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

North Carolina

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

Additional information related to data collection and reporting

General Supervision System

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

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

The North Carolina Infant-Toddler Program's (NC ITP) general supervision system continues to function as has been previously described to the Office of Special Education Programs (OSEP). The NC ITP consists of the Early Intervention Section (EIS), which serves as the State's lead agency, and sixteen (16) Children's Developmental Services Agencies (CDSAs), which serve as the local lead agencies. Monitoring activities by the EIS fall into four categories as described below.

Compliance Indicator Monitoring:

The NC EIS annual compliance monitoring uses its data system, the Health Information System (HIS), to run child lists for the specific time period for all 16 CDSAs to review and verify related child record documentation. For FFY 2024 the NC EIS used three months of data (September, October, and November 2024) to review each compliance indicator. The CDSAs were responsible for ensuring that all related documentation in HIS was accurate and complete using state-designed reports prior to the NC EIS's review for compliance Indicators 1, 7, and 8(a)-(c). Through review and analysis of local annual compliance data, noncompliance may be identified for compliance indicators (e.g., Timely services, 45-day timeline and transition steps).

Universal Monitoring:

The Early Intervention Section Office (EISO) maintains a monitoring schedule to ensure each CDSA is monitored at least once every 6 years for state priority indicators. Current indicators were selected by a workgroup comprised of EISO and CDSA staff and were determined using trends identified during annual self-assessment and CDSA monthly QAQI reviews.

Current state priority compliance indicators are:

-Do services currently being provided align with the services listed on the Service Delivery Plan page of the IFSP?

-Did all members of the IFSP team participate in the Annual IFSP meeting and review?

-Were families and current providers sent a copy of the complete IFSP after Semi-Annual and Annual IFSP reviews?

-Was the IFSP document finalized prior to the parent's signature documenting informed written consent?

-Does the IFSP include outcomes that meet federal requirements?

Current state results indicators are:

-Do IFSP services align with family Concerns, Priorities, and Resources (Section II of the IFSP)?

-Does each service listed on the IFSP address at least one outcome?

-Are functional outcomes written in a positive, discipline-free way and reflect participation in everyday routines and activities?

-Are strategies and activities individualized and built on the child's interests and strengths?

An annual review is conducted with all CDSA leadership about the monitoring process including what will be monitored, how and when it will be done and who will be involved. A pre-visit letter is sent to the CDSA clarifying dates of on-site monitoring, monitoring activities and logistics, including collecting child records and documents and requesting electronic access to the local shared drive. The Universal Monitoring process consists of pre-visit staff and family interviews, on-site chart reviews, an on-site debrief meeting with the CDSA Director and management team, and the issuance of a written report to the CDSA within 30 days of the visit. The process identifies areas of noncompliance that result in Findings of Noncompliance and required Corrective Action Plans, as well as performance concerns that result in required Improvement Plans. Follow up is completed by the assigned Technical Assistance Coordinator. Technical assistance is provided to CDSAs (statewide and program-specific) to assist in correcting noncompliance or issues with performance so they can be sustained over time. Desk Monitoring of the CDSA is completed within a specified timeline to track correction of noncompliance and ensure sustained correction and improvement.

Fiscal Monitoring:

The NC ITP has been working with federal TA partners from the Center for IDEA Fiscal Reporting (CIFR), the Early Childhood Technical Assistance (ECTA) Center, and the Center for IDEA Early Childhood Data Systems (DaSy) to strengthen its fiscal monitoring. The State has worked to develop and maintain an effective fiscal management system. The fiscal management system is designed to ensure that IDEA funds are distributed and expended in accordance with Federal fiscal requirements. The State's fiscal management system includes documentation of required budgetary information, policies,

and procedures reflecting IDEA, EDGAR, and Uniform Guidance requirements and evidence of implementation of those procedures all of which assist the State in using Federal funds for improving performance and outcomes for infants, toddlers, and children with disabilities. The program is currently finalizing monitoring indicators and plans to incorporate fiscal monitoring into the current 6-year cycle for Universal Monitoring, with CDSAs receiving both Universal and Fiscal Monitoring in the same year starting in FFY 25-26. The final indicators chosen as well as the process for record selection will be included in the NC ITPs' FFY 2025 APR.

Focused Monitoring:

Focused Monitoring may occur outside of the six-year monitoring cycle and is initiated in response to formal or informal complaints, concerns identified through programmatic data reviews, or information gathered through technical assistance and professional development activities. Depending on the nature of the concern, the Focused Monitoring process may include any combination of desk audits of data, on-site chart reviews, and staff and family interviews. The Monitoring Team identifies areas requiring attention and determines the need for targeted technical assistance and/or the issuance of Findings of Noncompliance with required Corrective Action Plans when noncompliance is identified.

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.

Compliance monitoring:

Monitoring for each compliance indicator during the review period (September through November 2024) occurred as follows:

- Indicator 1: Data included all children who were enrolled in the NC ITP and had a new service added to their IFSPs during the review period whose services were due to begin within 30 days of written parental consent. The NC EIS verified service start dates, reasons for delay, and the documentation related to those delays.

- Indicator 7: Data included all children referred to each CDSA during the review period whose IFSP meetings were due to be held within 45 days of the referral date. The NC EIS verified IFSP meeting dates, reasons for delay, and the documentation related to those delays.

- Indicator 8: Data included all children who would be two years nine months old (2.9) during the review period and for whom the following would be due: (8(a)) Transition Plans with steps and strategies; (8(b)) Notification to the Local Education Agency (LEA); and (8(c)) Transition Planning Conferences (TPCs). The NC EIS verified dates transition plans were developed, dates LEAs were notified, TPC dates, reasons for delay, and documentation related to those delays.

For determining compliance with Indicators 1 and 7 during the review period, a 10% sample of late items where the CDSA indicated this was due to Exceptional Family Circumstances is reviewed by EISO staff. This sample may be expanded for CDSAs where EISO staff overturn items from Exceptional Family Circumstances to a CDSA caused delay. For Indicators 8a, 8b, and 8c, all late transition items are reviewed by EISO staff to determine whether they were late due to Exceptional Family Circumstances or a CDSA caused delay.

The primary method for verifying data submitted through the Annual Compliance Indicator Monitoring workbooks and for verifying demonstration of correction of noncompliance also utilizes a child record review process. As required by the OSEP QA 23-01 document, the NC EIS ensures that any identified noncompliance is corrected on two levels: (i) on a child-specific level if the child is still under the jurisdiction of the NC ITP and no outstanding corrective action exists under a State complaint or due process hearing decision for the child and (ii) on a systemic level, through verification of new or updated data. Monitoring and verification of correction of identified noncompliance are completed by utilizing a combination of child record reviews and when needed, on-site verification visits. For verification of systemic compliance, the CDSA must report 100% compliance for a given month. The EISO staff reviews a sample of items late due to Exceptional Family Circumstances and timely items for that month to ensure the data is accurate. The sample size is based on the number of items in each category for that month.

Universal Monitoring:

For universal monitoring a sample of at least 30 child files is selected, though this number may be increased if the monitoring team feels it necessary. A sample of thirty files is generally considered sufficient to provide a reasonable level of assurance that the sample is representative enough of the population overall for the monitors to make informed conclusions about the CDSA's processes. A random sample of 30 children is selected for children meeting the following criteria: must be currently enrolled in the NC ITP, must have been in the program long enough to have at least one Annual IFSP, must have at least one on-going service on their IFSP other than Targeted Case Management, and must be more than 90 days from their third birthday at the time the sample is pulled. From this list, an additional random sample of 10 parents/guardians are selected for family interviews. Where Corrective Action Plan s (CAP) are issued, the process for verifying subsequent compliance is similar to that described for Compliance Monitoring – EISO staff would verify correction on the individual child level, and a subsequent review of records would be completed to determine systemic compliance.

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

The NC ITP continues to conduct annual compliance monitoring by utilizing components of the state's Health Information System (HIS), which serves as the NC ITP's web-based data entry system, a compliance indicator tool completed by each CDSA, and a record review process conducted by EISO staff. For Indicators 1, 7, 8A, 8B, and 8C, data from September through November is reviewed and used for SPP/APR reporting purposes.

