

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2024

Oklahoma



**PART C DUE**  
**February 2, 2026**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

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 2024 SPP/APR submission, stakeholders representing the State Interagency Coordinating Council (SICC), 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 8C. The results from this FFY 2024 submission will continue to establish the baseline for future submissions. SoonerStart solicited stakeholder feedback and suggestions for improvement before reporting to OSEP in the FFY 2023 Annual Performance Report (APR).

For the FFY 2024 Part C APR, program data were disaggregated by each of the twelve SoonerStart districts, all of which are accountable to the Oklahoma State Department of Education (OSDE), the lead agency, for meeting the state targets for each indicator—just as OSDE is accountable to OSEP. SoonerStart continues to use the District Data Profile to share annual performance results with each district and the District Determination Profile to issue each district's annual determination. For FFY 2024, all twelve SoonerStart districts were again determined to meet the requirements of IDEA Part C.

In 2025, SoonerStart expanded the implementation of Oklahoma's State Systemic Improvement Plan (SSIP) with a focus on enhancing developmental outcomes for infants and toddlers. Two districts (District 1 and District 10) received intensive training on implementing the Early Multi-Tiered System of Supports (MTSS) framework and Evidence-Based Practices (EBPs). Additionally, seven practitioner coaches volunteered and completed training to provide ongoing support to staff across the five implementation districts (Districts 3, 5, 8, 9, and 12).

#### Overview of Performance and Compliance Data:

- The percentage of children receiving early intervention services in natural environments increased to 96.70%, which exceeded the target of 96%. This improvement was, in part, due to technical assistance provided to District 8 and District 9 on the importance of Natural Environment in Early Intervention services, and the correct selection of service location during IFSP development. (Indicator 2)
- In FFY 2024, the percentage of children who exhibited improved growth in social/emotional skills, skills and knowledge, and appropriate behaviors from program entry remained static. FFY 2023 showed slippage due to response shift bias after extensive retraining and participation in the Child Outcome Summary and Knowledge Check.
- There were minimal statistical changes in the three family outcome statements from the last reporting period. Indicators 4A and 4B met targets; however, target 4C was not met as the target remains elusively high at 97.50%. The number of surveys completed by families increased from 1451 to 1821. (Indicator 4A, 4B, and 4C).
- The percentage of children served by SoonerStart ages birth to one decreased by 20 children and did not meet the target. The percentage of all children served (ages birth to three) compared to Oklahoma's birth to three population decreased slightly and did not meet the state's established target for FFY 2023. (Indicators 5 and 6).
- Oklahoma continued to work well with families, as evidenced by the zero counts of complaints. (Indicators 9 and 10)
- Oklahoma did not meet the federally required target of 100% on three of the five compliance indicators, while reaching 100% for timely development of transition steps and services (8A) and the timely transmittal of notice to the SEA and LEA (8B). Oklahoma decreased slightly in timely provision of service (Indicator 1) and timely transition planning conference (Indicator 8C), while increasing slightly in the 45-day timeline (Indicator 7). (Indicators 1, 7, 8A, 8B, and 8C)
- SoonerStart employs the Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2) as the measurement tool for the State-Identified Measurable Result (SIMR) reported under Indicator 11. This social-emotional development assessment is administered to children who have received a minimum of six months of early intervention services and are enrolled in implementation Districts 2, 3, 5, 6, 8, 9, and 12. The ASQ:SE-2 results indicate X% of children in these districts displayed no concerns from the caregiver's perspective. I will add info about any slippage once we have the data. SoonerStart did (or did not) meet the FFY 2024 target of X for Indicator 11.

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

Oklahoma's data collection period for the FFY 2024 APR occurred between July 1, 2024 and June 30, 2025. The state collected, stored, and managed all Part C data in EdPlan, the statewide early intervention data system. Each child's official educational record was maintained electronically in EdPlan and included demographic information, evaluation and eligibility documentation, the IFSP and service delivery records, transition planning information, provider notes, consents, and all other materials required to support IDEA Part C processes. Local SoonerStart staff entered all child-level data directly into the system as activities occurred throughout the early intervention timeline.

The Part C Data Manager generated statewide data reports from EdPlan, pulling information directly from each child's record to produce reports on services, compliance timelines, and other required elements. These reports were used to support ongoing monitoring of IDEA Part C requirements and to verify correction of any identified noncompliance. All SoonerStart staff were required to document the dates of every early intervention timeline event within the EdPlan record to ensure accuracy and completeness of statewide reporting.

EdPlan also served as the data source for the annual Exiting Report and the December 1 Child Count and Settings submission. Dispute Resolution information was maintained separately by the SoonerStart Program Director. The state did not report any Dispute Resolution activity during this period and had not reported any such activity for more than a decade.

#### 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 activities for local district programs were implemented to assess how effectively Early Intervention personnel met IDEA requirements and adhered to SoonerStart Operational Procedures. Oklahoma employed a range of strategies, such as self-assessments, analysis of program data, on-site district reviews, and targeted monitoring activities, to evaluate SoonerStart service coordinators and providers for both compliance and quality. SoonerStart monitored local district performance on all APR indicators and related requirements annually for each of its twelve local districts.

Each year, Oklahoma conducted monitoring of all twelve local districts through its General Supervision system. This annual monitoring included the review of statewide SPP/APR indicator data, additional IDEA Part C requirements, and state-identified priority areas using data extracted from the EdPlan electronic data system and other programmatic reports. These activities allowed the State to routinely assess compliance and performance across all local districts and to identify areas requiring further review, technical assistance, or corrective action.

To augment the annual monitoring of all districts, Oklahoma incorporated on-site local district program improvement monitoring as a key component of its integrated General Supervision system. On-site monitoring provided an in-depth, qualitative review of program implementation and compliance that could not be fully assessed through data analysis alone. This included verification of data accuracy through child record reviews, assessment of service delivery practices, and evaluation of compliance with IDEA Part C requirements beyond the primary SPP/APR indicators, such as procedural safeguards, IFSP development and implementation, transition practices, and documentation standards.

On-site monitoring operated on a three-year cycle, with four of the twelve local districts assigned to each cycle. Cohort 1 consisted of Districts 1, 2, 5, and 12; Cohort 2 consisted of Districts 3, 6, 8, and 10; and Cohort 3 included Districts 4, 7, 9, and 11. Cohorts were determined based on geographic distribution across the state, and on-site visits historically occurred during the spring of each year.

During March and April 2025, on-site local district monitoring was conducted in District 4 (Claremore), District 7 (Tahlequah), District 9 (McAlester), and District 11 (Tulsa). On-site monitoring activities included reviews of compliance and performance data, related requirement self-assessments, child record reviews, staff interviews, and the provision of targeted technical assistance focused on evidence-based practices. The FFY 2024 on-site monitoring visits included the review of records and services for children residing in 26 of Oklahoma's 77 counties.

Monitoring data were obtained from the EdPlan database, family surveys, and previously submitted 618 data. Oklahoma's compliance monitoring process verified that each local SoonerStart Early Intervention district correctly implemented the specific regulatory requirements and addressed any untimely individual records. Data review for this reporting period occurred during the first two weeks of September for the prior fiscal year. SoonerStart followed standard procedures and used EdPlan data reports to review information, identify noncompliance, issue findings, and implement corrective actions at both 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 noncompliance.**

Oklahoma collects data for the entire FFY through the EdPlan database. SoonerStart monitors all records for enrolled children for the 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 with IDEA regulatory requirements. The number of records in the fourth quarter is 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 represent 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. SoonerStart assessed systemic compliance through a structured review of child electronic records selected from September, October, and November of the subsequent FFY. The Part C Data Manager identified the entirety of eligible records for the review period and assigned each record a unique numeric identifier. A randomization formula was applied in Microsoft Excel to select a representative sample equal to 10 percent of the total records, with the sample size rounded up to the nearest whole number to ensure sufficient representation. In instances where fewer than three records were identified, the entire population was reviewed to maintain the integrity of the compliance verification process.

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) 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.**

For Federal Fiscal Year 2024, Oklahoma collected both compliance and performance data for monitoring and the Annual Performance Report (APR) through the EdPlan database. The electronic records documented the dates when early intervention activities occurred and, if activities were not completed within required timelines, prompted staff to provide a reason for the delay. Potential noncompliance was also identified through parent surveys, informal complaints, feedback from local or peer sources, and other periodic reports submitted to the state. Oklahoma designated the fourth quarter of the fiscal year (April, May, and June) as the APR reporting period for compliance indicators. The Part C Data Manager reviewed data reported for this period and compared it with data from the full year (FFY 2024). This review ensured that the results were representative of a full year of state data, encompassing all regions, provider types, and 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).**

Not Applicable.

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):

1. Optional Training and Technical Assistance

Provide voluntary access to training, technical support, and self-assessment tools for improvement.

2. Corrective Action Plan (CAP)

Require submission and implementation of a formal corrective action plan to address identified noncompliance or areas needing improvement.

3. Required Training, Technical Assistance, and Self-Assessment

Mandate participation in training programs, technical support, and completion of a self-assessment to ensure compliance.

4. Focused Monitoring

Conduct targeted reviews of specific areas of concern to assess and verify corrective actions.

5. Frequent Desk Audits

Increase the frequency of desk reviews to closely monitor compliance and progress.

6. More Frequent Onsite Monitoring

Implement additional onsite inspections to observe and ensure adherence to required standards.

7. Financial Penalties

Impose financial sanctions on the state provider agency (OSDH) as outlined in the annual master contract, used 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's SPP/APR, the correction of identified noncompliance, and the timeliness and accuracy of submitted data. The indicators used for these determinations, along with the points available, are selected by the State's lead agency with input from stakeholders.

The five compliance indicators—timely services, 45-day timeline, transition initiation, transition notification to the local education agency, and transition planning conference timeline—account for 75% of a district's determination score. In addition, each district's determination incorporates local results for two performance indicators: Indicator #3 (Early Childhood Outcomes) and the survey response rate for Indicator #4 (Family Surveys). Points are also awarded for timely submission and accuracy of data entered into the EdPlan database. These performance indicators collectively account for 25% of the determination score.

Points earned across all selected indicators are totaled and compared with the total possible points (100 points) to establish each district's level of determination:

- 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 are collected for the current APR during the first two weeks of September and disaggregated by district. Each of the twelve districts is notified of its determination on December 1st following the reporting year.

Most Recent Determinations:

<https://oklahoma.gov/education/services/soonerstart/soonerstart-data-and-reporting.html>

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

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

**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 ensured the timely delivery of high-quality, evidence-based technical assistance and support to staff across Oklahoma's twelve districts. The team included the Program Director and Assistant Program Director (OSDE), the Allied Health Director and Early Intervention Manager (OSDH), and four project managers with expertise in early intervention services.

The Leadership Team provided technical assistance through monitoring and program improvement visits, including identifying causes of low performance or non-compliance, developing strategies for improvement, troubleshooting the EdPlan database, and clarifying SoonerStart procedures and IDEA, Part C regulations. Additional resources from the ECTA Center and DaSy were used as needed.

At the district level, the Program Manager and Health Department Lead Clinician implemented policies and procedures, corrected non-compliance, and provided technical assistance to local staff based on monitoring and district-specific needs.

SoonerStart supported staff through web-based and local training for the EdPlan database, which contains children's electronic records. Staff accessed the Message Board for assistance and "Tip Sheets" on data entry and reporting. The Assistant Program Director coordinated with the vendor to improve the system and provide regular updates.

The SoonerStart Operations Manual, available in Microsoft Teams, operationalized program policies and procedures and was reviewed regularly by a multi-agency task group to ensure compliance with state and federal regulations. Updates were communicated via program-wide emails. The Assistant Program Director served as the primary statewide resource for guidance and written feedback 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 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 equip EI professionals (service coordinators, service providers, and EI program administration) with the tools, confidence, and competence needed to support families effectively. PD is essential 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 also employs the following part-time positions—Allied Health Technical Manager, a Behavioral Health Training Consultant, and a Regional Technical Consultant—to develop discipline-specific activities designed 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 and policies are required;
- Address practice changes that improve child and family outcomes; and
- Implement evidence-based practices.

SoonerStart's PD system includes:

- Entry-level online training modules;
- Information sharing and resource dissemination; and
- Professional development activities provided by early intervention content experts.

The PD Project Manager identifies professional development needs through multiple methods, including:

- Reviews of local program and statewide compliance monitoring data and quality assurance reviews;
- New research and current evidence-based practices and initiatives;
- Input from local district program supervisors;
- Results from training surveys;
- An online Training Request form; and
- National and state-level policy changes

SoonerStart also maintains an online PD clearinghouse in Microsoft Teams, used to house a master calendar of training opportunities from both internal and external partners. Collaboration with organizations such as the Oklahoma Assistive Technology Center (AbleTech) and the Oklahoma Health Care Authority provides additional training opportunities throughout the year. Local mentoring and peer-to-peer collaboration remain core components of the PD system, strengthening team cohesion and building practice confidence.

Training courses are recorded and made available to all staff, and many are being converted into structured online courses within the learning management system to enhance interactivity, track participation, and measure competency—features not supported by recorded Teams sessions alone.

