87.10%	85.50%	82.82%	Did not meet target	Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	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	649	1,825	40.08%	40.50%	35.56%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement B1. Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

Provide reasons for B2 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and a subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement B2.

Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

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	9	0.49%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	300	16.44%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	824	45.15%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	630	34.52%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	62	3.40%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,454	1,763	86.91%	85.50%	82.47%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	692	1,825	45.10%	44.00%	37.92%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement C1. Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

Provide reasons for C2 slippage, if applicable

Following completion of the DaSy Child Outcome Summary training module and subsequent participation in a Knowledge Check Community of Practice in the 3rd quarter of FFY 2023, the hypothesis of SoonerStart stakeholders and staff is that response-shift bias may have led to slippage in Statement C2.

Response-shift bias occurs when individuals alter their internal standards or perceptions of concepts being assessed following exposure to new information. With training and the follow-up fidelity check, service providers reported a deeper understanding and knowledge of the COS process and its completion. A staff survey indicated that over 50% of service providers reported COS rating changes directly correlated with their increase in knowledge. SoonerStart is also analyzing data to determine if children served and exiting over the past year presented with more significant developmental delays than in previous years. Data analysis and stakeholder discussions are ongoing to determine if targets should be reset for FFY 2025.

FFY 2023 SPP/APR Data

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	2,720
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.	895
Number of infants and toddlers with IFSPs assessed	1,825

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.

Oklahoma's online database, EdPlan, was utilized to generate data for this indicator. An electronic record for each infant and toddler in the program is maintained in EdPlan. This record includes an electronic version of the Child Outcome Summary Form. Service provider staff are responsible for inputting the entry ratings in the child's record within the electronic COS form within thirty (30) days following the development of the initial IFSP. Exit ratings and progress statements are entered for each child exiting SoonerStart if they received at least six months (180 days) of service from the initial IFSP date before exiting the program. Staff enter the exiting COS ratings and progress information within thirty (30) days of the child's third birthday or thirty (30) days following child's exit from the program if the child leaves the program prior to turning three years of age. Local district data managers, in conjunction with the Part C Data Manager generated quarterly reports from the database to monitor data for timeliness and completeness. In September, the Part C Data Manager utilized the Early Childhood Technical Assistance Center (ECTA) COS Calculator to convert the raw data into the federal reporting categories included in the Annual Performance Report and disaggregated for local district program profiles.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target>=	96.00%	96.00%	85.25%	86.00%	87.00%
A	85.75%	Data	99.31%	98.33%	85.75%	91.83%	94.08%
B	2020	Target>=	96.00%	96.00%	87.50%	88.00%	88.50%
B	87.96%	Data	99.31%	99.76%	87.96%	92.44%	94.86%
C	2020	Target>=	96.00%	96.00%	97.00%	97.00%	97.50%
C	97.54%	Data	97.58%	99.52%	97.54%	95.01%	94.67%

Targets

FFY	2023	2024	2025
Target A>=	88.00%	89.00%	90.00%
Target B>=	89.00%	89.50%	90.00%
Target C>=	97.50%	97.50%	98.00%

Targets: Description of Stakeholder Input

In response to the directive from OSEP to report on additional demographics for FFY 2022, SoonerStart turned to its stakeholder groups to present options and solicit input from this valuable group. We held several discussions using emails, surveys, in person and online meetings. We updated stakeholders on the guidance provided from OSEP regarding the new requirements on the collection and reporting of demographic data. We provided information on how data are collected on the two demographic categories – race/ethnicity and gender – that SoonerStart will be reporting in the FFY 2023 APR.

SoonerStart shared the FFY 2023 results for Indicator 4 with stakeholders. Stakeholders recognized the high percentage of positive feedback received for 4A, 4B and 4C, even though SoonerStart did not meet the target for 4C. Stakeholders expressed concerns that the target for 4C could potentially be too high. Stakeholders noted that even with an increase of 3 percentage points, the target was still not met. Comments provided in the survey were shared with stakeholders, which were overwhelming positive of SoonerStart providers and Resource Coordinators. Parent stakeholders shared their personal experiences with SoonerStart echoing many of the comments on the family survey. Stakeholders engaged in discussion about the slight drop in the number of surveys returned, but given it was less than a 6% decrease, they suggested a 'wait and see' approach. Local district Program Managers acknowledged the small decrease and committed to reminding all staff about the importance of soliciting family surveys.

Stakeholders indicated that they were appreciative of the SoonerStart staff and the work they do with families. They easily recognized that the FFY 2023 Family Outcomes Survey results reveal overall family satisfaction with the SoonerStart program staff, and the services received.

FFY 2023 SPP/APR Data

The number of families to whom surveys were distributed	2,711
Number of respondent families participating in Part C	1,451
Survey Response Rate	53.52%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,389
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,451
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	1,410
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,451
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,407
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,451

Measure	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	94.08%	88.00%	95.73%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	94.86%	89.00%	97.17%	Met target	No Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	94.67%	97.50%	96.97%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2022	2023
Survey Response Rate	59.96%	53.52%

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

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., % of surveys received versus % of families in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

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.

Respondent children's gender, age, and race are compared to those reported and collected in the December 1, 2023 Child Count. As reported in the description of demographic representation that follows, the response pool varies from the service population regarding race and ethnicity.

SURVEY RESPONSES: (1451)----- 2023 CHILD COUNT: (2711) ----- P-VALUE		
American Indian 10.56%	-----9.33%	----- 0.10383 (not significantly different)
Asian 1.52%	-----2.07%	----- 0.10565 (not significantly different)
Black 6.20%	-----8.41%	-----0.00539(significantly different)
Hispanic 12.34%	-----22.69%	-----0.00001 (significantly different)
Pacific Islander 0.002%	-----0.48%	-----0.08692 (not significantly different)
Two or more races 15.51%	-----9.00%	-----0.00001 (significantly different)
White 48.52%	-----48.03%	-----0.00001 (not significantly different)
Prefer not to answer 3.58%	----- 0.00%	

SoonerStart recognizes that its survey response pool does not match the child count demographics by racial identification. Three race groups are represented at significantly different rates among survey respondents compared to the child count. Black and Hispanic are under-represented, while those identifying as Two or more races are significantly over-represented. SoonerStart does not have an explanation for these disparities except to hypothesize that when enrolling, families are less likely to indicate that their child identifies with multiple races compared to when responding to an anonymous survey. Oklahoma has seen this phenomenon in past surveys. SoonerStart hypothesizes that the anonymity of the survey presents respondents an opportunity to mark racial identity differently than at enrollment in the program. An example is if a child lives with two parents - one who identifies as American Indian and one who identifies as White, the race selected at enrollment may be marked as White, or American Indian or Two or More Races depending on which caregiver completes it. This may be entirely different than the race reported on the survey, especially if the other parent completes it. Caregivers of a child may easily mark only one race at enrollment and choose "two or more" when completing the family survey at a later date. The program has not tested nor verified this conjecture, however.

Efforts to increase White family responses over the past year have been successful, contributing to this group no longer being underrepresented from FFY 2022. The percentage of responses from families identifying as Hispanic (12.34%) is under representative of the service population identifying as Hispanic (22.69%). However, historical data shows substantial increase in both survey response (FFY 2022 – 9.72%) and Child Count representativeness (FFY 9.78%). Black family response did not increase (FFY2022 – 8.52%) but decreased, with the percentage of black families in Child Count numbers rose slightly (FFY 2022 – 7.60%). The Two or more race category is significantly overrepresented from the December 1, 2023 Child Count. As stated in the previous paragraph, SoonerStart’s hypothesis is that Child race is being selected differently from referral to anonymous Family Survey. SoonerStart has provided in the strategies section of Indicator 4 the method Oklahoma will use to ensure appropriate race entry at referral. Resource Coordinators (service coordinators) will confirm accurate reporting on race and/or ethnicity with the family.

SoonerStart analyzed survey response data by child gender as the second required category approved through the stakeholder input process. As shown in the comparisons below, the survey responses indicate that females are under-represented with males showing no significant differences compared to child count demographics for gender. A small portion, 1.59%, preferred not to report their child’s gender at the time of response. SoonerStart hypothesized that the 23 families who chose not to provide the gender of their child could have impacted the results of the P-value.

Gender -----Survey Responses (1451) ----- 2022 Child Count (2711) ----- P-value		
Female -----37.35%	-----40.24%	-----0.0348 (significantly different)
Male -----61.06%	-----59.76%	----- 0.2061(not significantly different)
Prefer not to answer ----1.59%	-----0	

Age group variation also exists, with all three age groups showing significant differences between the rates among respondents and those in the service population (child count). Because of efforts to increase response rates among families of very young children in past years due to low representativeness, the rate of responses has increased to reflect a higher percentage of this group compared to the SoonerStart service population. The program believes that the best way to re-balance the response pool is to increase the response rate and encourage all families to respond,

especially those with older children. A small portion, 1.31%, preferred not to report their child's age at the time of response.

Age Group	Survey Responses (1451)	2022 Child Count (2711)	P-value
Birth to 1	15.09%	14.39%	0.03005 (significantly different)
1 to 2	32.46%	27.52%	0.00042 (significantly different)
2 to 3	51.14%	59.50%	<.00001 (significantly different)
More than 3	30 added to above for %		
Prefer Not to answer	1.31%		0

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)

NO

If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

SoonerStart provides the Family Survey to all families within its jurisdiction. Additionally, the survey is continuously accessible on the Oklahoma Parent's Center website, allowing families to complete it even after exiting the program. SoonerStart remains committed to ensuring that every family has the opportunity to access and complete the survey.

To achieve representative data, SoonerStart emphasizes the importance of ensuring that demographic information collected at referral accurately reflects the family's racial identity. The program has consistently hypothesized that discrepancies between the demographic data reported during referrals and the data captured through the Family Survey may result from differences in how families report racial identity within these two separate events.

To address this, SoonerStart will implement a strategy to confirm, directly with families, the racial identity of their child as reported during the referral processes. The program recognizes that families have the autonomy and anonymity to self-identify their child's racial identity both at the time of referral and when completing the Family Survey.

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 response rate decreased by less than 6% or 87 responses. SoonerStart collected 1451 responses for FFY 2023 with a 53% response rate.

SoonerStart will increase family survey response rates by continuing these successful strategies:

1. Ensuring all families receive information on accessing the survey within three months following the initial IFSP meeting, at the Annual IFSP meeting and when exiting SoonerStart
2. Partnering with the Oklahoma Parents Center to disseminate Family Surveys
3. Providing a detailed brochure explaining the Family Survey to each family at the initial IFSP meeting
4. Requiring Resource Coordinators to record on the IFSP document that they provided survey information to the family at the IFSP meeting
5. Providing multiple options for completing the survey which includes online, by telephone or mailing in a paper copy
6. Assisting families in completing surveys online by providing access to a laptop or smartphone for the parent to use while SoonerStart staff are in the home.
7. Emailing families upon exiting the program to ask them to respond to the family survey (an active hyperlink is included in the email).
8. The family survey response rate is included as a measurement for the local site annual determination. The metric awards points based on the number of family survey responses as a percentage of the local site's one-day child count.
9. Confirming racial demographics after referral to ensure quality data.

SoonerStart provides all families access to the survey on multiple occasions and does not target families for responses based on a demographic category (child race/ethnicity, gender or age). SoonerStart cannot guarantee that the response pool will ever be perfectly representative (as it could be if responses were solicited using a weighted sample) because completing the survey is totally voluntary. Nevertheless, SoonerStart will continue to explore new strategies to increase the survey response rate of all families at all sites, without demographic preference or bias.

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.

As stated above, there were two groups that were underrepresented, Black and Hispanic families. However, the category of two or more races was significantly overrepresented. The two or more race category has historically achieved a higher percentage than the Child Count or the population data.

Non-response bias may occur when a sub-section of families are unwilling or unable to respond to a survey. The error comes from the absence of participants and not from collecting erroneous data. Therefore, the State has determined that the evaluation of the non-response bias is not feasible. The actual value of "parents who received the survey and declined to participate" is still unknown. Furthermore, even if all families received a copy of the survey, but then declined to participate, we are not able to determine which families chose not to participate because the survey is completely anonymous, and therefore SoonerStart cannot assess whether bias exists.