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

The NC ITP issues findings by local EIS program. Following the verification of data in HIS and review of documentation for any correction completed prior to a finding, the NC EIS issues letters to inform each CDSA whether it has been found in compliance with the statutory and regulatory requirements of the Individuals with Disabilities Education Act (IDEA) or that it has findings of noncompliance. In cases where noncompliance is found, the letter includes information on the number of findings, the specific statutory and regulatory provisions for which the CDSA was found to be noncompliant, and instructions to correct the identified noncompliance as soon as possible, but not later than one year from the date the letter of noncompliance is issued. The NC EIS determines, based on the review of data, if the non-compliance is systemic or non-systemic. If the NC ITP determines that the identified non-compliance is systemic, CDSAs are required to develop a corrective action plan (CAP) within 60 days of notification of findings. If the NC ITP determines that the non-compliance is non-systemic, the NC EIS notifies the CDSA that within 90 days updated data will be reviewed to determine if they are meeting regulatory requirements with 100% compliance. If noncompliance continues to be identified, the CDSA will be required to develop a CAP. The NC EIS is available to assist each CDSA with the development of its CAP, and ultimately, the NC EIS informs the CDSA whether the CAP is approved or needs revision.

All CAPs must include an analysis of the root cause of the noncompliance, specific steps and strategies that the CDSA will implement to ensure full correction, and a schedule for submission of progress reports with benchmarks for progress and improvement to ensure timely correction. The NC EIS

provides on-going monitoring of correction of the findings and CAPs through review and verification of data on both a child-specific and systemic basis, consistent with OSEP's QA 23-01 document.

The NC EIS works with CDSAs to develop improvement plans in areas where results/outcomes are lower than expected or where results data show regression. Improvement plans are similarly tracked and verified, although the goal is improvement and progress, rather than correction and compliance.

Throughout the year, the NC EIS conducts data quality checks to ensure and verify the reliability, accuracy, and timeliness of data reported by the CDSAs. Several methods for data verification are utilized, including running error reports, reviewing routine data reports, requiring regular reports to be submitted for contract deliverables, and conducting on-site data verification visits. Additionally, point-in-time data are routinely provided to CDSAs to ensure that data are reliable, accurate, and valid for 616 and 618 data reporting.

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).

During the review period, the CDSAs can submit documentation to the NC EIS to demonstrate correction prior to a finding. CDSAs must demonstrate that correction occurred on two levels or prongs: (i) any child-specific noncompliance was corrected unless the child is no longer within the jurisdiction of the NC ITP and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and (ii) correction must be achieved on a systemic level, demonstrated by a review of new/updated data that show the regulatory provisions are being implemented correctly. The NC EIS monitoring staff reviews the documentation submitted, along with a review of the updated data, to determine if the CDSAs meet the requirements to correct prior to a finding being issued.

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

The North Carolina Infant-Toddler Program (NC ITP), under the oversight of the Early Intervention Section Office within the North Carolina Department of Health and Human Services (NC DHHS) as the State Lead Agency, implements a system of graduated and progressive sanctions to ensure timely correction of identified noncompliance and to address areas in need of improvement.

Early intervention services are delivered through 16 Children's Developmental Services Agencies (CDSAs), including 12 State-operated CDSAs and 4 contract CDSAs (East Carolina University, Mecklenburg County Health Department, Albemarle Regional Health Services, and Atrium Health). All CDSAs operate under the oversight of the Early Intervention Section Office and are required to comply with NC ITP policies, procedures, and IDEA Part C requirements.

Upon identification of noncompliance, the NC ITP issues written notification of findings and requires the CDSA to develop a Corrective Action Plan (CAP) that ensures correction as soon as possible, but no later than one year from the date of notification. CDSAs may develop the CAP independently or with support from their assigned Technical Assistance Coordinator (TAC).

If correction is not achieved within one year, the NC ITP escalates its response by engaging CDSA leadership to review the persistent noncompliance, identify root causes, and require revision of the CAP. At this stage, TAC involvement is required. Additional actions may include the implementation of more prescriptive strategies, increased monitoring and reporting requirements, and intensified technical assistance.

When ongoing noncompliance is associated with personnel or operational performance issues, the NC ITP may utilize the State's Performance Management System, which may result in corrective personnel actions, up to and including termination, in accordance with State policies.

If noncompliance remains pervasive after the above actions have been implemented, the NC ITP may impose more significant system-level sanctions based on the CDSA structure. For contract CDSAs, the Early Intervention Section Office may terminate the contract and initiate a competitive procurement process to secure a new provider agency. For State-operated CDSAs, the Early Intervention Section Office may assume direct management of day-to-day operations until new leadership is established and compliance is achieved.

This system ensures that CDSAs are provided with appropriate technical assistance and opportunities to correct noncompliance, while maintaining accountability through increasingly formal enforcement actions when correction is not achieved within required timelines, consistent with the State Lead Agency's responsibility to ensure statewide compliance under IDEA Part C.

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.

In issuing determinations for local programs, OSEP requires that states include at a minimum the following: performance on compliance indicators (1, 7, 8a, 8b, 8c); valid and reliable data; correction of identified non-compliance; and other data available to the state about local EI program compliance with IDEA including relevant audit findings. States may also consider results on performance indicators and other information deemed relevant by the state. To implement these requirements, the NC ITP has chosen to use the same Results-Driven Accountability process for making CDSA Determinations that OSEP uses for state-level Determinations (as described in How the Department Made Determinations under Sections 616(D) and 642 of the Individuals with Disabilities Educations Act in 2024: Part C). The decision to use OSEP's process involved the full NC ITP leadership, including CDSA Directors. OSEP's process was discussed in leadership meetings along with suggested changes to make the process work at the CDSA level. This process incorporates both compliance and results data to calculate the determination score.

Compliance accounts for 50% of the Determinations score. CDSAs can score up to 2 points on each of the following :

- Compliance scores on APR Indicators 1, 7, 8A, 8B, and 8C – points are assigned for each of these based on compliance percentage for the current year and correction of any non-compliance from the prior year

- Long-Standing Noncompliance – points are deducted based on how long the CDSA has been in non-compliance

- Timely and Accurate Data. – currently all CDSAs receive the same score assigned to North Carolina as a state, however points would be deducted at the CDSA level if a specific CDSA was responsible for negatively impacting the state-wide score

- Timely Due Process Hearing Decisions and State Complaint Decisions are also part of the OSEP matrix and will be included in CDSA Determinations scoring if applicable. Currently North Carolina does not experience at least 10 Due Process Hearings or State Complaints and receives N/A scores for both of these. The same holds true for the individual CDSAs.

- Other data available to the state about local EI program compliance with IDEA, including relevant audit findings, may also be considered if applicable.

Results account for the remaining 50% of the score and is focused on Child Outcomes data. As with Compliance, CDSAs can score up to two points on each of the components of Results, which include:

- Data Completeness – based on the number of children reports in Indicator 3 divided by the number of children included in the Exiting report.

- Data Anomalies - based on the percent of children in each Child Outcomes process category as compared to the four-year rolling average for all states and territories

- Data Comparison – comparing the CDSAs to each other on each of the Child Outcomes Summary Statements (this is the only change to OSEP's process where states are compared to all other states and territories)

- Performance Change – comparing each CDSA's current year scores on the Summary Statements to prior year to determine whether any changes were statistically significant.

The percent of points scored for both Compliance and Results are combined and averaged to calculate the overall Determinations percentage. The parameters for converting the RDA score to the final Determination also mirrors OSEP's process – scores of 80% and above receive a Determinations of "Meets Requirement", above 60% but below 80% receives a Determinations score of "Needs Assistance", and below 60% receives a Determinations score of "Needs Intervention".

Since the NC ITP uses OSEP's process, the timing of CDSA Determinations is dependent on the state receiving its Determination information. Data on the mean and standard deviations from the Data Anomalies section must be received from OSEP to be incorporated into the CDSA Determinations matrix used by the NC ITP. Once the state Determination is received, the CDSA Determinations matrix is updated, data is entered in for each CDSA, scores calculated, Determinations letters drafted, and the process and results reviewed with NC ITP leadership. This process generally takes two to three months. The most recent state Determination was received on 6/18/2025 and CDSA Determinations were sent out on 9/25/2025.

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

https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-staff

Technical Assistance System:

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

Technical assistance (TA) is a component of the NC EIS's general supervision system and is provided to CDSAs by NC EIS personnel on numerous topics for a variety of reasons. Each CDSA has a TAC from the NC EIS state office who serves as a single point of contact for all technical assistance questions and concerns. The TA Coordinator role provides support to CDSAs similar to the functioning of many of the federal TA centers. Each TA Coordinator serves as the primary point of contact for CDSA leadership to communicate any questions and support needs. For relatively simple issues, the TA Coordinator provides an immediate and appropriate response based on his/her expertise. For more complex issues outside the TA Coordinator's scope of knowledge, the respective Coordinator works with other EIS office subject matter experts to develop a thorough response to CDSA questions and/or provide TA support. This TA structure/framework allows for collaborative, effective, consistent, and timely TA for all CDSAs.