The PD Project Manager continues to coordinate a wide range of PD activities that promote:

- Statewide coordination of EI-related training;
- Greater access to learning opportunities for families and service providers;
- A balanced statewide calendar of PD opportunities;
- Both online and in-person training options; and
- Specialized opportunities that unite families and professionals from multiple related fields.

#### **Professional Development Activities Completed in FFY 2024**

Some key professional development activities in the reporting period include:

- Updates for SoonerStart's online professional development resources. The nine core online professional development modules, formerly known as Pepper and previously housed within EdPlan, have been fully updated and successfully migrated to OSDE Connect. The "SoonerStart New Employee Orientation" training series—developed in FFY 2019—supports a blended learning approach for new staff. Additional online modules support EdPlan navigation, including required competencies for accurate data entry for all children from program entry through exit.
- SoonerStart employees are also required to complete an additional five Early Intervention online modules offered through FIPPCASE, which reinforce foundational early intervention principles and evidence-based practices.
- Offering both in-person and recorded Early Childhood Transition trainings, coordinated with the 619 Coordinator, across six locations for SoonerStart staff and LEA representatives.
- Coordinating provider-discipline peer staffing sessions to support teaming and collaborative problem-solving.

- As SoonerStart continues to expand Early MTSS throughout the state, aligned and layered PD opportunities have been developed to support districts at varying stages of implementation. Districts newly beginning the Early MTSS process participate in a one-day, in-person Part C Practices training that introduces essential concepts and early intervention frameworks. For districts already implementing Early MTSS, Part C Practices are also offered through a series of three online modules. Each training module is followed by a facilitated Community of Practice (CoP), led by the PD Project Manager responsible for statewide new-hire professional development. These CoPs provide structured opportunities for reflection, collaboration, problem-solving, and reinforcement of implementation fidelity. This tiered training model ensures that both new and experienced staff receive the support they need as Early MTSS continues to scale statewide.
- SoonerStart continues to utilize Playbook, a reflective supervision and general supervision tool, which allows supervisors to assign targeted learning activities tied to IDEA Part C and Early Intervention Key Principles. Playbook supports deeper understanding, tracks staff engagement in assigned learning, and helps supervisors identify and address fidelity drift. Playbook remains in the final stages of implementation and is currently used for all new staff as a six-month knowledge-check tool to support fidelity to IDEA Part C and SoonerStart operational expectations. An additional two Plays were developed to support SoonerStart team members and to reinforce a family coaching interaction style 1. Modeling with Parents and Caregivers 2. Reflective Questioning with Parents and Caregivers.

SoonerStart remains committed to ensuring that service providers are equipped with the knowledge, skills, and ongoing support needed to deliver high-quality early intervention services that improve outcomes for 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 with 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 2024 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 13, 2024
- December 13, 2024
- March 6, 2025
- June 5, 2025

ICC meetings were held on the following dates:

- September 4, 2024
- December 4, 2024
- February 5, 2025
- June 4, 2025

SoonerStart holds all parent and community stakeholder meetings via Microsoft Teams. 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. ICC meetings are held in person in Oklahoma City at the location of the Lead Agency.

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:**

20

**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 to engage parents of children with disabilities in the stakeholder process. Parent representatives participate in the Interagency Coordinating Council (ICC), Oklahoma's legislative Disability Caucus, Oklahoma Parent Center, Oklahoma Family Network, Oklahoma Sooner Success, and various community agency partnerships.

ICC parent stakeholders, along with representatives from community organizations, state agencies, and early childhood programs, meet quarterly to review APR indicator targets. Stakeholders consistently affirm that the targets remain appropriate. In FFY 2024, stakeholders focused on child-find improvement strategies. Public awareness activities were discussed for implementation at both local district and statewide levels. Local strategies included pairing Resource Coordinators with parent stakeholders to visit referral sources such as doctors' offices and childcare facilities. The ICC Parent Sub-Committee to build on the inaugural SoonerStart Day at the Capitol.

With support from program staff, the ICC and other stakeholders organized a second annual "SoonerStart Day at the Capitol" to raise awareness of Oklahoma's early intervention services among state legislators and legislative partners. Families representing diverse backgrounds shared their experiences and expressed appreciation for the services supporting their children. The ICC collaborated with Oklahoma's Commission on Children and Youth to provide stipends and mileage reimbursement for families. A third annual SoonerStart Day at the Capitol is booked for May of 2025, with expanded opportunities for learned advocacy for our parent attendees.

In FFY 2024, the SoonerStart website continued to be updated to reflect stakeholder work and provide resource links to help new parent stakeholders understand SoonerStart and OSEP processes.

Stakeholder meetings are offered virtually to allow families from across the state to participate in providing input and evaluating progress on improvement strategies. Virtual meetings provide flexibility for stakeholders to join from any location using mobile devices, accommodating parents with small children or transportation barriers.

SoonerStart fosters an open environment for parents to share feedback with program administration and each other throughout the stakeholder process. Meeting agendas and prior presentations are shared in advance via email, enabling stakeholders to review information they may have missed or to refresh their knowledge. Data are presented visually using charts and graphs, and stakeholder input is collected through the Teams chat feature or the Ideaz Board tool, which allows parents to submit ideas, questions, and feedback 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.**

During the reporting period of July 1, 2024, through June 30, 2025, the Early Intervention program implemented activities designed to increase the capacity of diverse groups of parents to support their children's development and actively participate in early intervention services. Providers participated in Get Permission and SOS trainings, which were tailored to state early intervention practices, to enhance their ability to coach families on routines, such as mealtime, that impact family functioning and child outcomes. The program expanded partnerships with the Oklahoma Family Network to provide families with access to training opportunities, peer support, and stipends that reduce barriers to participation, ensuring that families from diverse geographic, cultural, and linguistic backgrounds could engage meaningfully. Additional family engagement and cross-system collaboration initiatives further promoted parent knowledge, confidence, and active involvement in implementation activities, supporting families in making informed decisions that enhance outcomes for infants and toddlers with disabilities.

**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 is accessible for comment from individuals unable to participate directly. The primary method for soliciting public input on improvement strategies and evaluating progress is through a publicly accessible forum on the SoonerStart website: <https://oklahoma.gov/education/services/soonerstart.html>. Stakeholder discussions related to SPP/APR targets and goals, as well as SSIP presentations, are posted on this site. Presentations often include polls allowing stakeholders to provide input on targets and methodologies.

During FFY 2024, SoonerStart presented stakeholders with updated program results compared to selected targets for the FFY 2020–FFY 2025 State Performance Plan. Feedback on improvement strategies was requested during these meetings. Presentations were included in the meeting agendas, which were publicly posted in advance to invite all interested parties. The public was also welcome to attend the ICC meeting in December 2024, during which progress was evaluated by comparing program data to established 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 target setting, data analysis, development of improvement strategies, and evaluation are posted on the SoonerStart website: <https://oklahoma.gov/education/services/soonerstart/soonerstart-data-and-reporting/spp-apr-stakeholder-engagement.html>. Stakeholder presentations for FFY 2024, which include information on new improvement strategies and progress evaluation by comparing program data to APR targets, are also publicly available. This information is included as a discussion item on the official ICC agenda for review at quarterly ICC meetings. ICC meetings are open to the public, and agendas are posted in advance in accordance with state open meeting regulations. Additionally, results are emailed to stakeholders who participated in discussions throughout the year.

**Reporting to the Public:**

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

SoonerStart has made its FFY 2023 SPP/APR and its Part C annual Determination letter for FFY 2023 available to the public on the OSDE website: <https://oklahoma.gov/education/services/soonerstart/soonerstart-data-and-reporting.html>

FFY 2024 Site Data Profiles and Site District Determinations were provided to local sites on December 1, 2025. They are currently posted on the website previously stated.

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

None

### **Intro - OSEP Response**

### **Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.74%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.07%	98.97%	99.03%	98.06%	99.31%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
774	901	99.31%	100%	98.22%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

A review of district determinations for the most recent two-year period identified slippage in Indicator 1 (Timely Services) for districts D5 and D6. Both districts declined from 100 percent compliance to 94.34 percent and 94.68 percent, respectively. The identified slippage was limited in scope and not indicative of systemic noncompliance.

A root cause analysis determined that the slippage resulted from isolated, short-term staffing disruptions rather than deficiencies in policies, procedures, or monitoring systems. In District D5, two initial intervention visits were not delivered as scheduled due to a provider’s unanticipated family-related illness. In District D6, delays were associated with temporary provider unavailability related to approved Family and Medical Leave Act (FMLA) leave, including one planned absence and one unforeseen medical leave related to a surgical procedure.

The analysis further confirmed that both districts maintain effective procedures for timely service initiation, and that compliance returned once staffing levels were restored.

**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.*

111

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

SoonerStart reported that 111 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.

16 children did not receive timely first intervention visits due to staff reasons. Staff reasons include unavailability due to unexpected illness, health emergency or personal family emergency.

**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, 2025 and June 30, 2025. This represents the full fourth quarter of Federal Fiscal Year 2024.

**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 statewide data system, EdPlan. EdPlan is an online database that captures and displays the status and content of each infant’s or toddler’s record at any point in time. An electronic record is created in EdPlan for every child referred to the program. For children who were evaluated and found eligible for an IFSP, service providers entered the date of the first early intervention service delivered following parental consent into the system. Dates associated with each first intervention service for all initial and subsequent IFSPs completed during the reporting period were reviewed and verified by SoonerStart supervisors at each local district program.

For FFY 2024 reporting, Oklahoma utilized first intervention service data associated with IFSPs completed during the fourth quarter of the federal fiscal year (April 1, 2025 through June 30, 2025), consistent with the state’s established reporting methodology. The SoonerStart Part C Data Manager reviewed data from this quarter and compared the results to data for the full FFY 2024 reporting period. Based on the volume and distribution of completed IFSPs across the year, the state determined that fourth-quarter data were representative of overall annual performance. The data were determined to be valid and reliable, as they included participation from all local districts statewide, all provider types, and all categories of eligible children.

- 1st Quarter - 924 IFSPs
- 2nd Quarter - 804 IFSPs
- 3rd Quarter - 815 IFSPs
- 4th Quarter - 901 IFSPs

The average over the four quarters is 861 IFSPs, Oklahoma's 4th quarter data reflects a slight above average number, therefore is an accurate representation of the annual data.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

<b>Findings of Noncompliance Identified</b>	<b>Findings of Noncompliance Verified as Corrected Within One Year</b>	<b>Findings of Noncompliance Subsequently Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
5	5	0	0

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

The State examined the extent and root causes of each instance of noncompliance and verified both child-specific correction and sustained systemic correction.

During FFY 2024, SoonerStart formally issued findings on December 1, 2025 of noncompliance for Indicator 1 to local districts that did not demonstrate 100 percent compliance with the requirement to initiate the first early intervention service within 15 working days of parent consent on the IFSP. Each instance of child-specific noncompliance was reviewed by the Part C Data Manager. Local districts documented the underlying causes of delay in the electronic record, which were most commonly attributable to provider scheduling conflicts, illness, or similar isolated circumstances. Although SoonerStart does not allow pre-finding correction, each affected child’s record was individually reviewed by the local district supervisor and verified to have received the first intervention service prior to issuance of the finding notification, thereby confirming child-level correction.

Following the issuance of findings, the State monitored subsequent data to verify both the correction of identified noncompliance and ongoing correct implementation of IDEA Part C requirements. The Part C Data Manager conducted quarterly monitoring using the First Intervention Service Visit Report generated from SoonerStart’s EdPlan electronic database. This report calculated the number of working days between IFSP parental consent and the initiation of the first early intervention service for all children enrolled during each review period.

Child records reflecting service initiation beyond 15 working days were individually reviewed to determine whether delays were supported by documented justification. Delays attributable to exceptional family circumstances were considered compliant when appropriately documented in the child’s record. Monitoring activities continued until each local district demonstrated 100 percent compliance in a subsequent review conducted within one year of notification of noncompliance.

In January 2025, the State selected child records from September, October, and November 2024 for the five local districts that received findings of noncompliance. A randomized sampling methodology was applied to yield a sample representing at least 10 percent of eligible records, rounding up as necessary. Review results indicated that all five districts demonstrated 100 percent compliance for the review period; therefore, no further corrective actions were required.

Each local district receiving a finding submitted a Corrective Assurance Statement acknowledging the identified noncompliance, describing contributing factors, and outlining actions to prevent recurrence. The Part C Data Manager also confirmed that the identified noncompliance did not result in denial of a basic right under IDEA Part C (such as a prolonged delay in service delivery or failure to implement required IFSP services).

Verification of correction at both the child level and the local program level was completed consistent with the 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 instances of noncompliance with timely initiation of services for FFY 2024. Child records were identified using the First Intervention Service Report, which calculates the number of working days between parent consent on the IFSP and the date of the first completed early intervention service visit. Following identification of noncompliance, the Part C Data Manager reviewed each affected child’s electronic record in EdPlan to verify whether the first intervention service visit had been completed, even if delivered beyond required timelines, and to confirm that the reason for delay was appropriately documented. Through this review process, the Part C Data Manager verified correction of each instance of child-specific noncompliance unless the child was no longer enrolled in SoonerStart and no outstanding corrective action remained associated with a state complaint or due process decision.