SoonerStart offers the Family Survey in a variety of methods, both low-tech and high-tech, and languages to encourage all families to participate in completing the survey. SoonerStart staff continue to provide the needed supports to families that require assistance with obtaining or completing a survey.

Provide additional information about this indicator (optional).

As a general observation, the demographic characteristics of children whose families completed a survey do not appear to be representative of all Oklahoma children with the same demographic characteristics. SoonerStart has no expectation or intention of achieving representativeness in the comparison of survey respondents' children's gender, age, and race with the same categories of the state's population. SoonerStart continues to provide ease of access and support to all of our families.

4 - Prior FFY Required Actions

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

4 - OSEP Response

4 - Required Actions

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

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	0.81%

FFY	2018	2019	2020	2021	2022
Target >=	0.90%	0.90%	0.63%	0.65%	0.70%
Data	0.83%	0.77%	0.63%	0.74%	0.77%

Targets

FFY	2023	2024	2025
Target >=	0.75%	0.80%	0.85%

Targets: Description of Stakeholder Input

In FFY 2023, SoonerStart shared detailed explanatory and contextual information with stakeholders in the discussion of each APR indicator. The review of FFY 2023 data for Indicator 5, showed a slight decrease in the number and percentage of children served ages 0-1. Stakeholders reviewed the data and had discussions on the target and potential activities to increase Child Find numbers.

In addition to organizing public awareness events, stakeholders have initiated discussions to explore possible barriers to accessing early intervention services in the state. Stakeholders began the process of reviewing eligibility guidelines, the Oklahoma Early Intervention Act, funding sources and budget constraints. This process will continue into FFY 2024 and FFY 2025.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 1 with IFSPs	352
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	47,714

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
352	47,714	0.77%	0.75%	0.74%	Did not meet target	No Slippage

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

Child Find Identification root cause analysis will not be submitted because SoonerStart did not have slippage for FFY 2023.

Provide additional information about this indicator (optional)

The ICC and other stakeholders, assisted by program staff, organized a SoonerStart Day at the Capitol to increase awareness of Oklahoma's early intervention services with state legislators and legislative partners. A diverse group of SoonerStart families attended to share their story and express appreciation for the services available to help their children. The ICC partnered with Oklahoma's Commission on Children and Youth to offer stipends and mileage reimbursement for families to attend. A second SoonerStart Day at the Capitol is being planned for late Spring 2025.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	1.66%

FFY	2018	2019	2020	2021	2022
Target >=	1.70%	1.70%	1.50%	1.55%	1.60%
Data	1.73%	1.75%	1.53%	1.58%	1.78%

Targets

FFY	2023	2024	2025
Target >=	1.65%	1.70%	1.75%

Targets: Description of Stakeholder Input

In FFY 2023, SoonerStart shared detailed explanatory and contextual information with stakeholders in the discussion of each APR indicator. The review of FFY 2022 data for Indicator 6, showed a slight increase in the number and percentage of children 0-3. Stakeholders reviewed the data and had discussions on the target and potential activities to increase Child Find numbers.

In addition to organizing public awareness events, stakeholders have initiated discussions to explore possible barriers to accessing early intervention services in the state. Stakeholders began the process of reviewing eligibility guidelines, the Oklahoma Early Intervention Act, funding sources and budget constraints. This process will continue into FFY 2024 and FFY 2025.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/31/2024	Number of infants and toddlers birth to 3 with IFSPs	2,711
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 3	144,107

FFY 2023 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,711	144,107	1.78%	1.65%	1.88%	Met target	No Slippage

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

Oklahoma met the target for Indicator 6 and will not be submitting Child Find Identification root cause analysis for FFY 2023.

Provide additional information about this indicator (optional).

The ICC and other stakeholders, assisted by program staff, organized a SoonerStart Day at the Capitol to increase awareness of Oklahoma's early intervention services with state legislators and legislative partners. A diverse group of SoonerStart families attended to share their story and express appreciation for the services available to help their children. The ICC partnered with Oklahoma's Commission on Children and Youth to offer stipends and mileage reimbursement for families to attend. A second SoonerStart Day at the Capitol is being planned for late Spring 2025.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	96.75%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	95.40%	99.84%	99.28%	93.04%	93.92%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
498	688	93.92%	100%	98.55%	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.

180

Provide reasons for delay, if applicable.

SoonerStart reported that 180 children did not receive timely initial IFSPs due to exceptional family circumstances. These exceptional family circumstances included when the child was unavailable to complete an initial evaluation, assessment or IFSP meeting because the family cancelled or did not show for the appointment. SoonerStart also documented exceptional family circumstances when repeated attempts to contact the family to obtain consent for an evaluation or assessment were unsuccessful in a timely manner.

Ten children did not receive services from SoonerStart in a timely manner due to staff reasons. Vacation, illness, or scheduling were the reasons for staff being unavailable in a timely manner.

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).

Data were collected during the time period between April 1, 2024 and June 30, 2024 (4th quarter of FFY 2023).

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

Program data for this indicator were collected from Oklahoma's Early Intervention online database, EdPlan. EdPlan captures and displays the status and content of the child's record at any given period of time. Staff created an electronic record in EdPlan for each infant and toddler referred to the program. This ensured that accurate 45 day timelines were calculated and displayed within EdPlan. Children who were evaluated and determined eligible had an initial IFSP date entered into EdPlan by the service coordinator. The dates of the Initial IFSPs completed during the time period reported were reviewed by SoonerStart local data managers.

Oklahoma utilizes the Initial IFSP data from the fourth quarter of FFY 2023 (April 1, 2024 to June 30, 2024) to report in the FFY 2023 APR. This reporting period has previously been used by SoonerStart for seven years. The SoonerStart Part C Data Manager compared the fourth quarter data of FFY 2023 with data for the full year of FFY 2023. Counts of completed IFSPs varied each quarter in FFY 2023, with the highest number in the 1st and 4th quarter. We are unable to explain the variation across quarters during the year. SoonerStart has determined the data to be reliable and valid. The fourth quarter results accurately reflect data for the full reporting period because all areas of the state, all provider types and all categories of eligible children are included.

Time Period	# of Initial IFSPs	Initial IFSP %
1st Quarter	664	26.33%
2nd Quarter	598	23.72%
3rd Quarter	571	22.64%
4th Quarter	688	27.29%

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Oklahoma considered a variety of factors to determine whether the local SoonerStart program had corrected identified noncompliance. These considerations included investigating the extent and root cause of the identified noncompliance, in addition to ensuring child-specific and systemic correction.

On December 1, 2023, SoonerStart issued a finding for noncompliance for timely IFSPs to six local districts for forty-five individual instances of noncompliance identified in September 2023.

In three districts with 30 individual instances of noncompliance for timely IFSPs, it was determined to be due to provider vacancies. To meet the immediate need to develop IFSPs, service providers from other local districts were assigned to assist. This ensured that each of the 30 children had an IFSP in place, although late, as soon as possible. Systemic correction for the local districts occurred within two months of the identification of noncompliance with the hiring and training of new service providers to build the capacity of the local district to meet IFSP timelines.

At the remaining three districts, the identified noncompliance in each child's record was determined to be an isolated incident and documented as occurring due to an illness experienced by a member of the IFSP team which postponed the IFSP meeting leading to the remaining 15 instances of noncompliance. SoonerStart does not currently make allowances for pre-finding corrections, so a finding of non-compliance was made even though the local district supervisor verified by a review of the electronic record that each child had a completed IFSP before the finding letter was issued (thereby verifying correction of non-compliance).

The Part C Data Manager required that a Corrective Assurance Statement be submitted by all six local districts following their receipt of a finding letter due to demonstrating less than 100% compliance for timely initial IFSPs. The Part C Data Manager also verified that the noncompliance identified did not result in a denial of a basic right under the IDEA (e.g., a long delay in an initial evaluation beyond applicable timelines with a corresponding delay in the child's receipt of early intervention services, or a failure to provide services in accordance with the IFSP).

Following the issuance of findings, a subsequent data set was monitored in March 2024 and continued every three months until 100% compliance was

achieved to ensure that each local district was correctly implementing the regulatory requirements for timely development of initial IFSPs. The Part C Data Manager monitored compliance and verified correction of noncompliance by reviewing the IFSP Timeline Report created from the data recorded in individual child records in the SoonerStart EdPlan database. This report pulled the referral date from the child's electronic record for all children enrolled in each program during the previous three months and indicated the number of calendar days between the referral date and the initial IFSP date. If more than 45 calendar days, the report also included the reason for delay that was documented in the child's record. Records with delays attributed to exceptional family circumstances were considered to be in compliance. All local districts demonstrated 100% compliance completed less than one year from notification of non-compliance.

Verification of correction of both child and site-level noncompliance findings was completed according to OSEP Memorandum 09-02 as well as procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01.

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance for timely initial IFSPs reported in FFY 2022. Individual child records were determined in noncompliance using the IFSP Timeline Report that displayed the number of days between the child's referral to SoonerStart and the completion of the initial IFSP. Following the identification of noncompliance, the Part C Data Manager reviewed the child's electronic record in the EdPlan database to determine if the initial IFSP had been completed, although late, and ensure that staff had documented the reason for missing the timeline in the child's record. Through this process, the Part C Data Manager verified correction of each individual case of previous noncompliance unless the child was no longer enrolled in the SoonerStart program and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

Forty-five individual records that resulted in six local district findings of non-compliance for timely initial IFSPs issued in FFY 2022 were verified as corrected within 12 months of identification. Following the issuance of findings, a subsequent data set was monitored in March 2024 and continued every three months until 100% compliance was achieved for timely development of initial IFSPs. Oklahoma utilized established program procedures to ensure the consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e) and required by OSEP Memorandum 09-02. In verification of correction, SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

7 - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In the FFY 2023 SPP/APR, Oklahoma verified that each local district with noncompliance identified in FFY 2022 for Indicator 7 is correctly implementing the specific regulatory requirements and achieved 100% compliance based on a review of updated data collected in the EdPlan database. The state also verified correction of each individual case of noncompliance, unless the child was no longer enrolled in the program or no outstanding corrective action existed under a State complaint or due process hearing decision for the child. Specific actions taken to verify the correction of non-compliance are outlined in the previous sections above. Verification of all noncompliance was consistent with OSEP Memo 09-02. SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA

23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.82%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.83%	99.52%	97.39%	99.71%	98.75%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
422	458	98.75%	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.

36

Provide reasons for delay, if applicable.

SoonerStart reported that 36 children did not receive timely transition steps and services on their IFSP due to exceptional family circumstances. These exceptional family circumstances included when the parent was unable to initiate transition services of the IFSP because the parent cancelled or no-showed the IFSP meeting. There were no other reasons for delay in the fourth quarter.

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).

Data were collected during the time period between April 1, 2024, and June 30, 2024 (4th quarter of FFY 2023).

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

Program data for this indicator are collected for Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff use the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of the IFSP with transition steps and services initiated, the date of the LEA notification, and the date of the TPC with the LEA for children potentially eligible for Part B services. The dates of the IFSP with timely transition steps and services completed during the time period reported are entered in the EdPlan records and reviewed by SoonerStart supervisors at each local district.

Oklahoma has chosen to utilize transition initiation data from the fourth quarter (April 1, 2024 to June 30, 2024) to report in the FFY 2023 SPR, as it has previously done the past seven years. Early intervention records for toddlers with third birthdays between April 1, 2024 and June 30, 2024, were reviewed for timely transition initiation utilizing the EdPlan database. After review by local supervisors, the SoonerStart Part C Data Manager examined data reported for this time period and compared them to data for the full year of FFY 2023. Based on the number and percentages of children exiting Part C at 3 for the entire year, Oklahoma determined that the 4th quarter data are representative of FFY 2023. Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types and all categories of eligible children are included.

Quarter -----# Aged Out at 3 ----- % Aged Out at 3
 1st Quarter ----- 469 ----- 25.9%
 2nd Quarter ----- 456 ----- 25.2%
 3rd Quarter ----- 427 ----- 23.6%
 4th Quarter ----- 458 ----- 25.3%

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

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

Oklahoma considered a variety of factors to determine whether the local SoonerStart district had corrected identified noncompliance. These considerations included investigating the extent and root cause of the identified noncompliance, in addition to ensuring child-specific systemic corrections.