In addition to the routine handling of inquiries and issues raised by CDSAs, TA is often delivered in response to noncompliance or improvement needs identified through state monitoring activities. In these instances, NC EIS TA staff help CDSAs determine the root cause of noncompliance and/or low performance and assist with the development of a CAP or an improvement plan, depending on the needs of the CDSAs. Also, as state-led program improvement initiatives and activities are planned for implementation, NC EIS personnel leading the improvement efforts also plan, develop, and facilitate TA and training to ensure that all strategies are implemented with fidelity.

Technical assistance is provided through various mediums, both remotely and on-site. Specific TA is often requested by a CDSA, typically pertaining to daily functions to ensure compliance with state and federal requirements and provide high-quality services to families from either the CDSA staff and/or its providers. Some examples of CDSA-identified TA needs for their leadership and management teams have included: support to revise internal practices and procedures, support to improve strategies related to data management, and help with quality improvement activities. Support is also requested when specific training and/or professional development is needed but is not available through local community partners. If the NC EIS is unable to address the TA need, assistance is sought from others, including the federal TA centers, such as: the National Center on Systemic Improvement (NCSI), the Center for IDEA Early Childhood Data Systems (DaSy), and the Early Childhood Technical Assistance Center (ECTA).

The NC EIS TA staff has standard operating procedures that are used to systematically develop and approve new/revised NC ITP policies and procedure documents. These procedures ensure that documents that originate at the NC EIS are current and approved in the most efficient and timely manner. Simultaneously, TA staff are working to identify and develop recurring TA on the basic tenants of early intervention. The TA component of the general supervision structure is continuing to be revised and enhanced through the work of the State Systemic Improvement Plan (SSIP) implementation team that is developing a more comprehensive, targeted system of consistent statewide standards and competencies for CDSA staff and providers. The primary focus of the TA team's continuous efforts is to enhance priority components of a comprehensive system of personnel development (CSPD) for staff and providers of services for the NC ITP.

Professional Development System:

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

The NC EIS is the designated state entity authorized by the North Carolina legislature to establish criteria for certification of personnel working with the NC ITP. These criteria pertain to CDSA employees and the network of community-based contracted service providers across the state. Primarily, the contract service providers deliver services and supports to enrolled families and their infants and toddlers with disabilities. As part of the NC ITP's professional development system, the requirements for Infant, Toddler and Family Certification (ITFC) are set forth in a guidance document that can be accessed through the following link: (https://www.ncdhhs.gov/divisions/child-and-family-well-being/north-carolina-infant-toddler-program-nc-itp/nc-itp-staff#NCITPCertificationMaintenance-4429).

The ITFC is obtained upon employment with a CDSA or when an enrolled community-based service provider enters into a contractual agreement with a CDSA. The new employee must have a bachelor's degree or higher from an accredited college or university in a required degree field and apply to

receive ITFC. The required process was followed to add three new degree fields to the ITP Procedural Guidance for Personnel Certification (Communication Disorders, Physical Therapy, and Occupational Therapy).

- All service coordinators and providers of special instruction must obtain and maintain Infant, Toddler and Family Certification (ITFC). Maintenance of the ITFC requires ten (10) annual contact hours of continuing professional development that focuses on infants and toddlers either with or without disabilities, and their families, which is provided or supported by an approved entity. The list of approved entities is updated once per year and can be found at https://www.ncdhhs.gov/itp-policy-and-procedures-personnel-certificationdocx/download?attachment. Additionally, a Continuing Professional Development calendar is made available for CDSA staff and contract providers and an email regarding upcoming continuing professional development opportunities is forwarded at least monthly to CDSAs to keep staff apprised of available trainings, webinars, professional development opportunities, conferences, and other useful resources.

- Each CDSA enrolls community-based service providers to provide special instruction and discipline-specific services to families. Service coordination, eligibility evaluations, and initial child and family assessments are completed exclusively by the CDSAs and their staff. CDSAs and enrolled community-based service providers must ensure staff comply with the NC ITP's certification requirements. They review and attest that staff (providers of special instruction and service coordination) have met the continuing professional development requirements for annual maintenance of the ITFC. Documentation of compliance with certification and continuing education requirements for CDSA staff is provided to the NC EIS by each of the CDSAs. Attestations for community-based providers are maintained at the CDSAs. This helps ensure that compliance with certification and ITFC are verified on an ongoing basis at CDSAs and across each CDSA's provider network. In addition, CDSAs and enrolled community-based service providers must ensure their discipline-specific clinicians (e.g., occupational therapists, physical therapists, speech/language pathologists/therapists) comply with their professional licensure or certification requirements, and continuing education requirements.

In the early phase of the SSIP, NC EIS and stakeholder analysis of the NC ITP infrastructure indicated a need to expand professional development opportunities and standards by:

- Creating a system of standardized and consistent statewide professional development for CDSA staff and providers,

- Modifying the certification process , and

- Developing consistent standards for evaluation and assessment (tools), particularly around social emotional development.

The NC ITP has aligned its hiring requirements for service coordinators and providers of special instruction to include mandatory training on how to build and support caregivers' knowledge and skills to enhance their children's development. Current Professional Development statewide initiatives in progress include:

- Continuing to train providers and new CDSA staff on Coaching and Natural Learning Environment Practices. Fidelity measures continue to be implemented for staff and providers that have attended the required trainings.

- Continuing to train staff and contract providers on providing tele-services for Early Interventionists.

- Training EI Service Coordinators statewide on Resource Based Practices, as well as Practice training for both CDSA staff and providers.

- Requiring CDSA staff and contract providers to complete Positive Childhood Alliance NC-Recognizing and Responding to Suspicions of Child Maltreatment training annually and pass a post-test.

- Implementation of Pyramid Model. The Winston-Salem and Greenville CDSAs have completed training and intensive implementation scaleup. The Elizabeth City CDSA is on target to complete implementation in FFY 25-26,

- A variety of social-emotional focused trainings and continuing education are offered to staff and providers which align with Infant Mental Health Competencies needed to obtain individual endorsement. Endorsement is optional and not required.

- Integration of the Early Childhood Technical Assistance Center's Child Outcomes Summary training into the NC ITP's website. This training is mandatory for CDSA staff.

A new Comprehensive System of Personnel Development (CSPD) Director was hired in March 2025. A CSPD Specialist and a Community Partner Engagement Coordinator were brought under the CSPD Director to form a new CSPD Team/Unit.

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.

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022.

The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

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

YES

Number of Parent Members:

6

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.

As noted in the NC ITP's FFY 2020 APR, the NC ITP leveraged its ongoing partnership with the Exceptional Children's Assistance Center (ECAC), North Carolina's Parent Training and Information Center, to solicit parent participation. The ECAC advertised meetings to solicit parent input through its social media and LICC mailing lists. The CDSAs were also involved in sending information to parents enrolled in their local programs. Flyers were sent to invite parents and other community members to an informational meeting where NC ITP staff discussed what would be involved in target-setting meetings as well as expectations for parent participants. ECAC staff also discussed the process for reimbursing parents for their time. An additional round of invitations for parents to attend target-setting meetings was conducted again through ECAC and the CDSAs. Parents did not have to attend the info meeting to attend the target-setting meetings, and they were not required to attend all sessions to participate. Pre-meeting materials were sent to parents – in both English and Spanish – that covered the basics of target setting, historical data on program performance on the APR Indicators to be reviewed, and some additional context to consider during target setting. All advertising to encourage parents to participate and meeting materials were available in English and Spanish. Real-time Spanish translation was offered during the meetings.

The six parents that attended the meetings were deeply engaged and provided high quality input. Some of the parents attending were involved in other parent organizations and/or had children who had been through both the early childhood and school systems. (Participants in these meetings also included a representative from an organization that works with families with young children and a representative from ECAC who is also a parent.) They brought a depth of experience and knowledge about how the system had worked for their children and others in their communities.

During FFY 2024, parents continued to be included in the process of reviewing data and evaluating progress through participation in the NC ITP's Interagency Coordinating Council.

Activities to Improve Outcomes for Children with Disabilities:

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

As noted in the NC ITP's FFY 2020 APR, the NC ITP's SSIP has improved social-emotional child outcomes as its goal. The Coaching implementation work discussed in Indicator 11 (and in prior SSIP reports) is explicitly aimed at developing families' capacity to help improve outcomes for both their individual child, and by extension improve outcomes for children program wide. On-going implementation of the Pyramid Model also includes a component related to developing parent capacity – each CDSA is required to include a parent as a part of their local leadership team leading their implementation of Pyramid model. This will not only ensure parent input into the implementation process but also develop a pool of parents with expertise related to the Pyramid model for inclusion in the NC ITP's future work.