FIVE local districts received Finding Letters for Indicator One based on SEVEN individual child records. All seven child records were corrected prior to issuance of the finding letters. Documentation confirmed that SIX child received a first intervention visit, albeit beyond the required timeline, within a reasonable period following the delay. ONE child did not receive a first intervention visit because the family declined services after IFSP consent but prior to the rescheduled initial visit, and therefore the child was no longer within the jurisdiction of the program.

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with procedures outlined in "State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01)."

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

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with 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 2023**

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

**1 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

SoonerStart utilized the EdPlan electronic database to identify individual instances of noncompliance with timely initiation of services for FFY 2024. Child records were identified using the First Intervention Service Report, which calculates the number of working days between parent consent on the IFSP and the date of the first completed early intervention service visit. Following identification of noncompliance, the Part C Data Manager reviewed each affected child's electronic record in EdPlan to verify whether the first intervention service visit had been completed, even if delivered beyond required timelines, and to confirm that the reason for delay was appropriately documented. Through this review process, the Part C Data Manager verified correction of each instance of child-specific noncompliance unless the child was no longer enrolled in SoonerStart and no outstanding corrective action remained associated with a state complaint or due process decision.

FIVE local districts received Finding Letters for Indicator One based on SEVEN individual child records. All seven child records were corrected prior to issuance of the finding letters. Documentation confirmed that SIX child received a first intervention visit, albeit beyond the required timeline, within a reasonable period following the delay. ONE child did not receive a first intervention visit because the family declined services after IFSP consent but prior to the rescheduled initial visit, and therefore the child was no longer within the jurisdiction of the program.

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with 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**

**1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.52%

FFY	2019	2020	2021	2022	2023
Target>=	96.00%	96.00%	96.00%	96.00%	96.00%
Data	96.30%	98.33%	94.14%	94.66%	94.17%

### Targets

FFY	2024	2025
Target >=	96.00%	96.00%

### Targets: Description of Stakeholder Input

In FFY 2024, SoonerStart continued to share detailed explanatory and contextual information with stakeholders regarding each APR indicator, including services provided in natural environments. Stakeholders reviewed statewide data for Indicator 2 along with program explanations for services delivered in non-natural environments. Consistent with prior years, program staff reported that the most frequent reasons for providing services outside the natural environment were family preference for provider-based services and circumstances related to provider or child safety considerations.

For FFY 2024, Oklahoma met the state target for Indicator 2. Stakeholders acknowledged the positive performance trend and expressed support for maintaining expectations that prioritize individualized determination of service location based on child and family needs. Stakeholders affirmed that the current target of 96.00 percent remains appropriate and reflects both strong program performance and a continued commitment to ensuring IFSP service locations are determined thoughtfully, based on meaningful family-centered planning.

SoonerStart will continue to monitor performance, provide ongoing technical assistance to support appropriate IFSP decision-making, and engage stakeholders in reviewing data and contextual factors to sustain strong performance in this indicator.

### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	2,340
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	2,420

### FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,340	2,420	94.17%	96.00%	96.69%	Met target	No Slippage

Provide additional information about this indicator (optional).

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Stakeholders were presented and solicited for their input on Indicator 3 (A1, A2, B1, B2, C1, C2). Oklahoma did not meet targets in all sub components of the indicator, and experienced slippage for statement A1: 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. Stakeholders opined that the leveling out from the previous FFY was encouraging and potentially indicative that the retraining and supports provided to Early Intervention Providers on appropriate completion of the Child Outcome Summary is the reason the previous slippage occurred. Stakeholders expressed their desire to revisit the targets for this indicator during Oklahoma's next target setting period to more accurately reflect the population Oklahoma serves. Stakeholders offered several potential reasons for the continued slippage in A1, which will be expanded upon in the appropriate section.

#### Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2020	Target>=	79.00%	79.00%	84.00%	84.50%	84.50%
A1	84.38%	Data	84.96%	84.38%	85.86%	86.01%	81.34%
A2	2020	Target>=	53.00%	48.50%	48.50%	49.00%	49.00%
A2	48.58%	Data	50.20%	48.58%	47.81%	47.46%	40.99%
B1	2020	Target>=	84.00%	84.00%	85.00%	85.50%	85.50%
B1	85.10%	Data	86.09%	85.10%	87.19%	87.10%	82.82%
B2	2020	Target>=	47.00%	39.50%	40.00%	40.00%	40.50%
B2	39.83%	Data	41.19%	39.83%	38.47%	40.08%	35.56%
C1	2020	Target>=	85.00%	85.00%	85.00%	85.50%	85.50%
C1	85.82%	Data	87.68%	85.82%	86.41%	86.91%	82.47%
C2	2020	Target>=	48.00%	43.50%	43.50%	44.00%	44.00%
C2	43.56%	Data	47.23%	43.56%	43.38%	45.10%	37.92%

#### Targets

FFY	2024	2025
Target A1>=	84.50%	85.00%
Target A2>=	49.50%	49.50%
Target B1>=	85.50%	86.00%
Target B2>=	40.50%	41.00%
Target C1>=	85.50%	86.00%
Target C2>=	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	12	0.71%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	299	17.76%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	676	40.14%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	534	31.71%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	163	9.68%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,210	1,521	81.34%	84.50%	79.55%	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	697	1,684	40.99%	49.50%	41.39%	Did not meet target	No Slippage

**Provide reasons for A1 slippage, if applicable**

As previously reported in the FFY 2023 SPP/APR, Oklahoma completed the DaSy Child Outcome Summary (COS) training initiative and implemented a Knowledge Check Community of Practice during the third quarter of FFY 2023. This training module has been fully integrated into the State’s Comprehensive System of Personnel Development (CSPD). All new early intervention providers are required to complete the COS training, and Local Early Intervention Program Supervisors use the module to address fidelity concerns and ensure realignment to the approved COS process when concerns arise.

In conducting a root cause analysis of the continued slippage in Indicator 3, Outcome A1, Oklahoma identified several interrelated factors contributing to the less than percentage point decline. First, while the State continued significant capacity-building efforts—particularly in the Social Emotional domain aligned with the ongoing State Systemic Improvement Plan (SSIP)—stakeholder feedback and qualitative data suggest potential shifts in child functioning profiles at entry. Early Intervention providers consistently reported concern that the re-norming of the Battelle Developmental Inventory, Third Edition (BDI-3), may be influencing baseline scoring patterns. Providers indicated that children entering the system appear to demonstrate more significant developmental delays than in prior years, even within Oklahoma’s narrow eligibility structure. This perception suggests that children are entering services with greater needs, which may result in fewer children demonstrating sufficient functional change to transition into higher outcome categories by exit.

Second, through stakeholder engagement and program review, Oklahoma identified service intensity as another key contributing factor. Stakeholders reported that Early Intervention services are frequently being delivered at a lower frequency than in previous years. Reduced service intensity may diminish opportunities for repeated practice, caregiver coaching, and reinforcement of developmental skills, thereby potentially limiting measurable child progress over time. When considered together, the combination of perceived increased developmental severity at program entry and reduced service frequency likely constrained children’s capacity to demonstrate substantive developmental gains, contributing to the observed decline in performance for FFY 2024.

Oklahoma will continue to examine these contributing variables through ongoing data review, targeted stakeholder engagement, and monitoring of fidelity to the COS process to ensure accurate interpretation of results and to inform future improvement planning.

**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	9	0.53%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	267	15.86%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	818	48.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	524	31.12%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	66	3.92%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,342	1,618	82.82%	85.50%	82.94%	Did not meet target	No Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 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	590	1,684	35.56%	40.50%	35.04%	Did not meet target	No Slippage

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

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	11	0.65%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	248	14.73%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	760	45.13%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	589	34.98%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	76	4.51%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,349	1,608	82.47%	85.50%	83.89%	Did not meet target	No Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	665	1,684	37.92%	44.50%	39.49%	Did not meet target	No Slippage

**FFY 2024 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	2,733
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.	70
Number of infants and toddlers with IFSPs assessed.	1,684

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	2019	2020	2021	2022	2023
A	2020	Target>=	96.00%	85.25%	86.00%	87.00%	88.00%
A	85.75%	Data	98.33%	85.75%	91.83%	94.08%	95.73%
B	2020	Target>=	96.00%	87.50%	88.00%	88.50%	89.00%
B	87.96%	Data	99.76%	87.96%	92.44%	94.86%	97.17%
C	2020	Target>=	96.00%	97.00%	97.00%	97.50%	97.50%
C	97.54%	Data	99.52%	97.54%	95.01%	94.67%	96.97%

**Targets**

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

**Targets: Description of Stakeholder Input**

Stakeholders were actively engaged in reviewing and discussing the FFY 2024 results for Indicator 4. Throughout these discussions, stakeholders consistently emphasized that the family survey process in Oklahoma continues to be implemented in an equitable, unbiased, and family-centered manner. Stakeholders reaffirmed their confidence that the survey is made available to all families participating in SoonerStart, ensuring that every family has an opportunity to provide meaningful feedback regarding their experience.

Stakeholders expressed appreciation for the State’s intentional efforts to address the 6-percentage point decrease observed in FFY 2023 and noted that the improvement strategies implemented were both responsive and effective. Stakeholders specifically highlighted the increased response rate from 53.32 percent to 75.29 percent as evidence that the State’s renewed focus, communication efforts, and engagement strategies were successful in strengthening family participation and voice in the data.

While stakeholders acknowledged and supported the progress made, they continued to raise substantive concerns related to the Indicator 4C target. Stakeholders reiterated that the current and projected targets remain exceptionally ambitious and may not reflect realistic performance expectations. Stakeholders strongly encouraged the State to reconsider future target increases for FFY 2025, noting the importance of establishing targets that are both rigorous and attainable to ensure continued program improvement grounded in family experience and system capacity.

**FFY 2024 SPP/APR Data**

The number of families to whom surveys were distributed	2,420
Number of respondent families participating in Part C	1,822
Survey Response Rate	75.29%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,748
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,821
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	1,746
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs	1,821
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	1,746
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,819

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	95.73%	89.00%	95.99%	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)	97.17%	89.50%	95.88%	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)	96.97%	97.50%	95.99%	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	2023	2024
Survey Response Rate	53.52%	75.29%

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

The State used 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 indicated a statistically significant difference between the proportions (non-representativeness). Oklahoma calculated utilizing a two-tailed hypothesis, to determine statistically differences both above and below expectations.

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

The State analyzed the extent to which the demographics of infants and toddlers whose families responded to the FFY 2024 Family Outcomes Survey were representative of all infants and toddlers enrolled in Oklahoma’s Part C Early Intervention Program. Demographic comparisons were conducted using data from the State’s EdPlan data system and included the required analysis of race/ethnicity, as well as additional analyses of child age and sex.

**Sex**

Of the 2,420 children enrolled statewide, 37.93 percent were female and 62.07 percent were male. Among the 1,821 families who completed the survey, 37.01 percent identified their child as female and 60.35 percent identified their child as male, with 2.64 percent selecting “prefer not to answer.” These results indicate that the responding families are representative of the statewide Part C population with respect to sex.

Male Respondent vs Male Enrolled = PVALUE = Statistical Significance

1099 vs 1501 = 0.522 = Not Statistically Significant

Female Respondent vs Female Enrolled = PVALUE = Statistical Significance

674 vs 919 = 0.267 = Not Statistically Significant

Prefer Not to Answer

48 vs 0 = 0.000001 = Statistically Significant

**Age**

Of the 2,420 children enrolled, 13.72 percent were under age one, 32.52 percent were age one to under two, and 53.76 percent were age two to under three. Among the 1,821 responding families, 15.05 percent represented children under age one, 35.37 percent represented children age one to under two, and 47.34 percent represented children age two to under three, with 2.25 percent selecting “prefer not to answer.” Children under age two were slightly overrepresented among respondents, while children age two to under three were underrepresented by approximately six percentage points. Within-group response rates also indicated lower participation among families of children approaching age three. These results suggest generally proportional representation across age groups with a moderate underrepresentation concern for the oldest age group.

Age of Respondent vs Age of Enrolled = PVALUE = Statistical Significance

Birth to One:

274 vs 332 = 0.222 = Not Statistically Significant

One to Two:

644 vs 787 = 0.052 = Not Statistically Significant

Two to Three (Includes those who identified as over three)

862 vs 1301 = 0.00001 = Statistically Significant

Prefer Not to Answer:

41 vs 0 = 0.00001 = Statistically Significant

#### Race/Ethnicity

Of the 2,420 children enrolled in the Part C program, 47.64 percent were White, 23.14 percent were Hispanic/Latino, 10.04 percent were identified as Two or More Races, 8.43 percent were Black/African American, 8.10 percent were American Indian/Alaska Native, 2.23 percent were Asian, and 0.41 percent were Pacific Islander. Among the 1,821 families who completed the survey, 43.28 percent identified their child as White, 12.96 percent as Hispanic/Latino, 22.19 percent as Two or More Races, 8.62 percent as American Indian/Alaska Native, 5.22 percent as Black/African American, 2.64 percent as Asian, and 0.22 percent as Pacific Islander, with 4.89 percent selecting "prefer not to answer."