On December 1, 2023, SoonerStart issued a finding of noncompliance for timely transition initiation on the IFSP to four local districts for five individual instances of noncompliance identified in September of 2023. Data analysis indicated that the instances of delay in timely transition initiation was determined to be isolated incidents and documented as occurring due to staff unavailability due to illnesses, which postponed the IFSP meeting to initiate transition. The Part C Data Manager required that a Corrective Assurance Statement be submitted by the local district following their receipt of a finding letter due to demonstrating less than 100% compliance for timely transition initiation. The Part C Data Manager also verified the noncompliance identified did not result in a denial of a basic right under IDEA (e.g., a long delay in an initial evaluation beyond applicable timelines with a corresponding delay in the child's receipt of early intervention services, or a failure to provide services in accordance with the IFSP).

Following the issuance of findings, a subsequent data set was monitored in March 2024 and continued every three months until 100% compliance was achieved to ensure that each local district was correctly implementing the regulatory requirements for timely transition initiation of the IFSP. The Part C Data Manager monitored compliance and verified correction of noncompliance by reviewing the Transition Timeline Monitoring Report created from the data recorded in individual child records in the EdPlan Database. This report pulled the transition initiation date from the Transition Page in the IFSP from the child's electronic record for all children enrolled at the local program for comparison with the Transition Target date that was also displayed in the report. If the transition initiation date in the child's record occurred before the child was 27 months of age, or was greater than the Transition Target Date, the report included the reason for delay that was documented in the child's record. Records with delays attributed to exceptional family circumstances were considered to be in compliance. The four local districts demonstrated 100% compliance completed less than one year from notification of non-compliance.

Verification of correction of both child and district-level noncompliance for timely transition initiation is completed according to OSEP Memorandum 09-02 as well as procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PART B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01.

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance for timely transition initiation reported in FFY 2022. Individual child records were determined in noncompliance using the Transition Timeline Monitoring Report that pulled the transition initiation date from the Transition Page in the IFSP from the child's electronic record for comparison with the Transition Target date (calculated as 90 days prior to the child's third birthday) that was also displayed in the report. For identified noncompliance, the Part C Data Manager reviewed the child's electronic record in the EdPlan database to determine if transition had been initiated on the IFSP, although late, and ensure that staff had documented the reason for missing the timeline in the child's record. Through this process, the Part C Data Manager verified correction of each individual case of previous noncompliance unless the child was no longer enrolled in the SoonerStart program, and no outstanding corrective action existed under a state complaint or due process hearing decision for the child.

The five individual records which resulted in four findings of non-compliance for timely transition initiation issued in FFY 2022 were verified as corrected within 12 months of identification. Following the issuance of findings, a subsequent data set was monitored in March 2024 and continued every three months until 100% compliance was achieved for timely transition initiation. Oklahoma utilized established program procedures to ensure the consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e) and required by OSEP Memorandum 09-02. In verification of correction, SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8A - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In the FFY 2023 SPP/APR, Oklahoma verified that each local program with noncompliance identified in FFY 2022 for Indicator 8A was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data collected in the EdPlan database. SoonerStart also verified correction of each individual case of noncompliance, unless the child was no longer enrolled in the program. Specific actions taken to verify the correction of non-compliance are outlined in the previous sections above. Verification of all noncompliance is consistent with OSEP Memo 09-02. SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.15%	96.14%	95.75%	96.77%	97.49%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
455	458	97.49%	100%	99.34%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

SoonerStart does not have an opt-out policy, so no delays affected the timely Notification to the LEA due to exceptional family circumstances. Three children did not have a timely Notification to the LEA due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling.

Describe the method used to collect these data.

Program data for Indicator 8B were collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff used the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events were recorded permanently on the Transition Page of the IFSP in the electronic record. These dates included the date of the IFSP with transition steps and services initiated, the date of LEA notification, and the date of the TPC with the LEA for children potentially eligible for Part B services.

Early Intervention staff are required to input the date in the child's EdPlan record that written notification is sent to the LEA. Using the Transition Timeline Monitoring report created in the EdPlan database, the Part C Data Manager verified that the Notification to the LEA occurred and, if past the target date requirement, determined whether the toddler was considered a late referral (referred less than 90 days before the child's third birthday). If the date of the Notification to the LEA was missing from the Transition Timeline Monitoring report, the local site supervisor verified that a copy of a timely LEA notification was on file and entered the date in the child's electronic record. The Oklahoma SEA was notified of toddlers potentially eligible for Part B services through SoonerStart EdPlan, under the SoonerStart MOU with the Oklahoma State Department of Education 619 program. EdPlan allows for a direct flow of information from each local SoonerStart district to OSDE as the lead agency, enabling centralized monitoring and oversight and statewide child find.

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).

Data were collected during the time period between April 1, 2024 and June 30, 2024 (4th quarter of FFY 2023).

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

Program data for this indicator were collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff use the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of the IFSP with transition steps and services initiated, the date of LEA notification, and the date of the TPC with the LEA for children potentially eligible for Part B services. The dates of the Notification to the LEA completed during the time period reported are entered in the EdPlan records and reviewed by SoonerStart supervisors at each local district.

Oklahoma has chosen to utilize Notification to the LEA data from the fourth quarter (April 1, 2024, to June 30, 2024) to report in the FFY 2023 APR, as it has previously done the past seven years. Early Intervention records for toddlers with third birthdays between April 1, 2024, and June 30, 2024, were reviewed for timely Notification to the LEA utilizing the EdPlan database. After review by local district supervisors, the SoonerStart Part C Data Manager examined data reported for this time period and compared them to data for the full year (FFY 2023). Based on the number and percentages of children exiting Part C at age 3 for the entire year, Oklahoma determined that the 4th quarter data were representative of FFY 2023. Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types, and all categories of eligible children are

included.

Quarter -----# Aged Out at 3 ----- % Aged Out at 3
 1st Quarter ----- 469 ----- 25.9%
 2nd Quarter -----456 -----25.2%
 3rd Quarter -----427 -----23.6%
 4th Quarter -----458 ----- 25.3%

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	9	0	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.

Oklahoma considered a variety of factors to determine whether the local SoonerStart district had corrected identified noncompliance. These considerations included investigating the extent and root cause of the identified noncompliance, in addition to ensuring child-specific and systemic correction.

On December 1, 2022, SoonerStart issued a finding for noncompliance for timely notification to the LEA to nine local districts for ten individual instances of noncompliance identified in September 2022. Data analysis indicated that the instances of delay in timely notification to the LEA were determined to be isolated incidents at each of the local districts and documented as occurring due to staff inadvertently missing the timeline for providing the notification to the LEA. In all cases, the notification to the LEA was subsequently provided to the LEA in an adequate timeframe to facilitate the transition process.

The Part C Data Manager required that a Corrective Assurance Statement be submitted by the local district following their receipt of a finding letter due to demonstrating less than 100% compliance for timely notification to the LEA. The Part C Data Manager also verified that the noncompliance identified did not result in a denial of a basic right under the IDEA (e.g., a long delay in an initial evaluation beyond applicable timelines with a corresponding delay in the child's receipt of early intervention services, or a failure to provide services in accordance with the IFSP).

Following the issuance of the finding, a subsequent data set was monitored in March 2024 to ensure that the site was correctly implementing the regulatory requirements for timely notification to the LEA. At that time the local district programs demonstrated 100% compliance completed less than one year from notification of noncompliance. The Part C Data Manager monitored compliance and verified correction of noncompliance by reviewing the Transition Timeline Monitoring Report created from the data recorded in individual child records in the SoonerStart EdPlan database. This report was used to verify that the Notification to the LEA date documented on the Transition Page in the IFSP occurred prior to the Transition Target date (calculated as 90 days prior to the child's third birthday) and that a copy of the Notification was maintained in the child's record.

Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02 as well as procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01.

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance for timely notification to the LEA reported in FFY 2022. Ten individual child records were determined in noncompliance using the Transition Timeline Monitoring Report that pulled the Notification to the LEA date from the Transition Page in the IFSP from the child's electronic record for comparison with the Transition Target date (calculated as 90 days prior to the child's third birthday). For identified noncompliance, the Part C Data Manager reviewed the child's electronic record in the EdPlan database to determine if the Notification to the LEA, although late, had been transmitted to the LEA. Through this process, the Part C Data Manager verified correction of each individual case of previous noncompliance unless the child was no longer enrolled in the SoonerStart program, and no outstanding corrective action existed under a state complaint or due process hearing decision for the child.

The ten individual records which resulted in nine findings of noncompliance for timely Notification to the LEA issued in FFY 2022 were verified as corrected within 12 months of identification. Following the issuance of findings, a subsequent data set was monitored in March 2024 and each record was determined to be at 100% compliance for timely notification to the LEA. Oklahoma utilized established program procedures to ensure the consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e) and required by OSEP Memorandum 09-02. In verification of correction, SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8B - Prior FFY Required Actions

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

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In the FFY 2023 SPP/APR, Oklahoma verified that each local program with noncompliance identified in FFY 2022 for Indicator 8B was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data collected in the EdPlan database. SoonerStart also verified correction of each individual case of noncompliance, unless the child was no longer enrolled in the program. Specific actions taken to verify the correction of non-compliance are outlined in the previous sections above. Verification of all noncompliance was consistent with OSEP Memo 09-02. SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

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

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	99.42%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.03%	95.69%	97.39%	96.96%	97.48%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
255	458	97.48%	100%	97.55%	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.

90

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.

104

Provide reasons for delay, if applicable.

SoonerStart reported that 104 children did not receive a timely TPC with the LEA due to exceptional family circumstances. These exceptional family circumstances included when the parent was unable to complete a timely TPC with the LEA because the parent cancelled or no showed the TPC meeting. The majority of untimely TPCs with the LEA were due to parents initially declining to give approval to convene the TPC and then changing their minds and providing consent after the 90-day timeline. These occurrences were documented as exceptional family circumstances. Nine children did not receive timely TPCs due to staff reasons. Staff reasons include unavailability due to vacation, illness, or scheduling conflict.

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).

Data were collected during the time period between April 1, 2024 and June 30, 2024 (4th quarter of FFY 2023).

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

Program data for this indicator were collected from Oklahoma's Early Intervention online database called EdPlan. EdPlan captures and displays the status and content of the infant or toddler's record at any given period of time. Staff use the system to create an electronic record for each infant and toddler that enters the program with a referral. The dates of critical transition events are recorded permanently in the electronic record. These dates include the date of the IFSP with transition steps and services initiated, the date of LEA notification, and the date of the TPC with the LEA for children potentially eligible for Part B services. The dates of the Transition Planning Conferences completed during the time period reported are entered in the EdPlan records and reviewed by SoonerStart supervisors at each local district.

Oklahoma has chosen to utilize TPC timeline data from the fourth quarter (April 1, 2024, to June 30, 2024) to report in the FFY 2023 APR, as it has previously done the past seven years. Early Intervention records for toddlers with third birthdays between April 1, 2024, and June 30, 2024, were reviewed for timely TPCs utilizing the EdPlan database. After review by local district supervisors, the SoonerStart Part C Data Manager examined data reported for this time period and compared them to data for the full year (FFY 2023). Based on the number and percentages of children exiting Part C at age 3 for the entire year, Oklahoma determined that the 4th quarter data are representative of FFY 2023. Additionally, the 4th quarter results are representative of a full year of the state's data because all areas of the state, all provider types, and all categories of eligible children are included.

Quarter -----# Aged Out at 3 ----- % Aged Out at 3
1st Quarter -----469 -----25.9%
2nd Quarter-----456 -----25.2%
3rd Quarter -----427----- 23.6%
4th Quarter-----458 ----- 25.3%

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	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.

Oklahoma considered a variety of factors to determine whether the local SoonerStart site had corrected identified noncompliance. These considerations included investigating the extent and root cause of the identified noncompliance, in addition to ensuring child-specific and systemic correction.