Soliciting Public Input:

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

As noted in the NC ITP's FFY 2020 APR, both the ICC and parent target-setting meetings discussed above were open to the public. Information about the ICC meetings can be found on the NC ITP website. Further, emails and flyers (with contact information of staff to respond to inquiries/questions) were used to invite participants to target-setting meetings. ICC meetings are considered public meetings, and twelve (12) non-member guests attended and participated along with ICC members in target setting. The parent target-setting meetings were advertised by the Exceptional Children's Assistance Center through their social media and LICC mailing lists and were not limited to parents. As noted above, in addition to input from the ECAC staff, a representative from an organization working with multiple families attended the parent target-setting meetings to provide input.

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.

Results of the target-setting process were shared with NC ITP leadership and the State ICC by members of the EIS Data and Evaluation team at their regularly scheduled meetings in early 2022. The final APR/SSIP document, including new targets and strategies, was made publicly available on the NC ITP website once reviewed by OSEP.

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.

The NC ITP disseminated the FFY 2023 SPP/APR to stakeholders through the local lead agencies (the CDSAs) and posted the FFY 2023 SPP/APR on the NC ITP's website, located at: https://www.ncdhhs.gov/annual-performance-review-fy-2023/open

CDSA-specific APR indicator data, including comparisons to the State target and State actual data, are also posted on the Program's website, which can be accessed from this link: https://www.ncdhhs.gov/cdsa-specific-data-fy-2023/open

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

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

OSEP notes that the State did not describe its system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement. OSEP may follow up with the State regarding its system of graduated and progressive sanctions outside of the SPP/APR process.

OSEP notes that the State did not provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

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	73.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.04%	98.37%	99.54%	97.38%	97.30%

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
3,913	4,322	97.30%	100%	98.75%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

355

Provide reasons for delay, if applicable.

There were fifty-four (54) children who did not receive all their IFSP services in a timely manner due to CDSA-specific delays , including inadequate follow-up by CDSA staff, delays in referring children to service providers, delays in providers initiating services, providers or CDSA staff being unavailable to provide services in a timely manner, and other CDSA delays. This represents a noncompliance rate of 1.25%.

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).

The NC ITP considers timely services to start 30 days or less from the date of parent consent. Any service that starts more than 30 days from the date of consent is considered not timely and a reason for the delay must be documented in HIS.

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

State database

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

The NC EIS reviewed data for all children who had services added to IFSPs during the months of September, October, and November 2024. This data is entered into HIS by each of the CDSAs and includes all services, start dates, and reasons for any delays.

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

For Indicator 1, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2024, through November 30, 2024. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2024.

Provide additional information about this indicator (optional)

A total of four thousand three hundred twenty-two (4,322) children with IFSPs were reviewed for this indicator. Four thousand sixty-nine (3,913) of these children received their services in a timely manner. An additional three hundred fifty-five (355) children did not receive their services in a timely manner due to documented exceptional family circumstances. Therefore, 4,268 out of 4,322 children (98.25%) were provided services on their IFSPs in a timely manner (within 30 days).

These data reflect substantial compliance for Indicator 1.

Additional information regarding FFY 2023 noncompliance data below:

While there were eleven findings of noncompliance issued for FFY 2023, there were additional individual instances of noncompliance at seven (7) CDSAs. Three (3) CDSAs were in the process of correcting findings issued during prior years (FFY 2021 and FFY 2022). The NC ITP did not issue additional findings to these CDSAs. The four (4) remaining CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Timely Services (that new IFSP service begins within 30 days). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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
11	6	0	5

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the

reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2023 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

Two (2) CDSAs account for the six (6) findings issued in FFY 2023 that have subsequently been verified as corrected. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One (1) CDSA, with a total of five (5) findings, continues to work on the process of correcting noncompliance beyond the one-year timeline. The NC EIS has provided this CDSA with intensive TA that consisted of a deeper drill down and analysis of the root cause of the noncompliance and a review of the CDSA's internal procedures for documentation and for following up. The EISO's QA Manager and the Technical Assistance Coordinator assigned to this CDSA have met with the CDSA's QA Coordinator to discuss their data and processes. The CDSA has had difficulty identifying root causes to address due to a lack of identifiable trends in the data. The CDSA has experienced both provider issues and inadequate follow-up by their own staff as reasons for late services, but the data has not shown a clear pattern. The EISO's CDSA Systems Director, QA Manager, CSPD Manager, and the TAC assigned to the CDSA will be meeting with this CDSA collectively in early 2026 to do a deeper dive into the issues that are keeping them from reaching compliance.

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.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Timely Services (that new IFSP service begins within 30 days). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	8	8	0
FFY 2021	1	1	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2022 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

Two (2) CDSAs accounted for the eight (8) findings issued in FFY 2022 that have subsequently been verified as corrected. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

FFY 2021

Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2021 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2021 that has subsequently been verified as corrected. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compares the data entered into HIS to the child's paper record to verify that correction occurred, if correction is possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

1 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining eight uncorrected findings of noncompliance identified in FFY 2022 and the finding of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022 and FFY 2021: (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

The status of correction of non-compliance for FFY 2021, FFY 2022, and FFY 2023 is addressed above.

1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State did not demonstrate that each EIS program or provider corrected the instances of noncompliance identified in FFY 2023 because it did not report that it verified correction of those instances, consistent with the requirements in OSEP QA 23-01. Specifically, the State reported, "While there were eleven findings of noncompliance issued for FFY 2023, there were additional individual instances of noncompliance at eight CDSAs. Three (3) CDSAs were in the process of correcting findings issued during prior years (FFY 2021 and FFY 2022). The NC ITP did not issue additional findings to these CDSAs. The six (6) remaining CDSAs corrected the identified noncompliance prior to findings being issued." Therefore, OSEP cannot determine if the State verified that each EIS program or provider with noncompliance identified in FFY 2023: (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.

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
2010	98.00%

FFY	2019	2020	2021	2022	2023
Target>=	98.50%	98.50%	98.50%	98.50%	98.50%
Data	99.50%	99.04%	99.12%	99.44%	99.51%

Targets

FFY	2024	2025
Target >=	98.50%	98.50%

Targets: Description of Stakeholder Input

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing

the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

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	10,067
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	10,120

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
10,067	10,120	99.51%	98.50%	99.48%	Met target	No Slippage

Provide additional information about this indicator (optional).

Data for this indicator were gathered from HIS, utilizing the December 1, 2024, headcount. There were ten thousand one hundred twenty (10,120) children in the NC ITP's December 1, 2024, headcount. Of these 10,120 children, 53 (0.52%) did not receive early intervention services primarily in the home or community-based settings. The 99.48% of children who did receive services in the home or community-based setting is well above the state's target of 98.50%.

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

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2008	Target>=	74.00%	74.00%	74.62%	75.12%	75.61%
A1	72.90%	Data	75.21%	74.13%	74.07%	71.96%	74.12%
A2	2008	Target>=	61.00%	61.00%	53.15%	54.66%	56.17%
A2	59.00%	Data	52.46%	51.64%	47.56%	44.78%	42.99%
B1	2008	Target>=	80.50%	80.50%	80.79%	81.22%	81.65%
B1	79.50%	Data	81.06%	80.37%	79.41%	78.32%	79.03%
B2	2008	Target>=	52.00%	52.00%	47.72%	48.47%	49.21%
B2	50.50%	Data	47.20%	46.98%	43.62%	40.39%	38.25%
C1	2008	Target>=	78.40%	78.40%	79.87%	80.30%	80.73%
C1	77.60%	Data	79.73%	79.43%	77.87%	74.10%	74.09%
C2	2008	Target>=	58.60%	58.60%	51.70%	53.13%	54.55%
C2	57.20%	Data	51.90%	50.28%	47.54%	45.56%	43.92%

Targets

FFY	2024	2025
Target A1>=	76.11%	76.60%
Target A2>=	57.69%	59.20%
Target B1>=	82.07%	82.50%
Target B2>=	49.96%	50.70%
Target C1>=	81.17%	81.60%
Target C2>=	55.98%	57.40%

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	24	0.34%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,694	24.10%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,360	33.57%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,066	29.39%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	886	12.60%

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	4,426	6,144	74.12%	76.11%	72.04%	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	2,952	7,030	42.99%	57.69%	41.99%	Did not meet target	No Slippage

Provide reasons for A1 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact of the COVID pandemic on Child Outcomes. Scores for Summary Statement 1 had been increasing slowly prior to the pandemic. The impact of the pandemic on children and families, as well as vacancies among CDSA staff and providers are likely both contributing to the decline in scores. This data was discussed in detail with NC ITP leadership at its December 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data. The discussion with leadership included several suggestions for areas to review, including changes in the types of children enrolled (Established Condition vs Developmental Delay), the level and type of delays, impact of implementing different evidence-based practices, and the impact of changes to age at referral and the time children spend in the program.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	23	0.33%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,489	21.18%

Outcome B Progress Category	Number of Children	Percentage of Total
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,943	41.86%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,181	31.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	394	5.60%

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	5,124	6,636	79.03%	82.07%	77.22%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,575	7,030	38.25%	49.96%	36.63%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact of the COVID pandemic on Child Outcomes. Scores for Summary Statement 1 had been increasing slowly prior to the pandemic. The impact of the pandemic on children and families, as well as vacancies among CDSA staff and providers are likely both contributing to the decline in scores. As noted above, this data was discussed in detail with NC ITP leadership at its Decemb34 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data.