#### RESPONDENT VS ENROLLED = PVALUE = STATISTICAL SIGNIFICANCE

American Indian:

157 vs 196 = 0.542 = Not Statistically Significant

Asian:

48 vs 54 = 0.395 = Not Statistically Significant

Black:

95 vs 204 = 0.00001 = Statistically Significant

Hispanic:

236 vs 560 = 0.00001 = Statistically Significant

Pacific Islander:

4 vs 10 = 0.276 = Not Statistically Significant

White:

788 vs 1153 = 0.0047 = Statistically Significant

Two or More Races:

404 vs 243 = Statistically Significant

Prefer Not to Answer:

89 vs 0 = 0.00001 = Statistically Significant

#### Summary

Overall, the demographic analysis indicates that responding families are generally representative of the statewide Part C population with respect to gender and most age categories. However, there is underrepresentation among children nearing age three and among certain racial/ethnic groups, particularly Hispanic/Latino, Black and White children. Oklahoma will continue to work collaboratively with stakeholders to review these findings, identify barriers to participation, and implement strategies to improve survey access and response among underrepresented groups.

**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.**

Oklahoma recognizes that, dependent on the referral source, the original demographic information regarding race can be identified differently from referral to self selection on the Family Outcomes Survey. Oklahoma also recognizes that two or more races is over represented leading to the hypothesis that at referral it is more likely for the referral source to only select one race vs two or more. Regarding age, the demographic of 2 to 3 is under representative as well.

Planned strategies developed by the Resource Coordinator (service coordinator) Community of Practice include stronger verification during the intake interview, with a focus on an accurate capture of the family's identification of the child's racial makeup. To ensure representativeness for the two to three year old demographic, a focus on ensuring the family completes a Family Outcome Survey during the transition period (27 to 33 months) instead of an exit survey, which tends to drop response rates in that age group.

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

Oklahoma will work collaboratively with the SoonerStart State Leadership Team, local program administrators, and the Family Outcomes Stakeholder Workgroup to address areas of underrepresentation identified in the FFY 2024 Family Outcomes Survey. Key strategies include:

Targeted outreach and engagement – Review regional and program-level response patterns to identify areas where participation among Hispanic/Latino and Black/African American families can be strengthened.

Culturally and linguistically responsive materials – Provide translated survey materials and communications, and partner with community organizations to ensure families receive information in ways that are accessible and culturally relevant.

Integration with transition activities – Increase engagement of families of children approaching age three by incorporating survey reminders and support into transition planning and local program interactions.

Ongoing monitoring and stakeholder feedback – Track participation trends annually, share findings with stakeholders, and collaboratively adjust strategies to promote equitable survey participation across all demographic groups.

These actions reflect Oklahoma’s commitment to ensuring all families have meaningful opportunities to provide input, thereby supporting continuous program improvement and alignment with Part C family-centered outcomes.

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

The FFY 2024 Family Outcomes Survey was completed by 1,821 of 2,420 families of infants and toddlers enrolled in Oklahoma’s Part C Early Intervention Program, resulting in an overall response rate of 75.21 percent. The State analyzed respondent characteristics to determine representativeness and identify any potential nonresponse bias, focusing on race/ethnicity (required), age, and gender.

There are areas that indicate non-response bias within the race category (Hispanic, Black and White). There is also an indication of non-response bias for the age group of 2 to 3. However, given the high response rate and the high percentages of families reporting they: Know their rights - (95.99%); Affirm that Part C helped them effectively communicate their children's needs (95.88%); and that Oklahoma Early Intervention Program helped their child develop and learn (95.99%), it is unlikely that the under represented groups would have shifted the measured data in Indicator 4 a, b, and c in any statically significant way.

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

Oklahoma recognizes that families may identify information on surveys differently than how it is recorded by the program or referral source. For example, race/ethnicity or other demographic characteristics reported on the Family Outcomes Survey may reflect how families self-identify at the time of completion, which can differ from enrollment records. In some cases, members of the same family may select different options for survey items, reflecting individual perspectives and priorities. The State views this as an important aspect of family-centered data collection, emphasizing that families’ responses represent their voices and choices. These differences highlight the value of gathering data directly from families to inform program improvement, rather than relying solely on administrative or referral records.

#### **4 - Prior FFY Required Actions**

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

#### **Response to actions required in FFY 2023 SPP/APR**

#### **4 - OSEP Response**

#### **4 - Required Actions**

## Indicator 5: Child Find (Birth to One)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2013	0.81%

FFY	2019	2020	2021	2022	2023
Target >=	0.90%	0.63%	0.65%	0.70%	0.75%
Data	0.77%	0.63%	0.74%	0.77%	0.74%

### Targets

FFY	2024	2025
Target >=	0.80%	0.85%

### Targets: Description of Stakeholder Input

During FFY 2024, Oklahoma continued to engage stakeholders in discussions regarding Indicator 5, including review of Part C child find activities, referral processes, and outreach strategies. Stakeholders provided input on strategies to increase early identification and referral of infants and toddlers with developmental delays or disabilities, emphasizing the importance of collaborative, community-based approaches and targeted outreach to underserved populations.

Building on this input, Oklahoma initiated a Child Find study and survey, leveraging funding from the Preschool Development Grant awarded to Oklahoma and allotted by the Oklahoma Partnership for School Readiness, to better understand statewide patterns and root causes contributing to low child find numbers. The preliminary report for this study was completed on December 31, 2025, providing data to inform strategies to expand identification efforts, improve referral pathways, and enhance early intervention access for all infants and toddlers across the State. Stakeholders will continue to review findings and provide guidance on implementation strategies to ensure improvements are responsive to local needs and aligned with Part C priorities.

### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	332
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	47,258

### FFY 2024 SPPI/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
332	47,258	0.74%	0.80%	0.70%	Did not meet target	No Slippage

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

Oklahoma conducted a root cause analysis to identify factors contributing to lower-than-expected Child Find identification rates for SoonerStart. The analysis revealed that several systemic and process-related issues limit timely identification and referral of eligible infants and toddlers. First, families often experience lack of knowledge of appropriate developmental milestones, which can reduce awareness of available supports and the perceived urgency for enrollment. Second, some families pursue private therapy options, which may inadvertently bypass referral to SoonerStart. Third, a lack of widespread knowledge about SoonerStart among families and some referral sources contributes to missed opportunities for early identification. Finally, some physicians adopt a “wait and see” approach, delaying referrals even when developmental concerns are evident. These factors interact to create gaps in early identification, resulting in underrepresentation of certain populations in Part C services. Understanding these root causes allows Oklahoma to target outreach, provider education, and system improvements to increase referrals, raise awareness, and ensure all eligible children have timely access to early intervention services.

**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 among state legislators and legislative partners. A diverse group of SoonerStart families attended to share their stories and express appreciation for the services supporting their children. The ICC partnered with Oklahoma’s Commission on Children and Youth to provide stipends and mileage reimbursement, ensuring families from across the state could participate. A second SoonerStart Day was held in Spring 2025, drawing more than 20 families from across Oklahoma, demonstrating broad family engagement and support for early intervention services. Families were representative of geographical, racial, socio-economic and other demographics.

Separately, Oklahoma initiated a Child Find study and survey in 2025 to gather statewide family input and identify barriers to early identification and referral, including low frequency of services, use of private therapy, limited awareness of SoonerStart, and physicians advising a “wait and see” approach. Findings from the Child Find study will guide targeted outreach, referral improvements, and strategies to ensure timely access to Part C services for all eligible infants and toddlers.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Child Find (Birth to Three)

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	1.66%

FFY	2019	2020	2021	2022	2023
Target >=	1.70%	1.50%	1.55%	1.60%	1.65%
Data	1.75%	1.53%	1.58%	1.78%	1.88%

#### Targets

FFY	2024	2025
Target >=	1.70%	1.75%

#### Targets: Description of Stakeholder Input

During FFY 2024, Oklahoma continued to engage stakeholders in discussions regarding Indicator 5, including review of Part C child find activities, referral processes, and outreach strategies. Stakeholders provided input on strategies to increase early identification and referral of infants and toddlers with developmental delays or disabilities, emphasizing the importance of collaborative, community-based approaches and targeted outreach to underserved populations.

Building on this input, Oklahoma initiated a Child Find study and survey, leveraging funding from the Preschool Development Grant awarded to Oklahoma and allotted by the Oklahoma Partnership for School Readiness, to better understand statewide patterns and root causes contributing to low child find numbers. The preliminary report for this study was completed on December 31, 2025, providing data to inform strategies to expand identification efforts, improve referral pathways, and enhance early intervention access for all infants and toddlers across the State. Stakeholders will continue to review findings and provide guidance on implementation strategies to ensure improvements are responsive to local needs and aligned with Part C priorities.

#### Prepopulated Data

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	2,420
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	145,277

#### FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,420	145,277	1.88%	1.70%	1.67%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Oklahoma did not meet the FFY 2024 Child Find target (1.7% of the population) due to several systemic and situational factors identified through root cause analysis. Although the total number of infants and toddlers with IFSPs increased slightly from FFY 2023, the proportion relative to the state resident population fell short of the target. Contributing factors include:

Lack of knowledge of developmental milestones, which reduces awareness of available supports and the perceived urgency for enrollment;

Use of private therapy options by families, which may bypass formal referral pathways into SoonerStart;

Limited awareness of SoonerStart among families and some referral sources, leading to missed opportunities for early identification; and

“Wait and see” approaches recommended by some physicians, delaying referrals even when developmental concerns are evident.

These factors collectively contributed to underrepresentation of eligible infants and toddlers in Part C services, resulting in slippage from the established target. Oklahoma is using these findings, along with the 2025 Child Find study and survey, to inform targeted outreach, provider education, and system-level improvements to increase timely referrals and ensure broader access to early intervention services.

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

Oklahoma conducted a root cause analysis to identify factors contributing to lower-than-expected Child Find identification rates for SoonerStart. The analysis revealed that several systemic and process-related issues limit timely identification and referral of eligible infants and toddlers. First, families often experience lack of knowledge of appropriate developmental milestones, which can reduce awareness of available supports and the perceived urgency for enrollment. Second, some families pursue private therapy options, which may inadvertently bypass referral to SoonerStart. Third, a lack of widespread knowledge about SoonerStart among families and some referral sources contributes to missed opportunities for early identification. Finally, some physicians adopt a “wait and see” approach, delaying referrals even when developmental concerns are evident. These factors interact to create gaps in early identification, resulting in underrepresentation of certain populations in Part C services. Understanding these root causes allows Oklahoma to target outreach, provider education, and system improvements to increase referrals, raise awareness, and ensure all eligible children have timely access to early intervention services.

**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 among state legislators and legislative partners. A diverse group of SoonerStart families attended to share their stories and express appreciation for the services supporting their children. The ICC partnered with Oklahoma’s Commission on Children and Youth to provide stipends and mileage reimbursement, ensuring families from across the state could participate. A second SoonerStart Day was held in Spring 2025, drawing more than 20 families from across Oklahoma, demonstrating broad family engagement and support for early intervention services. Families were representative of geographical, racial, socio-economic and other demographics.

Separately, Oklahoma initiated a Child Find study and survey in 2025 to gather statewide family input and identify barriers to early identification and referral, including low frequency of services, use of private therapy, limited awareness of SoonerStart, and physicians advising a “wait and see” approach. Findings from the Child Find study will guide targeted outreach, referral improvements, and strategies to ensure timely access to Part C services for all eligible infants and toddlers.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	96.75%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.84%	99.28%	93.04%	93.92%	98.55%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
409	557	98.55%	100%	99.64%	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.

146

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

Oklahoma reported 146 children failed to have an initial IFSP completed within the 45-day required timeline due to exceptional family circumstances. SoonerStart required family circumstances to be identified as the reason for delay if the family failed to present the child for initial evaluation, assessment of IFSP meeting, either with or without notice. SoonerStart also documented exceptional family circumstances when repeated and prolonged attempts to contact the family to obtain consent for an evaluation or assessments were unsuccessful in a timely manner.

In THIRTY-TWO (32) individual incidences across EIGHT (8) local districts the reason for the delay was due to staff actions. The reasons for delay varied from staff illness, vacation, training or staff scheduling conflicts.

**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 period of time between April 1, 2025 and June 30, 2025, representing the 4th quarter of FFY 2024.

**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 each child's record at any given point in time. Local program staff create an electronic record in EdPlan for every infant or toddler referred to the program, ensuring accurate documentation of eligibility and IFSP timelines. Children who are evaluated and determined eligible have their initial IFSP date entered into EdPlan by the service coordinator. Local data managers review these records to verify the accuracy of initial IFSP dates and timely service provision.

For FFY 2024, SoonerStart utilized initial IFSP data from the fourth quarter (April 1, 2025 through June 30, 2025) to report in the APR, consistent with the method the program has used for several years. Quarterly data for the full year showed some variation in IFSP counts, with totals as follows:

Time Period	# of Initial IFSPs	Initial IFSP %*
1st Quarter	526	21.7%
2nd Quarter	619	25.5%
3rd Quarter	528	21.8%
4th Quarter	557	23.0%

\*Percentages represent the proportion of total initial IFSPs for FFY 2024.