On December 1, 2023, SoonerStart issued a finding for noncompliance for timely transition planning conferences (TPCs) to five local districts for eight individual instances of noncompliance identified in September 2023. Data analysis indicated that the instances of delay in timely TPCs were determined to be due to the child being determined as potentially eligible for Part B services on or only a few days before the 90-day transition target date. The timeframe of this determination did not allow sufficient time before the timeline to schedule the TPC with the LEA. The Part C Data Manager required that a Site Corrective Assurance Statement be submitted by the local sites following their receipt of a finding letter due to demonstrating less than 100% compliance for timely TPCs. The Part C Data Manager also verified that the noncompliance identified did not result in a denial of a basic right under the IDEA (e.g., a long delay in an initial evaluation beyond applicable timelines with a corresponding delay in the child's receipt of early intervention services, or a failure to provide services in accordance with the IFSP).

Following the issuance of the finding, a subsequent data set was monitored in March 2024 and every three months after to ensure that the districts were correctly implementing the regulatory requirements for timely TPCs. The Part C Data Manager monitored compliance and verified correction of noncompliance by reviewing the Transition Timeline Monitoring Report created from the data recorded in individual child records in the SoonerStart EdPlan database. This report pulled the TPC date from the Transition Page in the IFSP from the child's electronic record for all children enrolled at the local district for comparison with the Transition Target date (calculated as 90 days prior to the child's third birthday) that was also displayed in the report. If the TPC date in the child's record occurred before the child was 27 months of age, or was greater than the Transition Target Date, the report included the reason for delay that was documented in the child's record. Records with delays attributed to exceptional family circumstances were considered to be in compliance. The site demonstrated 100% compliance in less than one year from notification of noncompliance for timely TPCs.

Verification of correction of both child and site-level noncompliance findings is completed according to OSEP Memorandum 09-02 as well as procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, and Enforcement OSEP QA 23-01.

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance for timely TPCs reported in FFY 2022. Individual child records were determined in noncompliance using the Transition Timeline Monitoring Report that pulled the TPC date from the Transition Page in the IFSP from the child's electronic record for all children enrolled at the local site for comparison with the Transition Target date (calculated as 90 days prior to the child's third birthday) that was also displayed in the report. If the TPC date in the child's record occurred before the child was 27 months of age, or was greater than the Transition Target Date, the report included the reason for delay that was documented in the child's record. Records with delays attributed to exceptional family circumstances were considered to be in compliance. For identified noncompliance, the Part C Data Manager reviewed the child's electronic record in the EdPlan database to determine if the TPC, although late, had occurred as soon as possible and ensured that staff had documented the reason for missing the timeline in the child's record. Through this process, the Part C Data Manager verified correction of each individual case of previous noncompliance unless the child was no longer enrolled in the SoonerStart program and no outstanding corrective action existed under a state complaint or due process hearing decision for the child.

The eight individual records which resulted in five local district findings of non-compliance for timely TPCs issued in FFY 2022 were verified as corrected within 12 months of identification. Following the issuance of findings, a subsequent data set was monitored in March 2024 and each record was determined to be at 100% compliance for timely notification to the LEA. Oklahoma utilized established program procedures to ensure the consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e) and required by OSEP Memorandum 09-02. In verification of correction, SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01.

In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

In the FFY 2023 SPP/APR, Oklahoma verified that each local program with noncompliance identified in FFY 2022 for Indicator 8C is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data collected in the EdPlan database. SoonerStart has also verified correction of each individual case of noncompliance, unless the child was no longer enrolled in the program. Specific actions taken to verify the correction of non-compliance are outlined in the previous sections above. Verification of all noncompliance is consistent with OSEP Memo 09-02. SoonerStart also adhered to procedures outlined in STATE GENERAL SUPERVISION RESPONSIBILITIES UNDER PARTS B AND C OF THE IDEA Monitoring, Technical Assistance, And Enforcement OSEP QA 23-01.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2023- June 30, 2024). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

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

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Select yes to use target ranges.

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

N/A

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

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

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

10 - Indicator Data

Select yes to use target ranges

Target Range not used

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

NO

Prepopulated Data

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

Targets: Description of Stakeholder Input

N/A

Historical Data

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=					
Data					

Targets

FFY	2023	2024	2025
Target>=			

FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Oklahoma SoonerStart will increase the percentage of infants and toddlers who demonstrate positive social emotional skills.

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 collected and reported for the SiMR each year will represent only children served at the implementation districts. For the first three years (through FFY 2022), only data from the first two implementation districts were included in SiMR results. The 4th year data includes a third district that has been implementing the Early MTSS (formerly Pyramid Model) for more than two years. Over time, the SiMR data will reflect all children statewide once implementation has been fully scaled-up.

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

NO

Please provide a link to the current theory of action.

<https://oklahoma.gov/education/services/soonerstart/soonerstart-SSIP.html>

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
2020	58.06%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	61.00%	63.00%	65.00%

FFY 2023 SPP/APR Data

Number of children scoring below cut-off (showing no S-E concerns)	Number of children assessed using ASQ:SE-2	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
216	422	53.59%	61.00%	51.18%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

SoonerStart has explored multiple data quality issues that could be a cause(s) of the slippage in the SiMR. One area of exploration is the delay of ASQ: SE-2 data entry and/or missing data. Delayed entries can distort trends or analysis creating inconsistencies that impact data integrity and analysis. Local

implementation districts have been problem-solving to address the delays and missing data in their areas. As effective solutions are developed, they are shared with other SoonerStart districts.

Another area that is being explored is how the ASQ: SE-2 results are used in developing IFSP goals. Concerns on the ASQ: SE-2 can open conversations between the caregiver and the service provider in identifying outcomes that can address those challenges. In some cases, either the parents do not prioritize the concerns from the ASQ: SE-2 to develop IFSP goals or the service provider does not use the opportunity to expand the conversation using the results to explore IFSP outcome development. Multiple implementation districts have started to address this challenge by utilizing their local Leadership Teams to explore solutions in their areas.

The ASQ:SE:2 SiMR data is collected after six months of IFSP services and every six months thereafter. One consideration of data slippage includes examining how the severity of a child's disability or developmental delay can affect a child's trajectory in reaching typical developmental milestones on the screener.

Provide the data source for the FFY 2023 data.

Ages and Stages Questionnaire – Social Emotional: 2 (ASQ:SE:2)

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

FFY 2023 DATA: In year four, The SiMR measurement was obtained from the original implementation Districts 3 and 12 plus District 9 which has been implementing Early MTSS for more than two years. The SiMR was measured by assessing all children who received at least six months of IFSP services following the implementation of improvement strategies and evidence-based practices (EBP). These results were obtained using the appropriate age-range ASQ:SE-2 questionnaire at the six-month Periodic IFSP Review and the Annual IFSP Review. The answers to the questions on the ASQ:SE-2 were entered into the ASQ online system for each child assessed. The results of the most recent questionnaire administered for each child were used for the SiMR measurement. The percentage of children scoring below the cut-off indicating no social emotional concerns were compared to the annual SSIP target.

422 children were administered the ASQ:SE-2 with 216 children scoring below the cut-off, which signaled no concerns in their social emotional development. FFY 2023 data for the SiMR were collected from Implementation Districts 3, 9, and 12 only.

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)

YES

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

SoonerStart again reviewed SiMR data (ASQ-SE-2 assessments) in Year 4 to determine the impact of early exiting and how it might be affecting the SiMR results. The 6-month or 12-month ASQ-SE-2 was not completed for 149 children at the implementation districts due to the children exiting before the provider could schedule the assessment. Therefore, assessment data related to the SiMR could not be collected for these children. The Early MTSS State Leadership Team (SLT) addressed this issue with the implementation districts' Local Leadership Teams (LLT). Local District Program Managers were instructed to utilize the ASQ-SE2 data report, accessible in the EdPlan database, on a quarterly basis to monitor completion of the ASQ-SE-2 assessment in a timely manner. These missing assessments were considered as one possible reason for the slippage in SiMR data for the FFY 2023 reporting year.

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

Section B: Implementation, Analysis and Evaluation

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

<https://oklahoma.gov/education/services/soonerstart/soonerstart-ssip.html>

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

SoonerStart discontinued using the label "Pyramid Model". Instead, the SSIP evidence-based practices and activities will be referred to as Early Multi-tiered System of Supports (Early MTSS). Additionally, implementation sites are now described as implementation districts.

2.3 Mid-Term goal: The percentage of providers that complete a Practice-Based Coaching (PBC) cycle and the timeline has changed. Procedures are reviewed (and potentially revised) in year three and annually thereafter. Service Providers in districts with four years of Early MTSS implementation will complete a coaching cycle in year four.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

The terminology changes from Pyramid Model to Early MTSS were made with input from stakeholders and lead agency administration to create better alignment with the state's public school's Oklahoma Multi-Tiered Systems of Support (OKMTSS) framework. This change in terminology is expected to help ease families' transition into the school setting at age three..

The change from implementation sites to implementation districts terminology reflects the change reported in FFY 2022 due to local sites being consolidated into districts.

2.3 Mid-Term goal: The changes to percentage of providers who have completed a coaching cycle in year 3 changed due to the challenges that have been experienced in implementing PBC. The state has hired and trained a Practitioner Coach that has enabled PBC to begin. To ensure the

sustainability of Early MTSS, the coaching goal was extended to after four years of implementation. This provides the districts with adequate time to incorporate Part C practices, establish fidelity routines, and prepare for PBC.

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

Below is a summary of activities implemented during Year 4 to support SSIP implementation, described in alignment with each ToC outcome.

ToC Component One:

Outcome 1.1

In Year 4, the SSIP State Leadership Team (SLT) held monthly meetings to develop and evaluate policies and practices supporting local Early MTSS implementation districts. These meetings included updates on local challenges. The state data coordinator shared data reports to monitor progress, practice fidelity, and SiMR data. The SLT utilized the PM State Leadership BoQ every six months to assess structural sustainability.

Outcome 1.2

In Year 4, EI providers conducted the ASQ:SE-2 every 6 months during IFSP reviews to assess ongoing social-emotional (SE) concerns. These results informed the IFSP team in identifying family-selected outcomes and determining the appropriate Early MTSS level of support for continued services. SoonerStart established processes and procedures to facilitate the implementation of the Early MTSS framework:

A) The Early MTSS districts still have access to the Early MTSS Supports Algorithm to identify tiered level of support (universal, targeted, or intensive) to address a child's developmental needs.

B) SoonerStart continued to utilize the EI Implementation Checklist (EiIC), a self-evaluation tool designed to document the use of evidence-based practices (EBPs). EI providers access the EiIC on any electronic device and complete it once a week following an EI visit. Additionally, the EiIC and a new tool, the Oklahoma Fidelity in Practice (OFIP) were used by the Practitioner Coach to track the implementation of EBPs observed during coaching sessions.

C) Trained Early MTSS Program coaches supported Local Leadership Teams (LLTs) in implementing effective practices. They assisted LLTs with completing the PM BoQ, action planning, goal setting, and provided overall guidance. Additionally, program coaches delivered LLT training to onboarding districts. Practitioner coaches used Practice-Based Coaching (PBC) to help EI providers implement Early MTSS practices with fidelity. PBC is a cyclical, evidence-based coaching approach that emphasizes collaborative partnerships, shared goal-setting and action planning, focused observation, and reflection with feedback. Practitioner coaches also participated in a monthly Community of Practice (CoP) to enhance and support their coaching efforts.

D) All new EI staff attended the 1st available Part C Practices training after their employment begins. SoonerStart streamlined the original 12-hour training into an 8-hour, one-day session offered every six months. Onboarding implementation districts also received a district-specific Part C Practices training to foster team building and buy-in. Ongoing training is delivered by the SoonerStart SSIP Project Manager and Program Coaches. Additionally, online ePyramid modules from PMC were introduced as an alternative training option. The online ePyramid modules are partnered with 3 Peer Learning Communities (PLC) as a check for understanding. These 2 options provided implementation districts with choices for initial Part C Practices training.

E) In 2024, supervisors were trained on the Fidelity-in-Practice: Early Intervention (FIP-EI) fidelity tool to observe fidelity in family-centered coaching (FCC). Using feedback from stakeholders, the FIP-EI was adapted into the Oklahoma Fidelity in Practice (OFIP) fidelity tool. This tool was used by supervisors to observe staff's ability to use FCC EBP with fidelity.