Provide reasons for B2 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 2 for all three components of Child Outcomes may be a continuing impact from the COVID pandemic on Child Outcomes noted in prior APRs. The decrease in Summary Statement 2 is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes. As noted above, this data was discussed in detail with NC ITP leadership at its Decemb34 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data.

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	19	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,755	24.96%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,302	32.75%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,360	33.57%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	594	8.45%

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	4,662	6,436	74.09%	81.17%	72.44%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they	2,954	7,030	43.92%	55.98%	42.02%	Did not meet target	Slippage

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

Provide reasons for C1 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact of the COVID pandemic on Child Outcomes. Scores for Summary Statement 1 had been increasing slowly prior to the pandemic. The impact of the pandemic on children and families, as well as vacancies among CDSA staff and providers are likely both contributing to the decline in scores. As noted above, this data was discussed in detail with NC ITP leadership at its Decemb34 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data.

Provide reasons for C2 slippage, if applicable

Decreases in Child Outcomes scores across Summary Statement 2 for all three components of Child Outcomes may be a continuing impact from the COVID pandemic on Child Outcomes noted in prior APRs. The decrease in Summary Statement 2 is also part of a longer trend of decreases in Summary Statement 2 across all areas of Child Outcomes. As noted above, this data was discussed in detail with NC ITP leadership at its Decemb34 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data.

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.	9,836
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	2,491
Number of infants and toddlers with IFSPs assessed.	7,030

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.

North Carolina uses the ECO COS process. CDSA staff enter initial and exit COS scores into HIS. Data from this system is uploaded daily into the Client Services Data Warehouse, where staff at both the local and state levels can run queries specifically designed to ensure that children receive COS ratings when required. CDSA staff run queries monthly that help them identify children with initial IFSPs who have not received an initial COS rating and children who have exited the program or turned three who have not received an exit COS rating.

Annually, EIS staff coordinate a state-wide clean-up of COS data that includes running data reports of initial and exit scores for all children enrolled in the NC ITP. Data are checked for completeness and for any "impossible ratings." CDSA staff are notified of incomplete or impossible ratings, which staff remedy by entering corrected data into HIS or providing information.

Provide additional information about this indicator (optional).

FFY 2024 saw decreases in scores for Summary Statement 1 across all three components of Child Outcomes. After a slight improvement in these scores in FFY 2023, this represents a return to the previous pattern of decreases year-to-year starting in FFY 2020. (Prior to the COVID-19 pandemic the NC ITP had experienced slow but steady progress on Summary Statement 1.) For all three outcome areas, the decreases were found to be significant using the ECO Meaningful Difference calculator:

- Positive Social-Emotional – FFY 2023 = 74.12%; FFY 2024 = 72.04%, -2.08 difference
- Acquiring Knowledge and Skills – FFY 2023 = 79.03%; FFY 2024 = 77.22%, -1.81 difference
- Taking Actions to Meet Needs – FFY 2023 = 74.09%; FFY 2023 = 72.44%, -1.65 difference

The NC ITP continued to see decreases for Summary Statement 2 for each of the three outcomes, continuing a trend of gradual decreases since FFY 2013. Though on a more positive note, the rate of decrease in FFY 2024 was smaller than in FFY 2023 for two of the three outcome areas and remained relatively static for the third. For Acquiring Knowledge and Skills and Taking Actions to meet needs, the decreases were found to be significant using the ECO Meaningful Difference calculator:

- Positive Social-Emotional – FFY 2023 = 42.99%, FFY 2024 = 41.99%, -1.00 difference
- Acquiring Knowledge and Skills – FFY 2023 = -38.25%, FFY 2024 = -36.63%, -1.62 difference
- Taking Action to Meet Needs – FFY 2023 = 43.92%, FFY 2024 = 42.02%, -1.9 difference

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	2016	Target>=	92.50%	92.50%	98.54%	90.40%	91.27%
A	92.84%	Data	95.36%	88.67%	89.88%	90.65%	92.44%
B	2016	Target>=	95.00%	95.00%	92.22%	92.92%	93.61%
B	94.86%	Data	96.35%	91.53%	93.03%	92.69%	94.18%
C	2016	Target>=	88.00%	88.00%	86.11%	87.33%	88.56%
C	90.76%	Data	93.49%	84.89%	86.36%	87.70%	90.00%

Targets

FFY	2024	2025
Target A>=	92.13%	93.00%
Target B>=	94.31%	95.00%
Target C>=	89.78%	91.00%

Targets: Description of Stakeholder Input

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	9,955
Number of respondent families participating in Part C	1,213
Survey Response Rate	12.18%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,088
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,162
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	1,114
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,162

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	1,059
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,149

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)	92.44%	92.13%	93.63%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	94.18%	94.31%	95.87%	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)	90.00%	89.78%	92.17%	Met target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	14.02%	12.18%

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

In FFY 2020, the State began to use the DaSy-ECTA Center Response Rate and Representativeness calculator, which uses an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon the 90% confidence intervals for each indicator (significance level = .10). The response rate and representativeness calculator uses statistical formulas to determine if the overall distribution of survey responses across subgroups is similar to the distribution of those subgroups in the population. If the calculator finds the distribution of subgroups from the survey is significantly different than the distribution of those subgroups in the population, the calculator will perform a follow-up analysis to compare the population and survey percentages for each subgroup to determine if the two percentages are meaningfully different within each subgroup (i.e., % of surveys received versus % of families in target population). The calculator compares the people who did respond to the people who did not respond. The calculator then highlights statistically significant differences.

The calculator uses an accepted formula (Chi-square test) to evaluate the statistical significance of the overall table. If this overall test shows no significant difference, the data is representative of the population. If the overall test shows a significant difference, there are groups within the table that are under or over represented. The calculator uses an accepted formula (z test of proportional difference) to determine whether the difference between the expected percentage and the observed percentage within a category (e.g. Hispanic) is statistically significant (or meaningful), based upon the 95% confidence intervals for each table (significance level = 0.05). Differences that are statistically significant are marked as 'No' in the row labeled 'Are your data representative?'

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 disaggregated the data by race/ethnicity and guardians whose primary language is other than English and who have limited English proficiency (with a particular focus on Spanish-speaking families) in its analysis for family survey representativeness as approved through consultation with stakeholders . Per the Response Rate and Representativeness Calculator results, there were significant differences between survey respondents and the NC ITP's enrolled children for some race/ethnicity groups.

While the FFY 2024 Family Outcomes Survey data was not representative of the population enrolled in program, FFY 2024 continues a years-long trend of improvement in representativeness when looked at in terms of the racial/ethnic breakdown of the survey compared to the population of children enrolled in the NC ITP. Data for many of the smaller racial groups (American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, and

Two or More Races) were consistent with their proportion of the NC ITP's enrolled children. However, for two of the three largest groups of enrolled children – Black or African American and White children, this was not the case. One significant improvement noted in FFY 2023 was that the data was representative for Hispanic children – this continued to be the case in FFY 2024.

Families of White children were over-represented in responses. White children made up 44.8% of the children on the December 1, 2024, headcount, while their families accounted for 50.9% of Family Outcomes survey responses in FFY 2024. This represents an improvement over prior years, when families of White children comprised 56.4% of respondents in FFY 2022 and 53.2% of respondent in FFY 2023.

Families of Black or African American were under-represented in the survey responses, though less so than in prior years. Black or African American children made up 26.5% of the December 1, 2024, headcount, but their families represented 23.0% of the survey responses. This is an improvement over FFY 2023, when 21.8% of responses were from families of Black or African American children.