Although counts varied across quarters, the fourth quarter data accurately reflect the full year's performance because all geographic regions, provider types, and categories of eligible children are included, ensuring statewide representation of infants and toddlers with IFSPs. SoonerStart has determined these data to be reliable and valid for APR reporting.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

Oklahoma considered multiple factors to determine whether local SoonerStart programs corrected identified noncompliance and were correctly implementing IDEA Part C regulatory requirements. These factors included analysis of the extent and root cause of the noncompliance, verification of child-specific correction, and confirmation of ongoing systemic compliance.

During FFY 2023, SoonerStart identified six (6) local district programs with a total of forty-five (45) individual child records that did not meet the 45-day timeline for completion of the initial IFSP. Review of these records determined that the noncompliance was isolated and attributable to provider-specific circumstances, including unexpected illness and temporary staffing gaps, and did not indicate systemic breakdowns in district-level procedures. Although pre-finding correction is not permitted under State procedures, each affected child's initial IFSP was completed prior to issuance of the finding letters, as verified through review of electronic records in the EdPlan data system.

All local programs receiving findings were required to submit a Corrective Assurance Statement documenting actions taken to prevent recurrence. The Part C Data Manager reviewed the findings to ensure that the identified noncompliance did not result in the denial of a basic right under IDEA, including undue delay in evaluation, IFSP development, or service initiation.

To verify ongoing correct implementation of regulatory requirements, the State conducted subsequent monitoring in January 2025. Child records with initial IFSP timelines due in September, October, and November were identified for review. The Part C Data Manager assigned each eligible record a numeric identifier and applied a randomization process in Microsoft Excel to select a sample representing at least 10 percent of records, rounding up as

necessary. The IFSP Timeline Report generated from EdPlan was reviewed to confirm compliance with the 45-day timeline, including verification of referral dates, initial IFSP dates, and documentation of any delays. Delays attributable to exceptional family circumstances were considered compliant when appropriately documented.

Results of the subsequent monitoring confirmed that all six (6) local districts demonstrated 100 percent compliance during the review period. All instances of noncompliance were corrected within one year of identification, with verification of both child-level and site-level correction completed in accordance with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA (OSEP QA 23-01). No further corrective actions were required.

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

SoonerStart utilized the EdPlan electronic data system to identify individual cases of noncompliance related to timely completion of initial IFSPs for FFY 2023. Six (6) local districts received findings under Indicator 7 based on forty-five (45) individual child records identified through the IFSP Timeline Report, which calculated the number of days between the child’s referral to SoonerStart and completion of the initial IFSP.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all forty-five (45) electronic records in EdPlan. For thirty-nine (39) children, verification of correction was established by confirming that an initial IFSP had been completed, although untimely. The Data Manager also reviewed documentation within each record to ensure the reason for the missed timeline was recorded.

Six (6) children were no longer enrolled in SoonerStart and had withdrawn from the program prior to completion of an initial IFSP. For these children, the Part C Data Manager verified that no outstanding corrective action was required under a State complaint or due process hearing decision.

Although Oklahoma does not permit pre-finding correction, all child-level noncompliance was verified as corrected prior to issuance of the finding letters. Findings were issued in accordance with State procedures to ensure consistency with federal requirements.

Verification of correction was completed in alignment with 34 C.F.R. §§ 300.600(e) and 303.700(e) and the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with 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 2023**

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

**7 - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

SoonerStart utilized the EdPlan electronic data system to identify individual cases of noncompliance related to timely completion of initial IFSPs for FFY 2023. Six (6) local districts received findings under Indicator 7 based on forty-five (45) individual child records identified through the IFSP Timeline Report, which calculated the number of days between the child’s referral to SoonerStart and completion of the initial IFSP.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all forty-five (45) electronic records in EdPlan. For thirty-nine (39) children, verification of correction was established by confirming that an initial IFSP had been completed, although untimely. The Data Manager also reviewed documentation within each record to ensure the reason for the missed timeline was recorded.

Six (6) children were no longer enrolled in SoonerStart and had withdrawn from the program prior to completion of an initial IFSP. For these children, the Part C Data Manager verified that no outstanding corrective action was required under a State complaint or due process hearing decision.

Although Oklahoma does not permit pre-finding correction, all child-level noncompliance was verified as corrected prior to issuance of the finding letters. Findings were issued in accordance with State procedures to ensure consistency with federal requirements.

Verification of correction was completed in alignment with 34 C.F.R. §§ 300.600(e) and 303.700(e) and the 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**

## **7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	97.82%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.52%	97.39%	99.71%	98.75%	100.00%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
321	349	100.00%	100%	100.00%	Met target	No Slippage

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

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

28

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

SoonerStart reported that 28 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, 2025, and June 30, 2025 (4th quarter of FFY 2024).

**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 through Oklahoma's Early Intervention online database, EdPlan. EdPlan captures and maintains the status and content of each infant or toddler's record throughout their enrollment in SoonerStart. Staff enter and maintain critical transition event dates, including 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. These dates are permanent components of the electronic record and are reviewed by local SoonerStart supervisors to ensure accuracy and compliance.

Oklahoma continues to utilize fourth-quarter (April 1 – June 30) data for SPP/APR reporting, as this period has historically represented statewide performance. For FFY 2024, records for toddlers turning three during the fourth quarter were reviewed for timely transition initiation using EdPlan. Following review by local supervisors, the SoonerStart Part C Data Manager verified the data and confirmed that the fourth quarter results are representative of the full year, as they include children from all areas of the state, all provider types, and all categories of eligible children.

Quarterly distribution of children aging out at three (FFY 2024):

Quarter # Aged Out at 3 % of Annual Total\*

- 1st 453 27.0%
- 2nd 422 25.2%
- 3rd 374 22.3%
- 4th 349 20.8%

\*Percentages are calculated relative to the total number of toddlers aging out at three during FFY 2024 (1,598).

For FFY 2024, 100% of toddlers who turned three during the fourth quarter had timely transition steps completed in accordance with state requirements. This demonstrates consistent statewide performance and continued adherence to federal timelines for transition planning.

Oklahoma also exhibited 100% compliance across all four quarters of FFY 2024.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

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

Oklahoma did not have procedures in place for FFY24 to address pre-finding corrections.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$ .
- 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 timely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	96.14%	95.75%	96.77%	97.49%	99.34%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
318	318	99.34%	100%	100.00%	Met target	No Slippage

**Number of parents who opted out**

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

0

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

Oklahoma does not have an opt-out policy so no delays affected the timely Notification to the LEA due to exceptional family circumstances. There were no documented late Notification to the LEA for any reason.

**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, 2025 and June 30, 2025 (4th quarter of FFY 2024).

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

Oklahoma collects data for this indicator through its Early Intervention online database, EdPlan. EdPlan maintains the status and content of each infant or toddler's record, including critical transition event dates such as the IFSP with transition steps and services, LEA notification, and the transition planning conference (TPC) held with the LEA for children potentially eligible for Part B services. Local SoonerStart supervisors review these records to ensure that all required transition steps, including TPCs, are completed timely.

Consistent with prior reporting, Oklahoma uses fourth-quarter (April 1 – June 30) data for SPP/APR reporting. For FFY 2024, all toddlers turning three during the fourth quarter were reviewed for timely TPC completion using EdPlan. After verification by local supervisors and review by the SoonerStart Part C Data Manager, the fourth-quarter data were determined to be representative of statewide performance for the full year, including all regions, provider types, and categories of eligible children.

Quarterly distribution of children aging out at three (FFY 2024):

Quarter # Aged Out at 3 % of Annual Total\*

- 1st 453 27.0%
- 2nd 422 25.2%
- 3rd 374 22.3%
- 4th 349 20.8%

\*Percentages are calculated relative to the total number of toddlers aging out at three during FFY 2024 (1,598).

For FFY 2024, 100% of toddlers who turned three during the fourth quarter had a TPC held with the LEA prior to their third birthday, demonstrating consistent compliance with federal transition requirements and continued statewide adherence to timely planning and coordination with LEAs.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

Oklahoma considered multiple factors to determine whether local SoonerStart districts corrected identified noncompliance and were correctly implementing the regulatory requirements for timely notification to the local education agency (LEA). These factors included review of the extent and root cause of the noncompliance, verification of child-specific correction, and confirmation of ongoing systemic compliance.

On December 1, 2024, SoonerStart issued findings of noncompliance to three (3) local districts under Indicator 8B, with one individual instance of noncompliance identified in each district. Analysis of the data indicated that the delays were isolated incidents attributable to staff inadvertently missing the required timeline for LEA notification and did not represent systemic procedural deficiencies. In each instance, the notification to the LEA was subsequently completed in a timeframe sufficient to support the child’s transition process.

Following issuance of the findings, each district was required to submit a Corrective Assurance Statement documenting actions taken to address the noncompliance and prevent recurrence. The Part C Data Manager also verified that the identified noncompliance did not result in the denial of a basic right under IDEA, including delays in evaluation, eligibility determination, or service provision.

To verify ongoing correct implementation of the regulatory requirements, the State conducted a subsequent data review in January 2025. Child records with LEA notification due dates in September, October, and November 2024 were identified for review. A randomized sampling methodology was applied to yield a sample representing at least 10 percent of eligible records, rounding up as necessary. Because each district had fewer than five eligible records, the Part C Data Manager reviewed all available records.

Verification of correction was completed through review of the Transition Timeline Monitoring Report generated from the EdPlan electronic database. This report confirmed that, for all reviewed records, notification to the LEA occurred prior to the transition target date (calculated as 90 days before the child’s third birthday). Documentation in each record verified the method of delivery, the recipient, and maintenance of a copy of the notification in the child’s electronic file.

Results of the subsequent monitoring confirmed that all three districts demonstrated 100 percent compliance during the review period; therefore, no further corrective actions were required. Verification of correction of both child-specific and site-level noncompliance was completed in accordance with the 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 related to timely notification to the local education agency (LEA) for FFY 2024. Three (3) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report. This report compares the Notification to the LEA date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child’s third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all three electronic records in EdPlan. Verification of correction was established by confirming that notification to the LEA had been transmitted for each child, although untimely. Review of the records also confirmed that each child remained enrolled in SoonerStart and that no outstanding corrective action was required under a State complaint or due process hearing decision.

Verification of correction occurred in August 2024 as part of indicator-specific data validation. Oklahoma followed established program procedures to ensure timely correction of all identified noncompliance in accordance with 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification activities were completed consistent with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and

303.700(e). Verification of correction was completed in alignment with 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 2023**

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

**8B - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance related to timely notification to the local education agency (LEA) for FFY 2024. Three (3) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report. This report compares the Notification to the LEA date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child's third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all three electronic records in EdPlan. Verification of correction was established by confirming that notification to the LEA had been transmitted for each child, although untimely. Review of the records also confirmed that each child remained enrolled in SoonerStart and that no outstanding corrective action was required under a State complaint or due process hearing decision.

Verification of correction occurred in August 2024 as part of indicator-specific data validation. Oklahoma followed established program procedures to ensure timely correction of all identified noncompliance in accordance with 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification activities were completed consistent with the 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**

**8B - Required Actions**

## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C at age 3})] \times 100$ .
- 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 timely transition planning under 8A, 8B, and 8C, including the reasons for delays.

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	99.42%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	95.69%	97.39%	96.96%	97.48%	97.55%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
205	349	97.55%	100%	97.24%	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.

59

**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.

77

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

SoonerStart reported that, in FFY 2024, 7 children in 5 distinct local districts did not receive a timely Transition Planning Conference (TPC) with the LEA due to staff-related reasons. Staff-related reasons included unavailability caused by vacation, illness, or scheduling conflicts. In all instances, the TPCs were eventually convened and documented in EdPlan to ensure the child's transition plan was completed appropriately.

In addition, 59 children experienced untimely TPCs due to exceptional family circumstances. These circumstances included situations where parents were unable to participate in a timely TPC because they canceled or did not attend the scheduled meeting. In several cases, parents initially declined to provide consent for the TPC but later changed their decision after the 90-day timeline had passed. All occurrences were documented as exceptional family circumstances in accordance with state procedures.

SoonerStart monitored these cases to ensure that each child's transition plan was completed and that transition steps were fully implemented, preserving each child's right to a smooth transition to Part B services.

**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, 2025 and June 30, 2025 (4th quarter of FFY 2024).

**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 from Oklahoma's Early Intervention online database, EdPlan. EdPlan captures and displays the status and content of each infant or toddler's record at any given point in time. Staff create an electronic record for each infant or toddler who enters the program with a referral, and critical transition event dates are recorded permanently. These dates include the IFSP with transition steps and services initiated, LEA notification, and the Transition Planning Conference (TPC) with the LEA for children potentially eligible for Part B services. The dates of completed TPCs during the reporting period are entered in EdPlan and reviewed by SoonerStart supervisors at each local district.

For FFY 2024, a total of 1,332 children gave consent for a TPC. The quarterly distribution of children with TPC consent is as follows:

**Quarter # Consented for TPC % of Annual Total\***

1st 379 28.5%

2nd 348 26.1%

3rd 315 23.6%  
 4th 290 21.8%

\*Percentages calculated relative to the total number of children giving TPC consent in FFY 2024 (1,332).