Outcome 1.3

In Year 4, SoonerStart partnered with the State Personnel Development Grant (SPDG) to build the capacity for PBC. SPDG funds half of a full-time position for a state-level Practitioner Coach. This position was hired in 2023 and supports implementation districts in completing PBC cycles. The SPDG also provides a contract with TORSH to support the coaching process. TORSH is an online coaching platform that includes the EiIC for coaching cycles and monitoring fidelity of EBPs.

Outcome 1.4

Implementation science supported the onboarding of new implementation districts. When onboarding new districts, exploration is the 1st stage. In the fall of 2023, Districts 2, 4, 6, and 8 began the exploration process. The first exploration meetings were held with the LLTs. This meeting gave the LLT the opportunity to understand expectations, discuss goals, and the chance to ask questions. The second exploration meeting for each district was held for the whole team giving them the same opportunities for discussion. The exploration meetings supported staff buy-in and understanding. All 4 districts volunteered to onboard in January 2024 as implementation districts. The second stage is called installation. This began the 1st month of onboarding and continued as staff were trained in Part C EBPs, data, leadership, and coaching. Initial implementation began shortly after the first EBP training. In July 2024, 2 more districts signed on for Early MTSS implementation.

Outcome 1.5

SoonerStart utilized multiple data systems to collect, monitor, and report implementation data. ASQ:SE-2 assessment results were recorded and stored in the ASQ online system. Fidelity to EBPs was self-reported by providers through the EiIC, with data monitored monthly to inform SLT activities such as professional development, newsletter topics, and local implementation efforts. LLTs also used EiIC data to track staff EBP usage. Each child's identified level of support is documented in his/her EdPlan record. To gather caregiver perspectives on the Early MTSS framework, a caregiver survey was developed and is currently undergoing stakeholder approval.

Outcome 1.6

The PM EI BoQ outlines the quality indicators of the critical elements associated with program wide implementation. In Year 4, the 7 LLTs met monthly to work towards their districts action plan goals. To support staff buy-in, EI providers were offered opportunities to participate in decision-making and problem-solving. The PM newsletter transitioned into the SoonerStart newsletter. It is used to support staff buy-in, build staff capacity, and provide a feedback loop. This monthly newsletter focused on the use of one Family-centered Coaching and Early MTSS EBP.

ToC Component Two

SoonerStart completed the following activities in Year 4 to support the second component of the ToC

Outcome 2.1

New implementation districts practiced tier identification with IFSP scenarios during LLT meetings to increase understanding of the process.

Outcome 2.2

In 2024, new SoonerStart staff were offered in-person Part C Practices training in January and July. The ePyramid modules were introduced to supplement Part C Practices training for new staff that could not attend the in-person training. All 4 new implementation districts participated in their in-person Part C Practices training as a team building experience. Three new practitioner coaches started PBC training through an active Community of Practice (CoP) to develop coaching skills. The 3 new Practitioner Coaches will be ready to start PBC cycles in January 2025 using the TORSH online coaching platform.

Outcome 2.3

In 2024, the state level Practitioner Coach used TORSH to complete PBC to develop and support staff in the fidelity of Early MTSS EBP. Districts 3, 8, and 9 identified practitioner coaches to complete training. The Practitioner Coach continues to work with LLTs to draft guidelines and written procedures to reach the mid-term goal.

Outcome 2.4

EI staff in Early MTSS implementation districts completed the EiIC 1X per week following an EI visit with a family to ensure fidelity to EBPs. The SLT

analyzed EIIC data to identify practices requiring additional support, and addressed through professional development, newsletter highlights, and LLT problem-solving efforts. LLTs also reviewed EIIC data to ensure all staff consistently complete the weekly submissions.

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.

The 1st 2 components of the SSIP ToC are infrastructure improvements. With the continued implementation of infrastructure improvement strategies outlined in ToC components 1 and 2, SoonerStart moved closer to or achieved some mid-term measurements. See the evaluation plan for a description of all measures of outcome achievement. Note that the evaluation reporting period is the full prior calendar year.

Outcome 1.1 Establish sustainable high quality SSIP state leadership team (Governance).

The SLT actively incorporated stakeholder input into decisions related to policies, procedures, funding, and resource allocation for SSIP implementation. The SLT utilized the PM SLT BoQ to ensure the sustainable and high-quality implementation of the Early MTSS framework statewide. Grounded in the science of implementation, the BoQ bridges the gap between theory and practice. The SLT reviews and updates the BoQ every 6 months to guide continuous improvement.

Last year's SLT BoQ indicated that 85% of the indicators were "emerging" or "in place" (42/49 indicators). This result indicated that the mid-term measurement (55% "in place" or "emerging") was met and exceeded in Year 3. In year 4, the SLT BoQ indicated that 49 out of 49 indicators were "emerging" or "in place". Forty-seven of the forty-nine were "in place". That indicates that 96% of indicators are "in place" exceeding the long-term goal of 90% "in place".

Outcome 1.2 Revise processes and procedures to align with SSIP infrastructure changes and support Early MTSS implementation (governance and quality standards).

In Year 4, SoonerStart completed the short-term measure to align assessment procedures with the program's training requirements in the administration of the ASQ:SE-2. Operational procedures requiring EI providers to complete the EIIC at the conclusion of one family visit per week to self-monitor their implementation of EBPs continued in 2024. The written procedures were distributed to Early MTSS EI providers. The mid-term measure for this outcome was partially achieved.

Outcome 1.3 Allocate resources to the long-term implementation of the SSIP (finances).

In 2024, SoonerStart allocated funding to support the program as described in the previous section.

Outcome 1.4 Establish procedures to launch and maintain implementation sites (governance).

In year 4, SoonerStart used implementation science to onboard new Early MTSS Districts. The process consisted of a 6-month exploration period. During exploration, leadership and staff from districts were provided a presentation that described goals, outlined expectations and set timelines. During the next stage, installation, districts are provided Part C practices training and LLT begins leadership training. Initial implementation begins after training has been provided. Full implementation is not achieved until all parts of the Early MTSS framework are in place. This is approximately 3–5 years. A plan for full scale-up was developed in 2024. Implementation districts have been assigned an onboarding cohort. The statewide scale-up will be complete in 2027.

Outcome 1.5 Create or select data collection and storage tools and systems (data and accountability/monitoring).

In Year 4, SoonerStart continued to use the online EIIC reporting tool to monitor the use of EBP. Microsoft Forms was used to store this data electronically to allow for easy access and analysis to report data to SLT and LLTs. A caregiver data collection tool was created and is being adapted per stakeholder feedback. It will be presented again for stakeholder approval.

Outcome 1.6 Implement all components of the PM Framework in SoonerStart (governance)

In 2024, the LLTs each completed the BoQs 2 times, 6 months apart.

Districts 3 and 12 are original implementation districts. District 3 BoQ indicated that 100% of indicators were either "partially in place" or "in place". This is an increase from 97% in 2023 and 83% in 2022.

District 12's 2024 BoQ indicates that 97% of indicators were either "partially in place" or "in place". This is an increase from 86% in 2023 and 70% in 2022. District 9 became an implementation district in 2023. The 2024 BoQ indicates 100% of indicators were either "partially in place" or "in place". This is an increase from 87% in 2023. All three districts have met the mid-term measurement and are making gains to reach the long-term measurement. Districts 2, 5, 6, and 8 became implementation districts January 2024. They have completed the BoQ two times. Here are these districts' most recent BoQ results. District 2 BoQ indicates that 97% of indicators were either "partially in place" or "in place". District 5 BoQ indicates that 100% of indicators were either "partially in place" or "in place". District 6 BoQ indicates that 93% of indicators were either "partially in place" or "in place". District 8 BoQ indicates that 57% of indicators were either "partially in place" or "in place". The BoQ is filled out by the LLT with the assistance of the Program Coach (PC). The percentages tend to trend down after knowledge and understanding increases. Then, the percentages start to increase again as the team develops.

ToC Component two:

Outcome 2.1 Early MTSS levels of supports are clearly defined and implemented (governance).

The Early MTSS Model Support Algorithm was utilized to support staff in identifying Early MTSS tier support. Scenarios are also used during staff meetings to support staff understanding about what level of support would be appropriate in different situations.

Outcome 2.2 Train staff in Early MTSS practices (professional development).

In Year 4, procedures were developed and implemented to train new personnel staff at current and onboarding implementation districts. All available Early MTSS trainings were completed as described in the previous section. SoonerStart achieved the mid-term measurement for this outcome.

Outcome 2.3: Adopt PBC to support practitioners' use of Early MTSS practices (quality standards, professional development).

Last year, SoonerStart collaborated with the SPDG to establish the Early MTSS framework online coaching platform (TORSH) and to hire a full time Practitioner Coach. In FFY 2023 District 3, 8, and 9 identified candidates to become their district's practitioner coach. Guidelines and written procedures have begun to be developed to define PBC implementation at the local level.

Outcome 2.4: Implement a system to monitor that evidence-based practices are implemented with fidelity (accountability/monitoring).

This outcome has been achieved. SoonerStart selected the EIIC to record the implementation of EBPs. See the prior description of adopted procedures to systematically monitor fidelity.

Summary:

The adoption of the Early MTSS framework represents a transformative shift in SoonerStart's operations, fundamentally changing how the program identifies and addresses social-emotional (SE) delays in the children it serves. This systems-level change relies on the infrastructure improvements outlined in earlier sections, which are critical to achieving the SiMR. Without implementing the Early MTSS framework with fidelity and fully integrating it into SoonerStart's structure, processes, and procedures, progress in children's SE development will not improve. Similarly, ensuring all personnel are thoroughly trained in alignment with the model is essential to using EBPs with fidelity.

Both fidelity of implementation and comprehensive training are crucial for sustaining systemic improvement efforts and enabling future scale-up, even though these goals may take several years to achieve. To support this long-term vision, foundational efforts in leadership development, program transformation, resource allocation, and professional development must continue. Additional details on this year's accomplishments related to these objectives are provided in previous sections.

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.

All activities are described from the perspective of the SSIP Theory of Change (ToC) and its various components that must be accomplished to realize SIMR improvement.

ToC Component One

In year 5, SoonerStart will expand implementation of the Early MTSS framework. Improvement activities will continue at the initial implementation districts and begin at the new implementation locations.

Outcomes 1.1, 1.3, 1.5, 1.6

The SLT will continue to meet monthly to oversee the SSIP, implement process and procedure changes based on the action plan developed from the BoQ, design Early MTSS professional development, and support local implementation districts. The SLT will also ensure the allocation of funding and resources necessary for personnel and technical supports to sustain and expand SSIP activities across SoonerStart districts. With data collection tools already selected, the SLT will monitor the processes for data collection, storage, and reporting to ensure accuracy and consistency.

To help sustain and grow the implementation of Early MTSS, SoonerStart has trained all staff in Rush/Shelden Family-centered Coaching (FCC). All supervisory staff has been trained in the OFIP fidelity tool and will begin observations in January 2025. The supervisory staff will be competent in training new providers or contractors as we continue forward. SoonerStart anticipates achieving most of the mid-term measures and begin making gains on long-term measures in 2025.

Outcome 1.2 The SLT will ensure that operational procedures are written to dictate how to support the SIMR data collection and project implementation. Some of the specific updates include the following:

- A) SoonerStart will use data to identify districts that need targeted support on how to utilize the algorithm and identify PM Tiers.
- B) SoonerStart EI Providers will continue documenting the child's level of service in the child's electronic record. The level of service may change as a result of subsequent IFSP reviews based on the developmental needs of the child and service delivery decisions of the IFSP team.
- C) Additional procedures may be developed and written to support data collection and project implementation. The operational procedures will be reviewed annually to reflect any needed changes.