As noted above, the survey responses continue to be representative for Hispanic children. Hispanic children represented 22.1% of the children on the December 1, 2024, headcount and 20.5% of survey respondents in FFY 2024. This representativeness for Hispanic families was also seen for Spanish-speaking families in FY 2024. Prior to submitting its FFY 2022 APR, NC ITP staff worked with stakeholders, including CDSA Directors and its ICC, to choose an additional demographic factor to consider for representativeness. The factor chosen was the parents' primary language being other than English with a specific focus on Spanish-speaking families. Spanish-speaking families represented 10.1% of the December 1, 2024, headcount and 9.4% of survey respondents. In FFY 2024, the response rate for families whose preferred language is English was 12.4%. For families whose preferred language is Spanish, the response rate was slightly lower at 10.8%, but this data was considered representative based on the ECTA Representativeness calculator. Data for families speaking languages other than English or Spanish is not included in the analysis due to the number of these families in both the survey population and responses being very small. Collectively these languages accounted for less than 1% of the survey population and survey responses. This small size did not allow for meaningful analysis of the response rate for the group as a whole or for any individual language other than English and Spanish. The NC ITP continues to work to ensure data for all families is included in the Family Outcomes survey results by making the survey available online in both English and Spanish, as well as providing paper versions of the survey in an additional 14 languages.

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.

Vacancies at multiple levels impacted the ability of the program to support the work that had been ongoing related to Family Outcomes described in prior APR submissions. The NC ITP has filled one of its vacant data analyst positions, however, this continuing lack of staff resources due to vacancies and staff time being redirected to rolling out the NC ITP's next data system during FFY 2024 resulted in less focus being given to this area and less available resources to assist individual CDSAs. The service coordinators, who are responsible for ensuring the family outcomes surveys are offered to families, also continued to experience high caseloads during FFY 2024 due to increasing staff vacancies in these positions.

One strategy related to representativeness that was showing some success is prior years involved providing response rate data to the CDSAs disaggregated by race/ethnicity and by language (with a focus on Spanish-speaking families). State-wide data was reviewed with the FOCs as a part of their quarterly meetings. CDSA level response rate data by race/ethnicity and language was shared with those CDSAs where the data was not representative and CDSA-specific strategies were developed for increasing participation by under-represented groups. CDSA Directors and FOCs have expressed an interest in returning to quarterly data reporting. Potentially renewing this strategy will be part of a larger discussion with NC ITP leadership and FOCs around what strategies to prioritize going forward for improving both representativeness and response rates.

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

As discussed above, due to prolonged vacancies and caseload issues, many of the strategies identified by the Family Outcomes Coordinators and discussed in the prior APRs were not able to be implemented in FFY 2024. However, these strategies have not been abandoned and will be re-considered as staff resources become available.

One strategy discussed in previous APRs is in the process of being implemented – a data system is being rolled out that will allow parents and guardians to complete the survey through a parent portal, as well as sending them reminders to complete the survey when needed.

Other strategies identified by EI State Office staff and FOCs that were showing positive results in the past and may be taken back up by the NC ITP once staff resources are available include: providing quarterly data to the CDSAs on their scores and response rates, regular meetings with the FOCs to discuss trends and best practices, and meeting with individual CDSAs that are having issues with response rates for specific racial/ethnic groups to develop targeted strategies to reach those families.

EI State Office staff will work with CDSA Directors and FOCs to determine which strategies were working and should be considered for re-initiation, to identify any new strategies that could help improve representativeness/response rates, and to prioritize which strategies to implement given limited staff resources.

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 statewide response rate for this year's family outcomes survey is 12.2%. For the state's three largest demographic groups, families of White children had the highest response rate (13.8%), followed by families of Hispanic (11.2%) and Black or African American children (10.7%). For the smaller demographic groups, only families of children who were Native Hawaiian/other Pacific Islander had a response rate higher than the state rate. This category is very small, and the data is not comparable to other groups. Families of children who are Two or More Races (11.6%), American Indian or Alaska Native, (9.5%), and Asian children (7.5%) all had response rates below the state rate. Given that family response rates are below the statewide percent for most racial/ethnic groups other than families of White children, this indicates a likelihood of nonresponse bias.

In addition to the issues with response rate discussed above, changes to the way surveys were completed by families likely continued to impact both response rates overall and from specific demographic groups leading to potential nonresponse bias. Prior to the COVID-19 pandemic, the majority of Family Outcomes surveys were completed on paper copies, usually during the semi-annual IFSP meeting, returned to the EISC, and mailed to the NC ITP central office for data entry. During the COVID-19 pandemic, EISCs were not meeting with families face-to-face, eliminating that avenue for families

to submit paper surveys, resulting in the majority of surveys being completed by families online. Though EISCs are more frequently returning to meeting families in their homes, a significant proportion of case management is still being conducted virtually with families, and the majority of surveys are still being completed online.

While prior to the pandemic, the majority of surveys were submitted on paper by all racial/ethnic groups, the percent submitted on paper was higher for families of Black or African American and Hispanic children. The change to surveys needing to be completed online coincided with decreases in response rates for families of these children, indicating that the "digital divide" may have had a more significant impact on these families' ability to complete the survey. In the NC ITP's FFY 2021 APR, it was noted that as service coordinators began returning to homes, for the fourth quarter of FFY 2021 (April through June 2022), the percentage of surveys completed as paper copies had doubled from an average of 11% for the first three quarters of FFY 2021 to 22% in Q4. This trend continued in FFY 2022 and FFY 2023, with 22.90% of surveys returned as paper in FFY 2022 and 36.64% on paper in FFY 2023. This trend leveled out in FFY 2024 with 36.11% of surveys being returned as paper copies. Families who returned paper copies of the survey scored the program higher than those who took the survey online in all three components of Family Outcomes. This difference held true for families of Black or African American, Hispanic, and White children. This may be a result of higher satisfaction with their outcomes among families who are receiving at least some services in the home, as evidenced by having delivered the paper copy directly to the service coordinator during in-person contact. While it is difficult to generalize to the larger population served due to low response rates, this might indicate that the NC ITP's work to increase services provided in the home could have a positive impact on Family Outcomes scores going forward.

Low response rates overall, and lower response rates for the demographic groups most impacted by the digital divide makes meaningful analysis of the impact of nonresponse bias for families of Black or African American and Hispanic children more complicated. However, based on available data, the groups with lower response rates, families of Black or African American and Hispanic children, also scored the NC ITP higher on all three components of Family Outcomes. While the low response rates make it difficult to generalize about non-respondents in these population groups, if the current data holds, increasing response rates for these groups could also result in increased scores over time.

Many of the strategies listed above to address response rate overall, especially those targeted at under-represented racial/ethnic groups, will likely impact the level of non-response bias as response rates are improved across all groups. Additional strategies include continuing to track any increase in the rate of return for paper copies as service coordinators continue to enter family homes for IFSP meetings and working with the vendor for the new data system to include a parent portal where families can complete the survey and receive reminders. However, the NC ITP will work with staff and the vendor to ensure families continue to have multiple and varied ways of completing the survey so that the parent portal helps increase response rates overall rather than exacerbating the existing issues due to lack of accessibility.

Provide additional information about this indicator (optional).

Prior to the COVID-19 pandemic, scores on all three subscales of the Family Outcomes survey had been consistently high in the mid 90-percent range. Scores dropped slightly in FFY 2019 as the last quarter of the year (April through June 2020) was impacted by the pandemic but not enough to significantly impact scores for the full year. With the pandemic impacting all of FFY 2020, scores dropped considerably across all three areas of Family Outcomes. In FFY 2021, scores began to rebound, and scores remained high in FFY 2022 and FFY 2023. For FFY 2024, scores increased again over the prior year, with the program meeting all three of the targets with scores at or above 90%:

- For A – helped the family know their rights – 93.63%
- For B – helped the family communicate their child's needs – 95.87%
- For C – helped the family help their child – 92.17%

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

Information on the representativeness of Family Outcomes Survey respondents and the actions of the NC ITP to address lack of representativeness are discussed in the state's response.

4 - OSEP Response

The State reported that the data for this indicator were collected from a response group that was not representative of the population. OSEP notes that the State did not include strategies and/or improvement activities to address this issue in the future.