Oklahoma continues to utilize fourth-quarter data (April 1 – June 30, 2024) to report TPC timelines, consistent with practices from the previous seven years. Early Intervention records for toddlers with third birthdays during this period were reviewed for timely TPC completion using EdPlan. Following local supervisor review, the SoonerStart Part C Data Manager compared fourth-quarter data with full-year totals to ensure accuracy. Based on the number and percentages of children exiting Part C at age three for the full year, Oklahoma determined that the fourth-quarter data are representative of statewide performance. The fourth-quarter results reflect data from all geographic regions, provider types, and categories of eligible children, ensuring that the data accurately represent the full reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2023**

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

**FFY 2023 Findings of Noncompliance Verified as Corrected**

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

Oklahoma considered the extent and root cause of the noncompliance, verified correction at the child level, and confirmed ongoing correct implementation of the regulatory requirements for timely Transition Planning Conferences (TPCs).

On December 1, 2024, SoonerStart issued findings of noncompliance to nine (9) local districts under Indicator 8C, with one individual instance identified in each district based on September 2024 data. Analysis of the noncompliance indicated that delays occurred when children were determined to be potentially eligible for Part B services on or only a few days prior to the 90-day transition target date, which limited the ability to schedule a TPC with the local education agency (LEA) within the required timeline. These delays were determined to be isolated and did not indicate systemic procedural deficiencies.

Following issuance of the findings, each affected district was required to submit a Site Corrective Assurance Statement documenting actions taken to address the noncompliance and prevent recurrence. The Part C Data Manager also verified that the identified noncompliance did not result in the denial of a basic right under IDEA, including delays in evaluation or interruption of early intervention services.

To verify correction and ongoing compliance, the State conducted a subsequent data review in January 2025. The Part C Data Manager reviewed records for all children with third birthdays in September, October, and November 2024 in the nine districts with findings. Because each district had ten or fewer eligible children, all available records were reviewed. Verification was completed using the Transition Timeline Monitoring Report generated from the EdPlan electronic database, which compares the TPC date documented on the Transition Page of the IFSP with the transition target date (calculated as 90 days prior to the child’s third birthday).

Delays attributable to exceptional family circumstances were considered compliant when appropriately documented. Results of the subsequent review confirmed that all nine districts demonstrated 100 percent compliance within one year of notification of noncompliance.

Verification of correction of both child-specific and site-level noncompliance was completed in accordance with the 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 related to timely Transition Planning Conferences (TPCs) reported in FFY 2024. Nine (9) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report, which compares the TPC date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child’s third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all nine electronic records in EdPlan. The review confirmed whether a TPC had been completed for each child, even if conducted beyond the required timeline, and verified that the reason for any delay was appropriately documented in the child’s record.

Based on this review, the Part C Data Manager verified correction for all nine instances of child-level noncompliance. Documentation confirmed that eight children received a TPC, although untimely, within a reasonable period following the missed timeline. One child did not receive a TPC because the family declined services prior to the scheduled conference and before the child reached age three; therefore, the child was no longer under the jurisdiction of the Part C program and no further corrective action was required.

Although Oklahoma does not permit pre-finding correction, findings were issued in accordance with State procedures despite verified child-level correction. Oklahoma followed established program procedures to ensure timely and consistent correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with 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 2023**

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

**8C - Prior FFY Required Actions**

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

**Response to actions required in FFY 2023 SPP/APR**

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance related to timely Transition Planning Conferences (TPCs) reported in FFY 2024. Nine (9) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report, which compares the TPC date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child's third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all nine electronic records in EdPlan. The review confirmed whether a TPC had been completed for each child, even if conducted beyond the required timeline, and verified that the reason for any delay was appropriately documented in the child's record.

Based on this review, the Part C Data Manager verified correction for all nine instances of child-level noncompliance. Documentation confirmed that eight children received a TPC, although untimely, within a reasonable period following the missed timeline. One child did not receive a TPC because the family declined services prior to the scheduled conference and before the child reached age three; therefore, the child was no longer under the jurisdiction of the Part C program and no further corrective action was required.

Although Oklahoma does not permit pre-finding correction, findings were issued in accordance with State procedures despite verified child-level correction. Oklahoma followed established program procedures to ensure timely and consistent correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with the 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**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

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

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

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

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

### 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

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 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031)	11/19/2025	3.1 Number of resolution sessions	0
SY 2024-25 IDEA Part C Dispute Resolution - Due Process Complaints (EDFacts file spec FS908; Data group 5031)	11/19/2025	3.1(a) Number resolution sessions resolved through settlement agreements	0

**Targets: Description of Stakeholder Input**

Not Applicable

**Historical Data**

Baseline Year	Baseline Data

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

**Targets**

FFY	2024	2025
Target>=		

**FFY 2024 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2023 Data	FFY 2024 Target	FFY 2024 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 2024. The State is not required to provide targets until any fiscal year in which ten or more resolution session were held.

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

Not Applicable

#### Historical Data

Baseline Year	Baseline Data

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

#### Targets

FFY	2024	2025
Target>=		

#### FFY 2024 SPP/APR Data

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

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

The State reported fewer than ten mediations held in FFY 2024. The State is not required to provide targets until any fiscal year exceeds 10 or more meditations held.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

##### B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

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. This reporting period includes; Districts 2, 3, 5, 6, 8, 9, and 12. The SiMR data will reflect all children statewide once implementation has fully been 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.**

[www.oklahoma.gov/education/services/soonerstart/data.html](http://www.oklahoma.gov/education/services/soonerstart/data.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	2024	2025
Target	Data must be greater than or equal to the target	63.00%	65.00%

**FFY 2024 SPP/APR Data**

Number of children scoring below cut-off (showing no SE concerns)	Number of children assessed using ASQ:SE-2	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
357	507	51.18%	63.00%	70.41%	Met target	No Slippage

**Provide the data source for the FFY 2024 data.**

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

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

In Year 5 of SSIP, the State-identified Measurable Result (SiMR) was measured using data collected from Implementation Districts 2, 3, 5, 6, 8, 9, and 12. SiMR data was collected for children who had received a minimum of six months of IFSP services following the implementation of identified improvement strategies and evidence-based practices (EBPs).

Data was obtained through administration of the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) at the six-month Periodic IFSP Review and/or the Annual IFSP Review. ASQ:SE-2 responses were entered into the ASQ Online system for each assessed child. For SiMR calculations, the most recent ASQ:SE-2 administered to each child during the reporting period was used.

The SiMR was calculated by determining the percentage of children who scored below the ASQ:SE-2 cutoff score, indicating no concerns, and comparing this percentage to the established annual SiMR target. A total of 507 children were administered the ASQ:SE-2, with 357 children scoring below the cutoff. SoonerStart met the target with 70.41% of children scoring below the cut-off.

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

NO

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

NO

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

NO

## **Section B: Implementation, Analysis and Evaluation**

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

<https://oklahoma.gov/content/dam/ok/en/osde/documents/services/special-education/ssip/2022-SSIP-Evaluation-Plan.pdf>

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

NO

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

Below is a summary of activities implemented during Year 5 to support SSIP implementation, described in alignment with each ToC outcome.

ToC Component One:

Outcome 1.1

During Year 5, the SSIP State Leadership Team (SLT) convened monthly through meetings led by the SSIP Project Manager to create and assess policies and practices that support districts implementing Early MTSS locally. These sessions featured updates on challenges facing local districts. The state data coordinator presented data reports tracking progress, fidelity of implementation, and SiMR data. The SLT also applied the PM State Leadership BoQ biannually to evaluate structural sustainability.

Outcome 1.2

During Year 5, EI providers administered the ASQ:SE-2 biannually at IFSP reviews to evaluate continuing needs. The findings guided the IFSP team in establishing family-chosen outcomes and selecting the suitable Early MTSS support level for ongoing services. SoonerStart developed processes and procedures to enable the delivery of the Early MTSS framework:

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

B) SoonerStart maintains its use of the Early Intervention Implementation Checklist (EIIC), a self-assessment tool created to record the application of evidence-based practices (EBPs). EI providers can complete the EIIC on any electronic device and must fill it out weekly after an EI visit. The Practitioner Coach also employs the Early Interventionist Pyramid Practices Fidelity Instrument (EIPPF), the EIIC, and the Oklahoma Fidelity in Practice (OFIP) to monitor EBP implementation observed during coaching sessions.

C) Program coaches (PC), who are trained specialists in Early MTSS, assist Local Leadership Teams (LLTs) in executing effective practices. They guide LLTs through PM BoQ completion, action planning, goal development, and provide general support. PCs conduct LLT training for new sites during onboarding. PC apply Practice-Based Coaching (PBC) to help EI providers deliver PM practices with fidelity. PBC is a cyclical, evidence-based coaching method that focuses on collaborative partnerships, joint goal-setting and action planning, targeted observation, and reflective feedback. PC further participate in a monthly Community of Practice (CoP) to strengthen and advance their coaching work.

D) New EI staff must attend the next available Part C Practices training following the start of their employment. SoonerStart has condensed the original 12-hour training into an 8-hour, single-day session held biannually. Implementation districts during onboarding also receive customized Part C Practices training designed to promote team cohesion and stakeholder commitment. The SoonerStart SSIP Project Manager and PCs provide continuous training opportunities. Furthermore, online ePyramid modules from PMC have been added as an alternative training format. These online ePyramid modules are combined with three Peer Learning Communities (PLC) to verify comprehension. These two approaches offer implementation districts flexibility in selecting their initial Part C Practices training.

E) In 2025, supervisors began observation on fidelity in family-centered coaching (FCC). Based on stakeholder feedback, the FIP-EI was modified to create the Oklahoma Fidelity in Practice (OFIP) fidelity tool. Supervisors used this instrument to assess staff members' fidelity in applying FCC evidence-based practices.

Outcome 1.3

SoonerStart continues to collaborate with the State Personnel Development Grant (SPDG) to enhance capacity for PBC. SPDG partially finances of a full-time state-level Practitioner Coach position. This position assists implementation districts in completing PBC cycles. The SPDG funds a contract with

TORSH to facilitate the coaching process. TORSH is an online coaching platform that incorporates coaching tools within its system for managing coaching cycles and tracking fidelity of EBP.

#### Outcome 1.4

Implementation science guides the onboarding process for new implementation districts. Exploration serves as the initial stage when onboarding new districts. Initial exploration meetings were conducted with Districts 1 and 10, providing their opportunities to learn about expectations, discuss goals, and pose questions. These exploration meetings promote staff buy-in and comprehension. Both districts chose to begin as implementation districts in January 2025. The installation stage represents the second phase, which commenced during the first month of onboarding and continued as staff received training in Part C EBPs, and leadership. Initial implementation started soon after the first EBP training session.

#### Outcome 1.5

Multiple data systems were used for collecting, monitoring, and reporting implementation data. ASQ:SE-2 assessment outcomes were documented and maintained in the ASQ online system. Providers self-reported their fidelity to EBPs using the EIIC, with monthly data monitoring informing SLT activities including professional development, newsletter content, and local implementation initiatives. LLTs also utilized EIIC data to monitor staff application of EBPs. Furthermore, SoonerStart's online child record system, EdPlan, recorded each child's designated support level.

#### Outcome 1.6

The PM EI BoQ defines the quality indicators for critical elements related to program-wide implementation. During Year 5, the seven LLTs convened monthly to advance their district action plan goals. To encourage staff buy-in, EI providers received opportunities to engage in decision-making and problem-solving. The monthly SoonerStart newsletter is used to promote staff buy-in, develop staff capacity, and establish a feedback mechanism. This monthly publication highlighted one Family-centered Coaching and Early MTSS EBP each issue.

#### ToC Component Two

SoonerStart completed the following activities in Year 5 to support the second component of the ToC

#### Outcome 2.1

To support staff understanding, implementation districts practiced tier identification with IFSP scenarios during LLT and staff meetings to increase competence and confidence of the process.

#### Outcome 2.2

In 2025, the ePyramid modules were used for Part C Practices training for new staff. Both new implementation districts participated in their in-person Part C Practices training as a team-building experience. Currently, seven practitioner coaches from five districts participate in PBC development through an active Community of Practice (CoP). The coaches have been building buy-in in their districts.

#### Outcome 2.3

The state level Practitioner Coach uses TORSH to complete PBC to develop and support staff in the fidelity of Early MTSS EBP. Districts 3, 5, 8, 9, and 12 have identified practitioner coaches to complete training. The Practitioner Coach will work with the SLT and the LLTs to reach the mid-term goal.

#### Outcome 2.4

EI staff in Early MTSS implementation districts are required to complete the EIIC weekly after family visits to ensure EBP fidelity. The SLT analyzes EIIC data to identify practices needing additional support, addressed through PD, newsletter content, and LLT problem-solving. LLTs review EIIC data to ensure consistent weekly staff 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 first two components of the SSIP Theory of Change (ToC) focus on infrastructure improvement strategies. The evaluation plan includes short-, intermediate-, and long-term measures for each major outcome, enabling the evaluation team to assess progress and monitor outcome attainment at multiple levels over time.

As implementation of the infrastructure improvement strategies identified in ToC Components One and Two continued, SoonerStart demonstrated progress toward, and in some cases achievement of, identified intermediate outcome measures. A comprehensive description of all outcome measures is provided in the posted evaluation plan. The evaluation reporting period reflects data collected across the full prior calendar year.