Outcome 1.4 As SoonerStart begins the scale-up of SSIP activities in 2025, the program will use implementation science to identify and address barriers related to adding new implementation districts. The implementation science process starts with exploration. SoonerStart Districts 1 and 10 are the first round of assigned cohorts to become implementation districts in Year 5. During exploration, cohort districts have the opportunity to understand the requirements, ask questions, build buy-in and receive feedback from their teams. The first step after exploration is to develop LLTs in accordance with the EI Benchmarks of Quality. Each district is assigned a Program coach to support implementation. The first goal of the LLT is to ensure staff has been trained in Part C EBPs. Full implementation with minimal support will be the long-term goal. SoonerStart expects to achieve the mid-term measure in 2025 with the launch of two additional implementation districts. This leaves three districts that will onboard in 2026 and 2027 to complete statewide implementation.

ToC Component two

Outcome 2.1 In 2025, SoonerStart implementation districts will use the ASQ:SE-2 results to talk with the family about concerns and utilize this information in the development of IFSP outcomes. Staff will continue to use the Early MTSS Supports Algorithm to identify the level of support needed to address the child's social and emotional needs and/or the family's concerns. Following the development of the IFSP with the child's family, the IFSP team providers determine if the services to be provided reflect universal, targeted or intensive level of support based on the Algorithm. SoonerStart will work toward the mid-term measurement to develop a process to monitor progress of children whose identified needs do not align with the services provided via the IFSP.

Outcome 2.2 Beginning in year 5, the SoonerStart SSIP Project Manager and Practitioner Coach will provide Part C practices training twice each year for new employees and onboarding districts. By using local staff as trainers for Early MTSS practices instead of contracting with the PMC, SoonerStart will advance toward long-term sustainability of Early MTSS implementation statewide. The ePyramid Modules for Part C Practices will be used to onboard new employees that are unable to attend the in-person training. The ePyramid Modules contain 3 sections. After the completion of each section, the participants attend a professional learning community (PLC) to discuss what they have learned with the SSIP Practitioner Coach. SoonerStart has completed the mid-term goal and has made gains in the long-term goal. In 2025, a succession plan will be developed to ensure the transfer of Early MTSS knowledge for long-term sustainability.

Outcome 2.3 In Year 5, the SSIP Practitioner Coach will recruit and train new volunteer practitioner coaches at the current and new implementation districts. Training will be provided within a designated Practitioner Coach Community of Practice. SoonerStart's focus for training new practitioner coaches will be to build coaches' capacity and confidence without rushing implementation. In 2025, District 3 has agreed to participate as a district in completing a round of PBC cycles for each staff member. The feedback from the district wide coaching cycle will help to establish the written guidelines and procedures for PBC in districts. SoonerStart is working towards meeting the mid-term goals.

Sustainability of the Early MTSS improvement strategies depends on implementation of Early MTSS practices with fidelity. The online coaching platform, TORSH, has been purchased and developed through SPDG funding to meet the unique needs of SoonerStart staff. The full-time Practitioner Coach will continue to provide training on TORSH for the new local practitioner coaches. TORSH will be utilized for virtual coaching. With this platform, EI providers upload videos of visits with families into the secure coaching platform to be reviewed by their designated Practitioner Coach. The Practitioner Coach provides feedback on observed (or unobserved) evidence-based practices completed by the EI Provider with the family and/or child. Practice-based coaching supports the use of EBPs. In 2024, new practitioner coaches were identified and trained. They will start coaching cycles in January 2025 and will be monitored by the SSIP Practitioner Coach. SoonerStart will work toward meeting mid-term measures by the end of Year 5.

Outcome 2.4 In Year 5, EI providers will continue to use the EIIC as a self-assessment to monitor that EBP are implemented with fidelity. Guidelines for completion requirements as well as data collection have been developed and included in written procedures. The EIIC data will be reviewed by the LLT and the SLT. Program coaches complete a program coach log and submit it monthly to the PM state data coordinator. The program coach log documents the activities and time spent providing support for their respective PM implementation districts. This data is valuable to the SLT when discussing funding and allocation of resources for scale-up. In 2025, the practitioner coaches will use the EIIC to measure the fidelity of implementation of Early MTSS practices by the EI providers during family coaching sessions. Supervisors will begin to use the OFIP observation tool to monitor fidelity of family-centered coaching practices. The purpose of the EIIC and the OFIP is to identify coaching goals, provide feedback, and show growth in practice implementation. Mid-term measures have been met. SoonerStart will work towards achieving long-term measures in 2025.

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

In 2024, SoonerStart engaged in several activities to implement and support the use of EBPs in the program. These included:
Responsive Relationships

- Building Partnerships with Families
- Supportive Conversations
- Dyadic Relationships Family Coaching
- Family-centered Coaching Teaching Social Emotional Skills
- Social Emotional Development
- Social Emotional Assessment
- Children with Challenging Behaviors

These are described here as related to the ToC Component 3 and the associated outcomes.

ToC Component three: EI providers develop and utilize their acquired knowledge and skills in providing services to families.

Outcome 3.1 EI providers demonstrate knowledge gains in Early MTSS EBPs. Onboarding districts and new EI Providers at the Early MTSS implementation districts received 8 hours of training on Part C practices in 2024. The pre- and post-training survey reports the EI providers perspective of pre- and post- understanding of how to apply the Part C EBPs. The pre-training survey revealed that EI providers had a 2.3 average knowledge (scale from 1-10) of Part C EBPs. The post-training results indicated an increased average knowledge of 4.24 after the training. These results indicated an increase of knowledge and understanding.

In the post survey, 98% of EI providers stated that the topics covered in Part C practices training will be useful in the field. SoonerStart continued to meet the short-term and mid-term measure for this outcome in Year 4. In 2025, with stakeholder feedback, a survey will be used with EI providers to determine if the the long-term outcome has been met.

Outcome 3.2 EI providers demonstrate fidelity to implementation of Early MTSS EBPs.

EI providers at the Early MTSS implementation districts continued to use the EIIC self-assessment tool to monitor fidelity to the implementation of Part C EBPs. Data indicated that EI providers have self-reported using EBPs in all eight categories. Recognizing that not all EBPs in the checklist are applicable for every family or every visit, SoonerStart continues to review the EBPs that should be universally demonstrated and monitored for fidelity. In year 4, the implementation districts used established routines to support the completion of the EIIC. These routines have been adopted by onboarding Early MTSS districts to support staff completion of the EIIC. The EIIC completion rate was shared at all Local Leadership Team meetings. The EIIC data was monitored and reviewed monthly. This data was used to inform the SLT and to guide topics in the SoonerStart newsletter. The state level Practitioner coach completed multiple coaching cycles using the Oklahoma Fidelity in Practice (OFIP) to monitor fidelity to the Part C practices. In 2025, additional local practitioners will be available for coaching cycles. SoonerStart completed the mid-term goal.

Outcome 3.3 Practitioner coaches demonstrate the ability to support and monitor EI providers.

In 2024, a state-level practitioner coach was trained and completed multiple coaching cycles. This position is partially funded by the State Personnel Development Grant (SPDG). Four local practitioner coaches have been identified. Two of these coaches are currently in training with the state-level practitioner coach. They will start coaching in 2025. The state-level Practitioner Coach will continue to provide PBC into 2025. District 3 volunteered to have every EI provider complete one coaching cycle in 2025. To meet the mid-term measurements, a survey will be sent out in 2025, with approval from stakeholders, to coaching participants to ensure that PBC is supporting staff development.

ToC Four - Families' knowledge about SE development will increase to support their child's SE growth.

Outcome 4.1 Caregivers demonstrate knowledge of SE development shared through program implementation of Part C EBPs and other activities.

In year four, SoonerStart continued to utilize the parent portal feature of a child's electronic early intervention record to share social and emotional developmental resources from ASQ:SE-2 with families. This information was provided to all families enrolled in Oklahoma's Part C program and was not limited to the Early MTSS implementation districts. The ASQ:SE-2 provides a conversation starter for EI providers to discuss challenging behaviors that might be addressed with IFSP outcomes.

In year four, SoonerStart developed a video presentation entitled "Foundations of Early Development" focusing on social and emotional developmental milestones as well as resources for families. The presentation was created in a family-friendly format and included the referral information for early intervention services. SoonerStart partnered with the Oklahoma Parent Center (OPC) to disseminate the presentation video link to their community partners and affiliated families. The video link was also sent to pediatricians statewide and caseworkers with the Oklahoma Department of Human Services. SoonerStart service coordinators emailed the video link to families receiving EI services throughout the year. The presentation has had over 100 views since July 2024.

ToC Component five: Families will recognize their child's SE strengths and manage challenging behavior successfully.

Outcome 5.1 Caregivers report successful management of children's challenging behavior and identification of strengths

In year 4, the SLT, with stakeholders, further evaluated the caregiver survey to determine if it is effective in collecting the needed data to report for this measure. It has been determined that a different approach using the EI providers will be used to collect this data. It is waiting for approval from the stakeholders.

Provide a summary of each evidence-based practice.

Responsive Relationships

Building Partnerships with Families focuses on supporting the family and their unique needs. The EI practitioner schedules visits during convenient and purposeful times that support the family's goals. The caregiver is provided with community resources based on the caregiver's priorities and needs. The EI provider considers the caregiver and child's preferred name. This preferred name is used during greetings and throughout the visit. Materials from the natural environment are used to support interventions. Family characteristics like beliefs, family activities and routines are considered in development of IFSP outcomes. Caregivers are invited to share their thoughts, ideas, perspectives, and preferences on priorities for each visit. EI providers explain EI services and what a visit would look like.

Supportive Conversations incorporates how to support better understanding between the EI provider and caregiver. The first practice is to use a calm, positive, and supportive voice. Limit jargon to provide clarity for the caregiver. Checking for understanding can help to identify any areas that the caregiver might not understand. When families are multilingual, use key words in their language, use a translator if needed, and use a variety of strategies to communicate. Ask caregivers how they like to communicate such as text, email, or phone. Use active listening skills to encourage communication.

Dyadic Relationships primary focus is to support caregiver and caregiver's interactions with their child using a strength's-based approach. This is achieved by providing supportive feedback to the caregiver about caregiver-child interactions by focusing the caregiver on the child's initiations, responses, cues, and expressions. Support in this area can be done through collaboration with the caregiver to identify predictable routines and how the EI provider can help with routines. The EI provider can provide opportunities for the caregiver to practice new skills such as communication attempts, predictable routines, and social emotional development. A variety of strategies can be used to support dyadic relationships. These include modeling, specific feedback, and commenting. Caregivers should have choices of strategies to use to support children. Ask caregiver open-ended questions about child's emotional responses, communication attempts, behaviors, and/or cues. EI provider offers information about ignoring or redirection when responding to challenging behaviors.

Family Coaching Family-centered Coaching is a strengths-based approach that supports caregivers in reaching their child's IFSP outcomes. Caregiver strengths are frequently identified and used as a starting point for development. Information is provided in caregiver's preferred language. The caregivers preferred learning style is considered during EI visits. EI providers use active listening to understand caregiver's ideas. Open-ended questions are used to respond to caregiver comments, questions, or concerns. Opportunities for caregiver to practice are created throughout the visit. Reflective and/or guiding questions are used to help caregivers make connections. Performance-based feedback is used after observing caregiver-child interactions to support growth. EI provider asks permission before using modeling as a strategy. EI providers assist caregivers in identifying opportunities to practice new skills throughout the day during routines and activities that occur between visits.

Teaching Social Emotional Skills/Social Emotional Development encompasses how caregivers can support their child's development of social emotional skills. EI providers observe and ask caregiver questions to identify their child's social and emotional abilities. The caregiver's knowledge and perspectives around social emotional development are considered. When caregivers choose to address social and emotional development, EI providers collaborate with the caregiver to write specific, measurable outcomes using family-friendly language. When strategies are used to address social and emotional development, EI providers observe and ask about caregiver's confidence and competence in implementing the strategies. Specific feedback is used to support positive caregiver behaviors that support positive social and emotional outcomes for their child. EI providers support caregivers in scaffolding or expanding on their child's expressions, interactions, play, communication, and autonomy. Social and emotional assessments are shared with caregivers.

Social Emotional Assessments are used to identify areas of need. The EI provider can describe the purpose of the screening tools. The caregiver has the opportunity to ask questions about the entire process. The caregiver's preferences for the assessment are taken into consideration. In collaboration with the EI provider, the assessment, and the family's preferences, priorities, and needs are used to develop IFSP outcomes.