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
2010	1.01%

FFY	2019	2020	2021	2022	2023
Target >=	1.15%	1.15%	1.11%	1.21%	1.23%
Data	1.16%	0.94%	0.96%	0.91%	0.93%

Targets

FFY	2024	2025
Target >=	1.25%	1.27%

Targets: Description of Stakeholder Input

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

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	1,161
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	121,300

FFY 2024 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
1,161	121,300	0.93%	1.25%	0.96%	Did not meet target	No Slippage

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

As noted below, the NC ITP saw a small increase in both the number and percentage of children served age birth-to-1 from FFY 2023 to FFY 2024, however the state continues to lag behind the targets it has set for serving children in this age group. One significant cause of this lag is that stakeholders intentionally chose aspirational targets during the target-setting process. (This was the case not only for the NC ITP's headcount targets, but also for Child Outcomes and Family Outcomes targets as well.) At the time of target setting, potential factors were considered that could have led to increased funding, increased staffing, and changes to the NC ITP's eligibility criteria to expand the number of children potentially eligible for the program. These factors are no longer in play, and the potentially significant increases considered during target-setting are now unlikely to materialize. These changes will help inform the next round of target setting.

Data was reviewed by referral source, and as in FFY 2023, a significant difference was noted: the percentage of children birth-to-1 referred by NICUs and Hospitals continues to be significantly higher for this group than for all children birth-to-3. Given the birth-to-3 headcount declined in FFY 2024 while headcount birth-to-1 increased, this difference in the composition of referral source has a meaningful impact on headcount for this age group. For both birth-to-1 and birth-to-3, physicians' offices represent the most common referral source by a wide margin (around 53% for birth-to-3 and 36% for birth-to-1.) For birth-to-3, parents are the second most common referral source (15%), however, for birth-to-1, the second most common referral source is Hospitals (excluding NICU) at around 18% with NICUs in third at 15%. For both birth-to-1 and birth-to-3, parent referrals are much more likely to result in the child enrolling in the program if found eligible. Parent referrals result in children enrolling around 58% of the time, while only between 30-37% of referrals from Physicians' offices, NICUs, and Hospitals result in enrollment.

The NC ITP has been working to increase staffing in its state office. Child Find is one of several areas under consideration for increased focus with the increased staffing available. Working with physicians' offices, hospitals, and NICUs to bring their percentage of referrals that result in enrollment more in line with parents is an area that could increase enrollment in this age group. This data was discussed with NC ITP leadership at its December meeting and feedback received on areas where the programs data team may want to focus additional data analysis to be conducted on referral and headcount data.

Provide additional information about this indicator (optional)

In FFY 2024, the NC ITP provided services to 0.96% (1,161 of 121,300) of children ages birth to one in the state. This represents a slight increase from FFY 2023 in the percentage of children birth to one served, as well as an overall increase in the number of children birth to one enrolled (1,118 in FFY 2023 vs 1,161 in FFY 2024). The COVID-19 pandemic had a significant impact on the NC ITP's headcount numbers, with headcount data for children birth-to-one rebounding more slowly over time than total enrollment birth-to-three.

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
2010	2.62%

FFY	2019	2020	2021	2022	2023
Target >=	2.85%	2.85%	2.74%	3.00%	3.05%
Data	3.01%	2.49%	2.74%	2.92%	2.87%

Targets

FFY	2024	2025
Target >=	3.10%	3.14%

Targets: Description of Stakeholder Input

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing

the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

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	10,120
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	370,491

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
10,120	370,491	2.87%	3.10%	2.73%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As noted in the root cause analysis below, an overall decrease in referrals combined with the impact of Hurricane Helene in the late fall of 2024 impacted the NC ITP's birth-to-3 headcount on December 1, 2024.

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

As noted below, the NC ITP saw a decrease in both the number and percentage of children birth-to-3 enrolled state-wide. As noted in indicator 5 above, the state continues to lag behind the targets it has set for serving children in this age group due to a variety of factors that resulted in aspirational targets beyond the program's current capacity.

As with the birth-to-1 data, a review of the program's referral data was undertaken to determine areas where the program might be able to focus future Child Find activities in this age range. Data was first reviewed by CDSA. The overall decrease in referrals was spread across the state with 14 of 16 CDSAs seeing decreases. State-wide, referrals decreased from 27,177 in FFY 2023 to 25,471 in FFY 2024 – a change of -6.3%.

Data was also reviewed by referral source. As noted in indicator 5, parents make up a more substantial percentage of referrals for children birth-to-3 and referrals from parents are more likely to result in the child enrolling in the program if eligible. This results in a higher number and percentage of children served birth-to-3 than birth-to-1. Additionally, a much higher percentage of referrals birth-to-3 are from physician's offices (just over 53%). Working with physicians' offices to bring their percentage of referrals that enroll (around 33%) more in line with parents (58%) could help increase the number of children enrolled in this age group significantly. While the overall decrease in referrals was 6.3%, the decrease in referrals from physicians was smaller at 4%. This changed the composition of referrals so that physicians represented a slightly higher percentage of referrals overall. The percentage of physician referrals that enrolled also decreased slightly from 34.2% in FFY 2023 to 32.8% in FFY 2024. While these changes are small, when applied to more than half of referrals, the impact on enrollment becomes more and more significant over time.

In addition to the decrease in and change in composition of referrals, Hurricane Helene had an additional effect on the December 1, 2024, headcount. Hurricane Helene impacted the western part of North Carolina in late September 2024, resulting in decreases in referrals and headcount at the four western-most CDSAs. From September 1 to December 1, 2024, headcount state-wide dropped from 10,396 to 10,120. The four CDSAs impacted by Hurricane Helene accounted for nearly a third of this decrease (these CDSAs generally account for about 17% of total headcount).

Provide additional information about this indicator (optional).

In FFY 2024, the NC ITP provided services to 2.73% (10,120 of 370,491) of children ages birth to three in the state. This represents a slight decrease in the percentage enrolled from FFY 2023 (2.87%), due to a small decrease in the overall number of children enrolled (10,442 in FFY 2023 vs 10,120 in FFY 2024). While overall enrollment has increased significantly since the COVID pandemic, birth-to-three headcount remains below pre-pandemic levels with FFY 2024 representing the first year since the pandemic that headcount has decreased compared to the previous year.

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	97.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.88%	99.66%	99.70%	92.47%	96.06%

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
2,026	2,211	96.06%	100%	99.28%	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.

169

Provide reasons for delay, if applicable.

Sixteen (16) children received evaluations/assessments and had IFSPs developed after the expiration of the 45-day timeline from the date of referral due to CDSA-specific delays, including fifteen (15) delays in scheduling the evaluation and one (1) other CDSA delay. This represents a noncompliance rate of 0.72%.

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).

Compliance in meeting the 45-day timeline indicator was determined via a verification review using data entered by the CDSAs into HIS for all children referred to the NC ITP during September 2024 through November 2024.

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

For Indicator 7, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2024, through November 30, 2024. This is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC ITP is confident that the chosen reporting period accurately reflects data for infants and toddlers referred and enrolled for FFY 2024.

Provide additional information about this indicator (optional).

Data on two thousand two hundred eleven (2,211) children were examined to verify whether the NC ITP was compliant with this indicator. Two thousand twenty-six (2,026) children received an IFSP within 45 days of referral. An additional one hundred sixty-nine (169) children did not receive an IFSP in a timely manner due to documented exceptional family circumstances. Therefore, 2,195 out of 2,211 children (99.28%) met the 45-day timeline measured in this indicator.

Additional information regarding FFY 2023 noncompliance data below:

While there were five (5) findings of noncompliance issued for FFY 2023, there were additional individual instances of noncompliance at three (3) CDSAs. Two (2) CDSAs were in the process of correcting findings issued during prior years (FFY 2022). The NC ITP did not issue additional findings to these CDSAs. One additional CDSA corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had an IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Initial IFSP timeliness (that the IFSP meeting is held no more than 45 days after the date of referral). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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
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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement of the 45-day timeline (that IFSPs are being developed within the 45-day timeline from the date of the child's referral). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to

ensure that timelines, such as the 45-day timeline from referral to eligibility and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for completing the Initial IFSP meeting with families within 45 days of referral.

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

Three (3) CDSAs accounted for the five (5) findings issued in FFY 2023. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had an Initial IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had an IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for Initial IFSP timeliness (that the IFSP meeting is held no more than 45 days after the date of referral). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	6	6	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement of the 45-day timeline (that IFSPs are being developed within the 45-day timeline from the date of the child's referral). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure that timelines, such as the 45-day timeline from referral to eligibility and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2022 and 100% compliance has been achieved by each of these CDSAs for completing the Initial IFSP meeting with families within 45 days of referral.

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

Two (2) CDSAs accounted for the six (6) findings issued in FFY 2022. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had an Initial IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

The status of correction of non-compliance for FFY 2022 and FFY 2023 is addressed above.