#### Outcome 1.1 Establish sustainable high-quality SSIP State Leadership Team (SLT) (Governance)

The SLT systematically integrated stakeholder input into decision-making processes related to SSIP policies, procedures, funding priorities, and resource allocation. To support high-quality and sustainable statewide implementation of the Early MTSS framework, the SLT utilized the Pyramid Model SLT Benchmarks of Quality (PM SLT BoQ). The BoQ serves as a structured tool to assess implementation fidelity, monitor progress, and inform strategic planning, thereby supporting the availability and consistent use of Early MTSS practices by providers statewide. Grounded in implementation science, the BoQ operationalizes the ToC by linking implementation activities to intended outcomes. The SLT conducts a review and revision of the BoQ on an annual basis to support data-informed decision-making and continuous improvement.

In year five, 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". The remaining two indicators were "emerging".

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

Assessment procedures with data collection requisites for SIMR and service delivery have been achieved. Short-term measure has been met.

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

In 2025, SoonerStart had 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 five, SoonerStart onboarded new Early MTSS districts using implementation science stages (exploration, installation, initial implementation, and full implementation), with a 6-month exploration period to build buy-in. A scale-up plan developed in 2024 was piloted in 2025, with cohort onboarding continuing through 2026–2027 and statewide implementation expected by 2027. This meets the mid-term goal.

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

In Year 5, SoonerStart continues to use the online EIIC reporting tool to monitor the use of EBP. MS Forms is used to store this data to allow for easy access and analysis to report data to SLT and LLTs. Short-term measures have been met.

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

Districts 3 and 12 are original implementation districts and is now in full implementation

District 3s 2025 BoQ indicated that 100% of indicators were either “partially in place” or “in place”.

District 12’s 2025 BoQ indicates that 100% of indicators were either “partially in place” or “in place”.

District 9 became an implementation district in 2023. The 2025 BoQ indicates 100% of indicators were either “partially in place” or “in place”.

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. Here are these districts most recent BoQ results.

District 2 BoQ indicates that 100% 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 86% of indicators were either “partially in place” or “in place”.

District 8 BoQ indicates that 76% of indicators were either “partially in place” or “in place”.

These scores meet the district’s short-term goals.

Districts 1 and 10 started implementation in January 2025.

District 1’s 2025 BoQ indicates 46% of indicators are “partially in place” or “in place”.

District 10’s 2025 BoQ indicates that 86% of indicators are “partially in place” or “in place”.

These scores meet the district’s short-term goals.

ToC Component two:

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

Scenario-based activities in PD and staff meetings help build Early MTSS skills by allowing staff to practice identifying appropriate tiered supports using realistic cases and the MTSS Support Algorithm. Mid-term measures are partially met.

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

In Year 5, procedures were implemented to train new personnel staff at current and onboarding implementation districts. SoonerStart has 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)

In Year 5, SoonerStart has one full-time Practitioner Coach and seven coaches from five different districts. The new coaches have completed training and are starting to complete Practice-based Coaching (PBC) cycles within their districts. SoonerStart has partially completed the mid-term measures.

Outcome 2.4: Implement a system to monitor that EBP are implemented with fidelity (accountability/monitoring)

This outcome has been achieved. SoonerStart selected the EIIC to record the implementation of EBPs.

Summary:

Implementing Early MTSS is a major shift for SoonerStart and is essential for improving child outcomes. High-fidelity implementation and aligned, ongoing professional development are critical to sustain system-wide improvement and support long-term capacity building and scaling.

**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 ToC and its various components that must be accomplished to realize SIMR improvement.?  
ToC Component One

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

Outcomes 1.1, 1.3, 1.5, 1.6

The SLT will continue meeting monthly to oversee the SSIP, implement BoQ-informed process improvements, develop Early MTSS PD, support implementation districts, and ensure strategic use of fiscal and human resources. With data systems in place, the SLT will monitor data quality and reporting. To sustain and expand Early MTSS, SoonerStart will continue building staff capacity through Family-Centered Coaching and OFIP fidelity training, with supervisors conducting observations in 2026 and supporting new providers. SoonerStart anticipates meeting most mid-term measures and making progress toward long-term outcomes in 2026

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 Tier identification.

B) SoonerStart EI Providers will continue documenting the child's level of service in the child's electronic record when the completed IFSP data is entered. The level of service may change as a result of subsequent IFSP reviews based on the 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. SoonerStart has, and will continue to meet the long-term measures.

Outcome 1.4 Establish procedures to launch and maintain implementation districts.

In 2026, SoonerStart will scale SSIP using implementation science, beginning with exploration for Cohort 2 (Districts 4 and 7) to build buy-in, clarify expectations, and gather feedback. Districts will form LLTs aligned with the Part C BoQ, receive support from an SLT-assigned Program Coach, and focus on EBP training, progressing through implementation stages toward full and sustainable implementation. SoonerStart will continue to meet the mid-term measure in 2026 through the launch of two additional implementation districts, with only one remaining district scheduled to onboard in 2027 to complete statewide implementation.

ToC Component two

Outcome 2.1 MTSS levels of support are clearly defined and implemented

In 2026, SoonerStart implementation districts will continue to use the ASQ:SE-2 results to engage families in discussions regarding identified concerns and to inform the development of Individualized Family Service Plan (IFSP) outcomes. Staff will have access to the Early MTSS Supports Algorithm to determine the appropriate level of support needed to address the child's needs and/or family-identified concerns. Following IFSP development, Early Intervention (EI) members of the IFSP team will determine whether the services to be delivered reflect universal, targeted, or intensive levels of support. In alignment with the mid-term measurement, SoonerStart will establish and refine a process to monitor the progress of children whose identified needs are not aligned with the services documented in the IFSP.

Outcome 2.2 Train staff in Early MTSS practices

Beginning in Year 6, the SoonerStart SSIP Project Manager and Practitioner Coach (PC) will deliver Part C practices training twice annually to support new employees and newly onboarding implementation districts. By building internal training capacity and utilizing local staff as trainers for Early MTSS practices, SoonerStart will advance toward long-term sustainability of statewide Early MTSS implementation. The ePyramid Modules for Part C Practices will be used to onboard staff who are unable to participate in in-person training. The ePyramid Modules consist of three instructional sections, each followed by participation in a Professional Learning Community (PLC) facilitated by the SSIP Project Manager and/or P C to support reflection and application of learning. SoonerStart has met the mid-term target and will continue making progress toward the long-term sustainability goal. In 2026, SoonerStart will further develop and implement a succession plan to ensure the ongoing transfer of Early MTSS knowledge and expertise.

Outcome 2.3 Adopt Practice-Based Coaching (PBC) to support practitioners' use of EBP

In Year 6, the SSIP PC will recruit and train new volunteer practitioner coaches through a Community of Practice, focusing on building capacity and buy-in. To support fidelity and sustainability, SoonerStart will use the customized TORSH platform for virtual practice-based coaching, enabling secure video review and structured feedback. Through the use of PBC to support fidelity of implementation, SoonerStart will work toward achieving the identified mid-term measures by the end of Year 6.

Outcome 2.4 Implement system to monitor that EBP are implemented with fidelity.

In Year 6, 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. In 2026, the PCs will use the EIIC to measure the fidelity of implementation of Early MTSS practices by the EI providers during family coaching sessions. Supervisor will 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. Long-term measures have been partially met. SoonerStart will work towards achieving long-term measures in 2026.

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

Pyramid Model evidence-based practices were implemented in 2023. The PM EBPs are outlined in the Early Interventionist Pyramid Practices Fidelity Instrument and the Early Intervention Implementation Checklist.

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

In 2025, SoonerStart engaged in several activities to implement and support the use of EBPs in the program. 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.

In 2025, onboarding districts and newly hired Early Intervention (EI) providers within Early MTSS implementation districts received eight hours of training on Part C evidence-based practices. Pre- and post-training surveys were administered to assess EI providers' perceived understanding of the application of Part C evidence-based practices before and after the training.

The pre-training survey revealed that EI providers had a 3.75 average knowledge (scale from 1-10) of Part C EBPs. The post-training results indicate an increased average knowledge of 4.46 after the training. These results indicate an increase of knowledge and understanding. In the post survey, 92% of EI providers state that the topics covered in Part C practices training will be useful in the field. SoonerStart continues to meet the short-term and mid-term measure for this outcome in Year 5. In 2026, with stakeholder feedback, a survey will be provided for stakeholder approval to meet the long-term measure.

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

EI providers in Early MTSS implementation districts continue to use the Early Intervention Implementation Checklist (EIIC) as a self-assessment tool to monitor fidelity of implementation of Part C evidence-based practices (EBPs). EIIC data indicate that providers have self-reported use of EBPs across all eight practice categories. Recognizing that not all EBPs are applicable to every family or service visit, SoonerStart continues to refine and prioritize those EBPs expected to be universally demonstrated and monitored for fidelity. During Year 5, implementation districts established routine procedures to support consistent completion of the EIIC. These procedures have since been adopted by onboarding Early MTSS districts to promote fidelity monitoring and staff participation. EIIC completion rates are reviewed during Local Leadership Team (LLT) meetings, and EIIC data are monitored and analyzed on a monthly basis. The resulting data are used to inform the State Leadership Team (SLT) and to guide content for the SoonerStart newsletter and development of professional development. At the state level, the Practitioner Coach has completed multiple PBC cycles using the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF) and the Oklahoma Fidelity in Practice (OFIP), Oklahoma's adaptation of the FIP-EI, to assess fidelity of Part C practice implementation. Beginning in 2026, additional local practitioner coaches will be available to conduct coaching cycles. SoonerStart has met the mid-term target and will continue working toward achievement of the long-term measure.

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

In 2025, a state-level practitioner coach was trained and completed multiple coaching cycles. This position is partially funded by the State Personnel Development Grant (SPDG). Seven local practitioner coaches have been identified. The coaches participate in a monthly community of practice. Partial short-term measures have been met.

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 five, SoonerStart continued to utilize the parent portal feature of a child's electronic early intervention record to share 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 can potentially be addressed with IFSP outcomes. SoonerStart, with stakeholder input, decided to postpone planning for a virtual training for families related to SE development. Plans are ongoing to partner with the Oklahoma Parent Center (OPC) to disseminate SE developmental information in Year 4.

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, 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 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 relationship. 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 strength's-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 provider observes and asks 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 Assessment 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 inquiry about routines, activities, environments, or with what people the behavior is most likely to occur. Behavior support specialist can help to support the caregiver and child. In some cases, a functional behavior assessment (FBA) can be used to identify the function of the 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 caregiver 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 2023, SoonerStart has 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 meeting the SE needs of their children. As a result of these improvements, childrens' 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 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 2025, EI providers from districts 2, 3, 5, 6, 8, 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 5, The SLT reviewed the data to monitor fidelity of

implementation to completing the EIC weekly at the Early MTSS implementation districts. The data retrieved from the online system indicated there were 3429 EICs recorded, resulting in a 60% completion rate. This equation does not account for a staff members time off for leave.

**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. For the SiMR, SoonerStart reported that 70.41% of children at the Early MTSS implementation districts (after at least six months of IFSP services) scored Below Cut-off indicating no social-emotional concerns. This data indicated a increase in children scoring below cut-off on the ASQ: SE2 from the previous year.

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

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 in implementation districts will receive training in Part C practices delivered by SoonerStart personnel, including the SSIP Project Manager and Practitioner Coach. Pre- and post-training surveys will be conducted to assess immediate knowledge gains. A follow-up survey will be conducted with personnel indicated in Part C practices training in 2026 to evaluate longer-term retention and application of knowledge. Survey findings will be analyzed, reported, and used to determine progress toward achievement of the long-term outcome.

**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 EIC to monitor fidelity to implementation processes, procedures and practices. In 2026, the OFIP will be used by supervisors to evaluate the use of FC, which is a tier 1 practice in Early MTSS. Data obtained from the EIC and the OFIP will be used to inform SLT, professional development, SoonerStart newsletter EBP.

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

Practitioner Coaches will demonstrate competency in supporting EI personnel in the delivery of family-centered EBP. To strengthen capacity and confidence, SoonerStart will provide expanded training time for the incoming cohort of Practitioner Coaches. Upon completion of training, Practitioner Coaches will initiate coaching cycles with EI providers to support and monitor implementation of evidence-based practices. Fidelity and coaching data will be documented using the Oklahoma Fidelity in Practice (OFIP) and/or the Early Intervention Pyramid Practices Fidelity Instrument (EIPPF), and will be used collaboratively with the coachee to establish goals and guide practice improvement. The state-level Practitioner Coach will provide ongoing support to local Practitioner Coaches and monitor the fidelity of the coaching process. These activities are expected to meet the identified mid-term measure, and make gains towards the long-term measure in 2026.

**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 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 6, SoonerStart will continue to develop new procedures, with the support of stakeholders, to receive feedback from families concerning Part C EBPs in decreasing challenging behaviors. This will collect data on their use of the EBPs and the benefits they realize as a result of using the EBPs.

**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 reflects that progress is being made toward building a sustainable infrastructure that supports implementation at the state and local levels. Time is needed for full scale-up and for districts to incorporate these EBP and skills into their daily practices.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Stakeholder input is systematically gathered through quarterly meetings where comprehensive updates on district progress and implementation activities are shared. During these sessions, feedback is actively solicited through multiple engagement channels including interactive polls, Teams chat discussions, and open verbal exchanges, ensuring ample opportunities for stakeholder participation and meaningful contribution. Additionally, stakeholder engagement occurs through participation in Interagency Coordinating Council (ICC) meetings, where SoonerStart provides regular updates on implementation progress and initiatives. These ICC meetings offer another platform for stakeholders to share perspectives, ask questions, and provide input that informs ongoing implementation efforts and program improvements.