Children with Challenging Behaviors supports caregivers in describing, identifying, and defining the challenging behavior(s). EI providers inquire about routines, activities, environments, or with what people the behavior is most likely to occur. Behavior support specialists can help to support the caregiver and child. In some cases, a functional behavior assessment (FBA) can be used to identify the function of challenging behavior. When a behavior support plan is needed, the EI provider will ask questions to identify family priorities and preferences. The behavior support plan or IFSP outcome includes routines and strategies that are meaningful to the family. Strategies are developmentally appropriate and easy for caregivers and child to implement. Caregivers are provided the opportunity to practice new skills and strategies with specific and positive feedback from the EI provider that supports caregiver confidence and competence. EI providers use reflective discussion to support caregiver use of new strategies. Easy mechanisms to document challenging behavior and new skills are identified through collaboration between EI provider and caregiver. Ask questions to check for caregiver understanding of data or progress. Make changes as needed.

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.

SoonerStart is implementing the Pyramid Model framework as the SSIP. In FFY 2023, SoonerStart started to refer to the Pyramid Model as Early MTSS to better align with the public schools' use of OKMTSS as their tiered framework. From this point forward, the Pyramid Model framework will be called Early MTSS in SoonerStart. Early MTSS provides a tiered framework for implementing supports and interventions that help families promote their infant's or toddler's healthy social, emotional, and behavioral development. Implementing this framework with fidelity will impact the SiMR by changing SoonerStart policies, procedures and practices at the program and provider levels, while also improving parent/caregiver outcomes by increasing their capacity to meet the SE needs of their children. As a result of these improvements, children's outcomes will be enhanced.

At the universal tier (level of support), practices are intended to promote the development of all infants and toddlers. Early interventionists implement universal practices as a first response with all infants and toddlers and fluidly provide targeted prevention and/or intensive interventions as needed.

At the targeted tier (level of support), targeted prevention practices support infants and toddlers who are identified at risk for social emotional delays or challenging behavior. SoonerStart uses a linked system of screening and assessment to identify children at risk. The Ages and Stages Questionnaire, Social-Emotional, 2nd edition (Squires, Bricker, & Twombly, 2015; ASQ:SE-2) is administered for all children at entry and every six months, and the Social-Emotional Assessment/Evaluation Measure (Squires, Bricker, Waddell, Funk, Clifford, & Hoselton, 2014; SEAM) can be used for children who score at-risk on the ASQ:SE-2 and/or caregiver expressed concern. The SEAM can be used to identify concerns about social emotional development, develop IFSP outcomes, and monitor and evaluate progress.

At the intensive tier (level of support), intensive interventions support children with persistent, challenging behaviors. Prevent, Teach-Reinforce for Families (Dunlap, Strain, Lee, Joseph, Vatland, & Fox, 2017; PTR-F) practices can be used to guide assessment, intervention, and monitoring of progress. PTR-F is an evidence-based practice situated in applied behavior analysis and positive behavior supports.

The EBPs highlighted by the PM framework align with the Division of Early Childhood (DEC) Recommended Practices (2014) and the Principles of Early Intervention (Workgroup on Principles and Practices in Natural Environments, 2008). Independent research supports PM practices (e.g., Hemmeter, Snyder, Fox, & Algina, 2016; Hemmeter et al., 2021). Each tier of the PM is informed by science and comprises evidence-based practices that promote and support social emotional development of young children (Hunter & Hemmeter, 2009). For example, at the universal tier evidence-based practices focus on supporting responsive, nurturing relationships between caregivers and their young children in supportive environments (Shonkoff & Phillips, 2000). At the targeted tier, practices target teaching self-regulation skills that begin developing during infancy and are thought to be crucial for a child's evolving independence and social functioning (Hunter & Hemmeter, 2009; Shonkoff & Phillips, 2000). The skills are taught and reinforced during meaningful, predictable everyday routines. At the intensive tier, individualized, intensive interventions are designed and implemented to reduce persistent, challenging behaviors and teach new skills. PTR-F is the recommended evidenced-based practice for children in high need of interventions, as it is situated in applied behavior analysis and positive behavior supports. It has been identified through a literature review to be an appropriate intervention for children younger than 3 years (Conroy, Dunlap, Clarke, & Alter, 2005).

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

In 2024, EI providers from districts 3, 9 and 12 completed the EIIC one time per week as a self-assessment of the evidence-based practices they demonstrated during an intervention visit with one family. The data is collected electronically, and reports are generated monthly to direct local leadership teams, newsletter development, and future professional development needs. In Year 4, The SLT reviewed the data to monitor fidelity of implementation to completing the EIIC weekly at the Early MTSS implementation districts. The data retrieved from the online system indicated that there were 2,172 EIICs recorded, resulting in a 65% rate of fidelity to implementation of completion. These results indicate a slight increase in the EIIC completion rate from Year 3 (62.69%) to Year 4.

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.

IFSP teams utilize the ASQ-SE-2 completed at intake and at the 6-month and 12-month IFSP reviews to inform IFSP outcomes and services to address social and emotional needs. For the SiMR, SoonerStart reported that 51.18% of children at the PM implementation districts (after at least six months of IFSP services) scored below cut-off indicating no social-emotional concerns. These data indicated a decrease in children scoring below cut-off on the ASQ: SE2 from the previous year. In year four, the data were disaggregated by the three implementation districts instead of two for further analysis. The percentage of children scoring below cut-off in District 12 decreased from 51.44% in FFY 2022 to 48.89% for FFY 2023. District 3 also experienced a decrease in children scoring below cut-off in this reporting period (58.18%) compared to last year (60.46%). There are several variables that could be associated with this decrease. These include an increase in referrals experiencing challenging behaviors; IFSP outcomes chosen by the family, or lack of completed ASQ:SE-2 at the 6-month and annual IFSP review. The SLT is working with Districts 3 and 12 to determine how to best support the EI providers in working with children to address social-emotional concerns and increase Below-Cut-off scores. FFY 2023 is the first year to report SiMR data for a new implementation district. District 9 had 57.61% of children assessed with the ASQ:SE2 after six months of services score below cut-off indicating no social-emotional developmental concerns. Although, the SiMR data has not meet the target set at the initiation of the current SSIP, SoonerStart believes that the current results supports the decision to continue the ongoing use of all evidence-based practices as designed in the Early MTSS framework.

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

ToC Component 3: SoonerStart will continue implementation of the third component of the Theory of Change. (EI providers develop and utilize their acquired knowledge and skills in providing services to families). The anticipated outcomes include:

Outcome 3.1 EI providers demonstrate knowledge gains in PM EBPs.
New staff at implementation districts will be trained in Part C practices by SoonerStart personnel (the SSIP Project Manager and Practitioner Coach). SoonerStart will use pre and post-training surveys to assess knowledge gains. A follow-up survey will be conducted for personnel who are trained in Part C practices in 2025 to assess long-term knowledge gains. These results will be reported and used to measure outcome achievement.

Outcome 3.2 EI providers demonstrate fidelity to implementation of PM EBPs.
Service providers are monitored to ensure they are demonstrating fidelity to Early MTSS implementation and the use of EBPs. SoonerStart will use the EIIC to monitor fidelity to implementation processes, procedures and practices. Data obtained from the EIIC will be used to inform SLT, professional development, and SoonerStart newsletter EBP.

Outcome 3.3 Practitioner coaches demonstrate the ability to support and monitor EI providers.
Practitioner coaches will demonstrate their ability to support early intervention staff in their provision of services to families. SoonerStart has committed to expanding training time for the new cohort of Practitioner Coaches to build capacity and confidence. Practitioner Coaches will begin coaching cycles with EI providers to support and monitor evidence-based practices when training is completed. Data will be recorded on the OFIP by the Practitioner Coach and used by the coachee to set goals and inform practice change. The state Practitioner Coach will provide support to local Practitioner Coaches and monitor the coaching process.
SoonerStart partially met the mid-term measures associated with the major outcomes identified for this third component of the ToC in Year 4. Work will continue toward achieving all mid-term measures by the end of Year 5.

ToC Component four: Families' knowledge about SE development will increase to support their child's SE growth.

Outcome 4.1 Caregivers demonstrate knowledge of SE development shared through program implementation of Part C EBPs and other activities.
SoonerStart will continue to utilize the parent portal feature of a child's electronic early intervention record to share social and emotional developmental resources from ASQ:SE-2 with families. This information is provided to all families enrolled in Oklahoma's Part C program and will not be limited to the Early MTSS implementation districts.

ToC Component five: Families will recognize their child's SE strengths and manage challenging behavior successfully.

Outcome 5.1 Caregivers report successful management of children's challenging behavior and identification of strengths
In Year 5, SoonerStart will develop new procedures, with the support of stakeholders, to receive feedback from families on efficacy of the Part C EBPs in decreasing challenging behaviors. SoonerStart will collect data on families' use of EBPs and the benefits they experience.

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.

Data reflect that progress is being made toward building infrastructure supports at local implementation districts and prospective scale-up sites. SoonerStart has met its mid-term measures for all outcomes in ToC components one and two except Outcome 2.3. Mid-term measures for the ToC component three outcomes (supporting the implementation of evidence-based practices) have been met for all components except 3.3. SoonerStart has met the short-term measure of ToC component 4.

Section C: Stakeholder Engagement

Description of Stakeholder Input

SoonerStart has engaged with stakeholders throughout the SSIP development process to ensure high quality planning, implementation, and evaluation of SSIP efforts. Stakeholder feedback and support for the SSIP informs and drives all aspects of the work moving forward. The ICC serves as the primary stakeholder group providing ongoing guidance and input into SSIP development. Information and updates are provided regularly at each ICC meeting regarding progress towards the SIMR. Local teams have engaged with staff and families to gather feedback for use in planning, implementation, and evaluation. SoonerStart worked with the Oklahoma Parent Center to increase outreach to parents, as well as the Oklahoma Family Network (an advocacy organization for families of children with developmental disabilities). Feedback is broadly solicited from early intervention staff through a monthly newsletter.

In FFY 2023, SoonerStart, with input from stakeholders, changed our terminology from Pyramid Model to Early Multi-Tiered Systems of Support (Early MTSS) to create better alignment with the state's public school's Oklahoma Multi-Tiered Systems of Support (OKMTSS) framework. This change in terminology is expected to help ease families' transition into the school setting at age three.

Stakeholders representing multiple state and community programs, state agencies, early intervention service providers and parents of children currently or formerly enrolled in the SoonerStart program participated in the development and implementation of the SSIP. These include the following entities or roles, with counts of representatives in the parenthesis.

Sooner Success – OU Health Sciences Center (2)
Oklahoma AbleTech (Assistive Technology Center) - Oklahoma State University (1)
Infant Mental Health - Oklahoma Department of Mental Health and Substance Abuse (2)
Special Education Services – Oklahoma State Department of Education (3)
SoonerStart Early Intervention Service Providers (75)
SoonerStart Early Intervention Service Coordinators (45)
SoonerStart State Leadership Team (9)
Parents of Children with Developmental Disabilities – SoonerStart (40)
Oklahoma State Regents for Higher Education (1)
Oklahoma Parent Center (2)
Oklahoma Commission on Children and Youth (1)
Oklahoma Partnership for School Readiness (1)
Oklahoma Deaf/Blind Project (1)
Oklahoma Head Start Collaboration Agency (2)
Community Head Start Providers (4)
Early Childhood Education - Oklahoma State Department of Education (1)
Oklahoma State Department of Health (3)
Oklahoma Part C Interagency Coordinating Council (ICC) Oklahoma Family Network (2)
Oklahoma Health Care Authority (1)
Oklahoma Department of Human Services (1)
Community Development Support Association (1)
Oklahoma School for the Deaf (1)
Oklahoma Public School Teachers (1)
Community Preschools/Child Care Programs (5)
Tribal Partners (2)

It is important to Oklahoma that stakeholders are not just informed about the SSIP, but they have a voice in continuous efforts to achieve outcomes related to the identified strategies. Through regularly scheduled meetings, surveys, website announcements, and email notifications, Oklahoma seeks input into decisions related to the SSIP strategies.