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

SoonerStart is committed to fostering a transparent and collaborative environment where stakeholders can openly exchange perspectives on program improvement with peers and program leadership throughout the stakeholder engagement process. Based on positive stakeholder feedback regarding meeting effectiveness and participation levels, SoonerStart has maintained its Year 5 commitment to providing substantial opportunities for stakeholder questions and input during each session. SoonerStart ensures that all information presented is accessible and comprehensible, and that stakeholders are equipped with the necessary capacity to meaningfully participate in the State Systemic Improvement Plan (SSIP) systems change initiative.

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

NO

**Additional Implementation Activities**

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

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

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

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Data Source

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

#### Measurement

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

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

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

#### Instructions

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2023	100.00%

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

### Targets

FFY	2024	2025
Target	100%	100%

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	0	5	0	0

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

State monitoring and State database. The State has no other findings to report.

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

As reported in indicator one, the state verified each of the 5 findings demonstrated compliance upon review of updated data.

In January 2025, the State selected child records from September, October, and November 2024 for the five local districts that received findings of noncompliance. A randomized sampling methodology was applied to yield a sample representing at least 10 percent of eligible records, rounding up as necessary. Review results indicated that all five districts demonstrated 100 percent compliance for the review period; therefore, no further corrective actions were required.

Each local district receiving a finding submitted a Corrective Assurance Statement acknowledging the identified noncompliance, describing contributing factors, and outlining actions to prevent recurrence. The Part C Data Manager also confirmed that the identified noncompliance did not result in denial of a basic right under IDEA Part C (such as a prolonged delay in service delivery or failure to implement required IFSP services).

Verification of correction at both the child level and the local program level was completed consistent with the procedures outlined in "State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01)."

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

As previously stated in indicator one, SoonerStart utilized the EdPlan electronic database to identify individual instances of noncompliance with timely initiation of services for FFY 2024. Child records were identified using the First Intervention Service Report, which calculates the number of working days between parent consent on the IFSP and the date of the first completed early intervention service visit. Following identification of noncompliance, the Part C Data Manager reviewed each affected child's electronic record in EdPlan to verify whether the first intervention service visit had been completed, even if delivered beyond required timelines, and to confirm that the reason for delay was appropriately documented. Through this review process, the Part C Data Manager verified correction of each instance of child-specific noncompliance unless the child was no longer enrolled in SoonerStart and no outstanding corrective action remained associated with a state complaint or due process decision.

FIVE local districts received Finding Letters for Indicator One based on SEVEN individual child records. All seven child records were corrected prior to issuance of the finding letters. Documentation confirmed that SIX child received a first intervention visit, albeit beyond the required timeline, within a reasonable period following the delay. ONE child did not receive a first intervention visit because the family declined services after IFSP consent but prior to the rescheduled initial visit, and therefore the child was no longer within the jurisdiction of the program.

Oklahoma does not currently allow for pre-finding correction; therefore, findings were issued despite verified child-level correction. Oklahoma followed established program procedures to ensure consistent and timely correction of all identified noncompliance, as required by 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification of correction was completed in alignment with procedures outlined in "State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01)."

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

Findings of Noncompliance Identified in FFY 2023

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

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

State monitoring and State database. The State has no other findings to report.

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

Oklahoma considered multiple factors to determine whether local SoonerStart programs corrected identified noncompliance and were correctly implementing IDEA Part C regulatory requirements. These factors included analysis of the extent and root cause of the noncompliance, verification of child-specific correction, and confirmation of ongoing systemic compliance.

During FFY 2023, SoonerStart identified six (6) local district programs with a total of forty-five (45) individual child records that did not meet the 45-day timeline for completion of the initial IFSP. Review of these records determined that the noncompliance was isolated and attributable to provider-specific circumstances, including unexpected illness and temporary staffing gaps, and did not indicate systemic breakdowns in district-level procedures. Although pre-finding correction is not permitted under State procedures, each affected child's initial IFSP was completed prior to issuance of the finding letters, as verified through review of electronic records in the EdPlan data system.

All local programs receiving findings were required to submit a Corrective Assurance Statement documenting actions taken to prevent recurrence. The Part C Data Manager reviewed the findings to ensure that the identified noncompliance did not result in the denial of a basic right under IDEA, including undue delay in evaluation, IFSP development, or service initiation.

To verify ongoing correct implementation of regulatory requirements, the State conducted subsequent monitoring in January 2025. Child records with initial IFSP timelines due in September, October, and November were identified for review. The Part C Data Manager assigned each eligible record a numeric identifier and applied a randomization process in Microsoft Excel to select a sample representing at least 10 percent of records, rounding up as necessary. The IFSP Timeline Report generated from EdPlan was reviewed to confirm compliance with the 45-day timeline, including verification of referral dates, initial IFSP dates, and documentation of any delays. Delays attributable to exceptional family circumstances were considered compliant when appropriately documented.

Results of the subsequent monitoring confirmed that all six (6) local districts demonstrated 100 percent compliance during the review period. All instances of noncompliance were corrected within one year of identification, with verification of both child-level and site-level correction completed in accordance with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA (OSEP QA 23-01). No further corrective actions were required.

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

SoonerStart utilized the EdPlan electronic data system to identify individual cases of noncompliance related to timely completion of initial IFSPs for FFY 2023. Six (6) local districts received findings under Indicator 7 based on forty-five (45) individual child records identified through the IFSP Timeline Report, which calculated the number of days between the child's referral to SoonerStart and completion of the initial IFSP.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all forty-five (45) electronic records in EdPlan. For thirty-nine (39) children, verification of correction was established by confirming that an initial IFSP had been completed, although untimely. The Data Manager also reviewed documentation within each record to ensure the reason for the missed timeline was recorded.

Six (6) children were no longer enrolled in SoonerStart and had withdrawn from the program prior to completion of an initial IFSP. For these children, the Part C Data Manager verified that no outstanding corrective action was required under a State complaint or due process hearing decision.

Although Oklahoma does not permit pre-finding correction, all child-level noncompliance was verified as corrected prior to issuance of the finding letters. Findings were issued in accordance with State procedures to ensure consistency with federal requirements.

Verification of correction was completed in alignment with 34 C.F.R. §§ 300.600(e) and 303.700(e) and the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

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

**Findings of Noncompliance Identified in FFY 2023**

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

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

State monitoring and State database. The State has no other findings to report.

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

The State did not have noncompliance in the previous Federal Fiscal Year 2023 in Indicator 8a. Therefore, there was no verification needed.

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

Not applicable.

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

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

Findings of Noncompliance Identified in FFY 2023

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

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

State monitoring and State database. The State has no other findings to report.

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

Oklahoma considered multiple factors to determine whether local SoonerStart districts corrected identified noncompliance and were correctly implementing the regulatory requirements for timely notification to the local education agency (LEA). These factors included review of the extent and root cause of the noncompliance, verification of child-specific correction, and confirmation of ongoing systemic compliance.

On December 1, 2024, SoonerStart issued findings of noncompliance to three (3) local districts under Indicator 8B, with one individual instance of noncompliance identified in each district. Analysis of the data indicated that the delays were isolated incidents attributable to staff inadvertently missing the required timeline for LEA notification and did not represent systemic procedural deficiencies. In each instance, the notification to the LEA was subsequently completed in a timeframe sufficient to support the child's transition process.

Following issuance of the findings, each district was required to submit a Corrective Assurance Statement documenting actions taken to address the noncompliance and prevent recurrence. The Part C Data Manager also verified that the identified noncompliance did not result in the denial of a basic right under IDEA, including delays in evaluation, eligibility determination, or service provision.

To verify ongoing correct implementation of the regulatory requirements, the State conducted a subsequent data review in January 2025. Child records with LEA notification due dates in September, October, and November 2024 were identified for review. A randomized sampling methodology was applied to yield a sample representing at least 10 percent of eligible records, rounding up as necessary. Because each district had fewer than five eligible records, the Part C Data Manager reviewed all available records.

Verification of correction was completed through review of the Transition Timeline Monitoring Report generated from the EdPlan electronic database. This report confirmed that, for all reviewed records, notification to the LEA occurred prior to the transition target date (calculated as 90 days before the child's third birthday). Documentation in each record verified the method of delivery, the recipient, and maintenance of a copy of the notification in the child's electronic file.

Results of the subsequent monitoring confirmed that all three districts demonstrated 100 percent compliance during the review period; therefore, no further corrective actions were required. Verification of correction of both child-specific and site-level noncompliance was completed in accordance with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance related to timely notification to the local education agency (LEA) for FFY 2024. Three (3) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report. This report compares the Notification to the LEA date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child's third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all three electronic records in EdPlan. Verification of correction was established by confirming that notification to the LEA had been transmitted for each child, although untimely. Review of the records also confirmed that each child remained enrolled in SoonerStart and that no outstanding corrective action was required under a State complaint or due process hearing decision.

Verification of correction occurred in August 2024 as part of indicator-specific data validation. Oklahoma followed established program procedures to ensure timely correction of all identified noncompliance in accordance with 34 C.F.R. §§ 300.600(e) and 303.700(e). Verification activities were completed consistent with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

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

**Findings of Noncompliance Identified in FFY 2023**

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

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

State monitoring and State database. The State has no other findings to report.

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

Oklahoma considered the extent and root cause of the noncompliance, verified correction at the child level, and confirmed ongoing correct implementation of the regulatory requirements for timely Transition Planning Conferences (TPCs).

On December 1, 2024, SoonerStart issued findings of noncompliance to nine (9) local districts under Indicator 8C, with one individual instance identified in each district based on September 2024 data. Analysis of the noncompliance indicated that delays occurred when children were determined to be potentially eligible for Part B services on or only a few days prior to the 90-day transition target date, which limited the ability to schedule a TPC with the local education agency (LEA) within the required timeline. These delays were determined to be isolated and did not indicate systemic procedural deficiencies.

Following issuance of the findings, each affected district was required to submit a Site Corrective Assurance Statement documenting actions taken to address the noncompliance and prevent recurrence. The Part C Data Manager also verified that the identified noncompliance did not result in the denial of a basic right under IDEA, including delays in evaluation or interruption of early intervention services.

To verify correction and ongoing compliance, the State conducted a subsequent data review in January 2025. The Part C Data Manager reviewed records for all children with third birthdays in September, October, and November 2024 in the nine districts with findings. Because each district had ten or fewer eligible children, all available records were reviewed. Verification was completed using the Transition Timeline Monitoring Report generated from the EdPlan electronic database, which compares the TPC date documented on the Transition Page of the IFSP with the transition target date (calculated as 90 days prior to the child’s third birthday).

Delays attributable to exceptional family circumstances were considered compliant when appropriately documented. Results of the subsequent review confirmed that all nine districts demonstrated 100 percent compliance within one year of notification of noncompliance.

Verification of correction of both child-specific and site-level noncompliance was completed in accordance with the procedures outlined in State General Supervision Responsibilities Under Parts B and C of the IDEA: Monitoring, Technical Assistance, and Enforcement (OSEP QA 23-01).

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

SoonerStart utilized the EdPlan electronic database to identify individual cases of noncompliance related to timely Transition Planning Conferences (TPCs) reported in FFY 2024. Nine (9) individual child records, each from a different local district, were identified as noncompliant using the Transition Timeline Monitoring Report, which compares the TPC date documented on the Transition Page of the IFSP with the transition target date, calculated as 90 days prior to the child’s third birthday.

To verify correction of each individual case of noncompliance, the Part C Data Manager conducted a child-level review of all nine electronic records in EdPlan. The review confirmed whether a TPC had been completed for each child, even if conducted beyond the required timeline, and verified that the reason for any delay was appropriately documented in the child’s record.

Based on this review, the Part C Data Manager verified correction for all nine instances of child-level noncompliance. Documentation confirmed that eight children received a TPC, although untimely, within a reasonable period following the missed timeline. One child did not receive a TPC because the family declined services prior to the scheduled conference and before the child reached age three; therefore, the child was no longer under the jurisdiction of the Part C program and no further corrective action was required.

Although Oklahoma does not permit pre-finding correction, findings were issued in accordance with State procedures despite verified child-level correction. Oklahoma followed established program procedures to ensure timely and consistent correction of all identified noncompliance, as required by

**Optional for FFY 2024, and 2025:**

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

<b>Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected</b>

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

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

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

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

<b>Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)</b>	<b>Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable</b>	<b>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)</b>	<b>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)</b>	<b>Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected</b>
23	0	23	0	0

**FFY 2024 SPP/APR Data**

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
23	23	100.00%	100%	100.00%	Met target	No Slippage

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

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	23
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)	23
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 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

4. Number of findings of noncompliance not timely corrected	0
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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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

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

**12 - Prior FFY Required Actions**

None

**12 - OSEP Response**

**12 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

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

Select the certifier's role

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:**

**Title:**

**Email:**

**Phone:**

**Submitted on:**