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

Oklahoma understands that stakeholder involvement leads to a better process, greater community support and buy-in, more creativity, a better understanding of the systems and challenges and, ultimately, a more effective effort to improve outcomes for infants and toddlers. SoonerStart continued to engage stakeholders in SSIP improvement efforts through quarterly meetings designed to provide updates on Early MTSS implementation activities and seek input on proposed next steps.

SoonerStart hosted four meetings to engage stakeholders in key improvement efforts during 2024. These meetings were held on:

March 24, 2023
June 14, 2024
September 13, 2024
December 14, 2024

Additionally, SoonerStart engaged ICC stakeholders at their regularly scheduled meetings on:

February 7, 2024
June 5, 2024
September 4, 2024
December 4, 2024

Stakeholder meeting agendas were shared in advance via an email invitation that included the link to the SSIP information pages posted on the SoonerStart website. A brief overview of the SSIP process and Early MTSS framework was provided at each meeting and stakeholder input continued to be solicited during meetings in multiple ways. SoonerStart frequently used the Ideaz Board website tool which provides a virtual "sticky note" that allows participants to share their thoughts, ideas, and questions anonymously during virtual meetings. Polls were added to meeting presentations when necessary for voting on improvement strategies and evaluation methods. Stakeholders who were unable to attend a real-time virtual meeting, had the option to view the recorded discussion and email their questions or suggestions.

In Year 3, SoonerStart focused on explaining the levels or tiers of support (universal, targeted or intensive intervention) that guide the Early MTSS evidence-based practices provided to families (listed as a priority interest by 54% of stakeholders). Additional information was shared on the data results from the ASQ-SE2 assessment and the EIIC fidelity measurement (listed as a priority interest by 46% of stakeholders).

SoonerStart strives to create an open environment for stakeholders to share their thoughts on program improvement with each other and program administration throughout the stakeholder input process. In response to positive feedback from stakeholders who stated satisfaction with the meeting process and participation, SoonerStart continued in year 3 to ensure that there was ample opportunity for stakeholders to ask questions and share ideas during meetings. SoonerStart is committed to ensure that the information presented is understandable and that stakeholder capacity to fully engage in the systems change project (SSIP) is supported.

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.

None

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

N/A

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

In Years 2 and 3, SoonerStart experienced multiple challenges in launching practice-based coaching. As a result of hiring a full-time State Practitioner Coach in late 2023, SoonerStart is back on track to identify and train new local practitioner coaches as well as provide ongoing support.

In Year 4, District 3 was slated to start PBC and provide feedback to develop local coaching procedures and practices. District 3 identified a practitioner coach in the spring of 2024 but this staff member was unable to commit to consistent training dates due to caseload demands. District 3 will continue to explore options to increase their capacity to have a staff member as a practitioner coach for their district. The SSIP Program Manager and State Practitioner Coach will work with Districts 9 and 12 to identify a potential practitioner coach to begin exploration. The onboarding of new practitioner coaches continues into Year 5.

District 9 was added as a PM district in 2023 and has completed exploration and is in implementation. District 9 has struggled with staffing problems and interagency issues. The local health department supervisor in District 9 made the decision to postpone LLT meetings, against the recommendation of the SLT. The state leadership team continued, during this time, to send out technical assistance and communication to help alleviate any backslide of knowledge and skills of MTSS. State leadership renewed the commitment of providing the support, structure and feedback necessary to get District 9 back on track and schedule.

Provide additional information about this indicator (optional).

In addition to informing the SiMR, the ASQ:SE-2 data also provides an early opportunity in the Part C process to support families with concerns about their child's social emotional development. As a part of Oklahoma's commitment for continuous improvement, the ASQ:SE-2 has been added as a component of the intake for children referred to the SoonerStart program. If the results suggest a social emotional developmental concern, but the child is determined not eligible for Part C services, the Resource Coordinator has information to provide appropriate referrals and other resource options to the family. If the child is determined eligible for Part C services, any social-emotional concerns identified by the family at the intake can be discussed by the IFSP team when developing outcomes for the initial IFSP. The ASQ:SE-2 results also assist the IFSP team in determining if a higher level of support (targeted or intensive in the MTSS approach) is indicated for the early intervention services planned in the initial IFSP.

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:

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

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	100.00%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
9	0	9	0	0

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

Upon identification of noncompliance for Indicator 1, no additional findings related to other IDEA requirements were identified. Therefore, there was no difference in the number of findings reported in this data table and the number of findings issued related to Indicator 1.

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 specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 1 of the APR. The process utilized in verification of correction of noncompliance for Indicator 1 also allows for verification of correction for related requirements when applicable. Oklahoma did not identify or issue any written findings pertaining to related requirements in FFY 2022.

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

The specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 1 of the APR.

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

Findings of Noncompliance Identified in FFY 2022

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

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

Upon identification of noncompliance for Indicator 7, no additional findings related to other IDEA requirements were identified. Therefore, there was no difference in the number of findings reported in this data table and the number of findings issued related to Indicator 7.

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 specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 7 of the APR. The process utilized in verification of correction of noncompliance for Indicator 7 also allows for verification of correction for related requirements when applicable. Oklahoma did not identify or issue any written findings pertaining to related requirements in FFY 2022.

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

The specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 7 of the APR.

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	0	4	0	0

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

Upon identification of noncompliance for Indicator 8A, no additional findings related to other IDEA requirements were identified. Therefore, there was no difference in the number of findings reported in this data table and the number of findings issued related to Indicator 8A.

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 specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8A of the APR. The process utilized in verification of correction of noncompliance for Indicator 8A also allows for verification of correction for related requirements when applicable. Oklahoma did not identify or issue any written findings pertaining to related requirements in FFY 2022.

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

The specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8A of the APR.

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
9	0	9	0	0

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

Upon identification of noncompliance for Indicator 8B, no additional findings related to other IDEA requirements were identified. Therefore, there was no difference in the number of findings reported in this data table and the number of findings issued related to Indicator 8B.

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 specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8B of the APR. The process utilized in verification of correction of noncompliance for Indicator 8B also allows for verification of correction for related requirements when applicable. Oklahoma did not identify or issue any written findings pertaining to related requirements in FFY 2022.

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

The specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8B of the APR.

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

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

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

Upon identification of noncompliance for Indicator 8C, no additional findings related to other IDEA requirements were identified. Therefore, there was no difference in the number of findings reported in this data table and the number of findings issued related to Indicator 8C.

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 specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8C of the APR. The process utilized in verification of correction of noncompliance for Indicator 8C also allows for verification of correction for related requirements when applicable. Oklahoma did not identify or issue any written findings pertaining to related requirements in FFY 2022.

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

The specific process and tools used to verify correction of noncompliance for all SoonerStart districts is outlined in the applicable section of Indicator 8C of the APR.

Optional for FFY 2023, 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
33	0	33	0	0

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
33	33		100%	100.00%	N/A	N/A

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

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

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).	33
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)	33
3. Number of findings <u>not</u> verified as corrected within one year	0

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

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

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

12 - OSEP Response

The State established a baseline, using data from FFY 2023, and OSEP accepts that baseline.

12 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role

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:

Christi Landis

Title:

Part C Assistant Director/Data Manager

Email:

christi.landis@sde.ok.gov

Phone:

405-885-9164

Submitted on:

04/21/25 8:53:50 AM

Determination Enclosures

RDA Matrix

Oklahoma 2025 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

Results and Compliance Overall Scoring

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

2025 Part C Results Matrix

I. Data Quality

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

Number of Children Reported in Indicator C3 (i.e., outcome data)	1,825
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	2,720
Percentage of Children Exiting who are Included in Outcome Data (%)	67.1
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

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

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

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

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
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(b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	0
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Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2023	81.34%	40.99%	82.82%	35.56%	82.47%	37.92%
FFY 2022	86.01%	47.46%	87.10%	40.08%	86.91%	45.10%

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

2025 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (3)	Score
Indicator 1: Timely service provision	99.31%	YES	2
Indicator 7: 45-day timeline	98.55%	YES	2
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	99.34%	YES	2
Indicator 8C: Timely transition conference	97.55%	YES	2
Indicator 12: General Supervision	100.00%	YES	2
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

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

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

Appendix A

I. (a) Data Completeness:

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

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

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2023 Outcomes Data

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

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

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

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

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

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

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

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

Anomalies in Your State's Outcomes Data FFY 2023

Number of Infants and Toddlers with IFSP's Assessed in your State	1,825
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	8	309	760	622	126
Performance (%)	0.44%	16.93%	41.64%	34.08%	6.90%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	3	303	870	605	44
Performance (%)	0.16%	16.60%	47.67%	33.15%	2.41%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	9	300	824	630	62
Performance (%)	0.49%	16.44%	45.15%	34.52%	3.40%
Scores	1	1	1	1	1

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

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison:

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

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

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

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

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

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

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

Your State’s Summary Statement Performance FFY 2023

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	81.34%	40.99%	82.82%	35.56%	82.47%	37.92%
Points	2	1	2	1	1	1

Total Points Across SS1 and SS2	8
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Your State’s Data Comparison Score	1
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Appendix D

II. (b) Performance Change Over Time:

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

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

Test of Proportional Difference Calculation Overview

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

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

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

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

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

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

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

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

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

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

- 0 = statistically significant decrease from FFY 2022 to FFY 2023
- 1 = No statistically significant change
- 2= statistically significant increase from FFY 2022 to FFY 2023

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

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

Summary Statement/ Child Outcome	FFY 2022 N	FFY 2022 Summary Statement (%)	FFY 2023 N	FFY 2023 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	1,522	86.01%	1,699	81.34%	-4.66	0.0130	-3.5934	0.0003	YES	0
SS1/Outcome B: Knowledge and Skills	1,612	87.10%	1,781	82.82%	-4.28	0.0122	-3.4976	0.0005	YES	0
SS1/Outcome C: Actions to meet needs	1,597	86.91%	1,763	82.47%	-4.44	0.0124	-3.5869	0.0003	YES	0
SS2/Outcome A: Positive Social Relationships	1,654	47.46%	1,825	40.99%	-6.47	0.0168	-3.8466	0.0001	YES	0
SS2/Outcome B: Knowledge and Skills	1,654	40.08%	1,825	35.56%	-4.52	0.0165	-2.7487	0.006	YES	0
SS2/Outcome C: Actions to meet needs	1,654	45.10%	1,825	37.92%	-7.18	0.0167	-4.3040	<.0001	YES	0

Total Points Across SS1 and SS2	0
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Your State's Performance Change Score	0
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Data Rubric
Oklahoma

FFY 2023 APR (1)

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

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

APR Score Calculation

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

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

618 Data (2)

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

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

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

Part C 618 Data

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

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

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

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

Dispute Resolution

IDEA Part C

Oklahoma

Year 2023-24

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

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

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	0
Has your state adopted Part C due process hearing procedures under 34 CFR 303.430(d)(1) or Part B due process hearing procedures under 34 CFR 303.430(d)(2)?	PARTB
(3.1) Resolution meetings (applicable ONLY for states using Part B due process hearing procedures).	0
(3.1) (a) Written settlement agreements reached through resolution meetings.	0
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline.	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Hearings pending.	0
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	0

This report shows the most recent data that was entered by:

Oklahoma

These data were extracted on the close date:

11/13/2024

How the Department Made Determinations

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

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



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

Final Determination Letter

June 18, 2025

Honorable Ryan Walters
State Superintendent of Public Instruction
Oklahoma State Department of Education
2500 North Lincoln Boulevard
Oklahoma City, OK 73105

Dear Superintendent Walters:

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

Oklahoma's 2025 determination is based on the data reflected in Oklahoma's "2025 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for Oklahoma and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) Oklahoma's Determination.

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

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

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

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2023 data. You may access the results of OSEP's review of Oklahoma's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Oklahoma's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that Oklahoma is required to take. The actions that Oklahoma is required to take are in the "Required Actions" section of the indicator.

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

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

- (1) Oklahoma's RDA Matrix;
- (2) the HTDMD link;
- (3) "2025 Data Rubric Part C," which shows how OSEP calculated the State's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and

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

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

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

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

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

As a reminder, Oklahoma must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in Oklahoma on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Oklahoma's submission of its FFY 2023 SPP/APR. In addition, Oklahoma must:

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

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

- (1) includes Oklahoma's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

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

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: State Part C Coordinator