7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

7 - Required Actions

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

Instructions

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

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

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

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

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

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

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

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

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

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

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

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	90.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.83%	99.45%	99.82%	99.82%	99.43%

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
1,812	1,820	99.43%	100%	99.73%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

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

3

Provide reasons for delay, if applicable.

There were five (5) toddlers exiting Part C who were potentially eligible for Part B, for whom the transition plan was not provided at least 90 days before the toddlers' third birthdays due to CDSA-specific delays, specifically inadequate follow-up by CDSA staff. This represents a noncompliance rate of 0.27%.

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).

Compliance in meeting early childhood requirements for Indicator 8a was determined via a verification review process. The data used were for all toddlers who would be two years, nine months old (2.9) in September through November 2024.

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

For Indicator 8a, a quarter of the fiscal year was used to determine compliance with this indicator. The state selected September 1, 2024, through November 30, 2024, and it is considered representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2024.

Provide additional information about this indicator (optional).

Data on one thousand eight hundred twenty (1,820) children were examined to verify compliance with the transition plan timeline requirement. One thousand eight hundred twelve (1,812) children received an IFSP with transition steps and services in a timely manner. An additional three (3) children did not receive a transition plan in a timely manner due to documented exceptional family circumstances. Therefore, 1,815 of 1,820 (99.73%) were in compliance with the transition plan timeline indicator.

These data reflect substantial compliance for Indicator 8a.

Additional information regarding FFY 2023 noncompliance data below:

While there were seven findings of noncompliance issued for FFY 2023, there were no additional individual instances of noncompliance that did not results in findings.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Plan developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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
7	7	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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are developing Transition Plans as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for development of a Transition Plan at least 90 days before a toddler's third birthday.

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

Four (4) CDSAs accounted for the seven (7) findings issued in FFY 2023. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their Transition Plan completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Plan developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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

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

The status of correction of non-compliance for FFY 2023 is addressed above.

8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = [(# 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 untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

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

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

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

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

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

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

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

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

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

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

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

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.56%	99.18%	99.67%	99.03%	99.43%

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
1,941	1,942	99.43%	100%	99.95%	Did not meet target	No Slippage

Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

There was one (1) toddler exiting Part C who was potentially eligible for Part B, for whom the SEA/LEA notification was not provided at least 90 days before the toddlers' third birthday due to CDSA-specific delays, specifically due to inadequate follow-up by CDSA staff. This represents a noncompliance rate of only 0.05%.

Describe the method used to collect these data.

Compliance in meeting early childhood transition for Indicator 8b was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months old in September 2024 through November 2024, and whose respective LEA should have been notified of the toddler's potential eligibility for Part B. The data included dates the LEA was notified, reasons for delays, and service notes related to those delays.

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 was collected for all toddlers who would be two years, nine months old (2.9) in September through November 2024.

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

For Indicator 8b, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2024, through November 30, 2024, and considers this to be representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2024.

Provide additional information about this indicator (optional).

Data on one thousand nine hundred forty-two (1,942) children were examined to verify compliance with the SEA/LEA notification timeline requirement. One thousand nine hundred forty-one (1,491) children's records that were reviewed had LEA/SEA notifications completed in a timely manner, for a compliance rate of 99.95%.

These data reflect substantial compliance for Indicator 8b.

Additional information regarding FFY 2023 noncompliance data below:

While there were two findings of noncompliance issued for FFY 2023, there were additional individual instances of noncompliance at one (1) additional CDSA. This CDSA corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had

their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the LEA notification (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified in FFY 2023

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for LEA/SEA Notifications (that LEA/SEA notification occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for completion of LEA/SEA notification at least 90 days before a toddler's third birthday.

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

One (1) CDSA accounted for the two (2) finding issued in FFY 2023 that has subsequently been verified as corrected. This CDSA received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the LEA notification (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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

The status of correction of non-compliance for FFY 2023 is addressed above.

8B - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8B - Required Actions

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 = [(# 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 untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

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

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

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

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

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

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

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

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

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

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

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

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	81.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.54%	98.83%	99.62%	99.26%	99.03%

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
1,704	1,752	99.03%	100%	98.29%	Did not meet target	No Slippage

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

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

0

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.

18

Provide reasons for delay, if applicable.

There were thirty (30) toddlers exiting Part C who were potentially eligible for Part B, for whom TPCs were held late (i.e., less than 90 days before the toddler's third birthday) due to CDSA-specific delays, including inadequate follow-up, delays in initiating the TPC by CDSA staff, and other CDSA delays. This represents a noncompliance rate of 1.71%.

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).

Compliance in meeting early childhood transition requirement for Indicator 8c was determined via a verification review using data entered by the CDSAs into HIS for all toddlers who would be two years, nine months of age in September through November 2024.

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

For Indicator 8c, a quarter of the fiscal year was used to determine compliance with the indicator. The state selected September 1, 2024, through November 30, 2024, which it considers representative of the full reporting year because the same requirements are in place for this quarter of the fiscal year as in all quarters. The NC EIS is confident that the chosen reporting period accurately reflects data for infants and toddlers transitioning out of the NC ITP during FFY 2024.

Provide additional information about this indicator (optional).

One thousand seven hundred fifty-two (1,752) records were reviewed to examine the percentage of children potentially eligible for Part B for whom a timely TPC was held no later than 90 days before the child's third birthday. One thousand seven hundred four (1,704) records showed that a conference was held in a timely manner and an additional eighteen (18) children's records showed that transition conferences were not held in a timely manner due to documented exceptional family circumstances or late referral to Part C. Therefore, 1,722 of 1,752 children (99.29%) were in compliance with the TPC timeline indicator.

These data reflect substantial compliance for Indicator 8c.

Additional information regarding FFY 2023 noncompliance data below:

While there were three findings of noncompliance issued for FFY 2023, there were individual instances of noncompliance at four (4) CDSAs. One (1) CDSA was in the process of correcting findings issued during prior years (FFY 2022). The NC ITP did not issue additional findings to this CDSA. The remaining three (3) CDSAs corrected the identified noncompliance prior to findings being issued.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Planning Conference conducted, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Planning Conference (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

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.*

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2023 and 100% compliance has been achieved by this CDSA for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

Three (3) CDSAs accounted for the three (3) findings issued in FFY 2023. These CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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.

As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had a Transition Planning Conference conducted, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child. For those CDSAs that corrected noncompliance prior to a finding, data for subsequent months was reviewed in HIS to ensure those CDSAs had 100% compliance with the regulatory requirement for the Transition Planning Conference (that it occur no less than 90 days prior to the child's 3rd birthday). CDSAs are not permitted to use the process for correction prior to a finding without meeting 100% compliance requirement during review of subsequent months.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	1	1	0

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2022 and 100% compliance has been achieved by this CDSA for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

One (1) CDSA accounted for the one (1) finding issued in FFY 2022 that has subsequently been verified as corrected. This CDSAs received intensive monitoring, TA, and support from the NC EIS to correct the noncompliance within one year of the finding being issued. As required in OSEP's QA 23-01 document, to ensure that these individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

8C - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

The status of correction of non-compliance for FFY 2022 and FFY 2023 is addressed above.

8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2024- June 30, 2025). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

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

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

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

North Carolina has adopted the Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

This indicator remains not applicable for FFY 2024.

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

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					100.00%

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	100.00%			N/A	N/A

Provide additional information about this indicator (optional)

The NC ITP reported fewer than ten (10) mediations held in FFY 2024 and is not required to provide targets until any fiscal year in which ten (10) or more mediations were held.

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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)?

The North Carolina Infant-Toddler Program (NC ITP) continues to use the SiMR it submitted in April 2015-the Positive Social-Emotional Skills component of Child Outcomes. Specifically, 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.

The NC ITP's SiMR is calculated using data from a sub-set of its local Children's Developmental Services Agencies (CDSAs). These CDSAs agreed to be pilot sites for implementation of the NC ITP's SSIP strategies. The CDSAs in this pilot group are: Elizabeth City, Greensboro, Greenville, Sandhills, and Winston-Salem.

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 NC ITP's SiMR is calculated using data from a sub-set of its local Children's Developmental Services Agencies (CDSAs). These CDSAs agreed to be pilot sites for implementation of the NC ITP's SSIP strategies. The CDSAs in this pilot group are: Elizabeth City, Greensboro, Greenville, Sandhills, and Winston-Salem.

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

NO

Please provide a link to the current theory of action.

https://www.ncdhhs.gov/ncssiptheoryofactionpdf/download?attachment

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2013	68.60%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	79.81%	80.30%

FFY 2024 SPP/APR Data

# Children who substantially increased their rate of growth in Positive Social-Emotional development by the time they exited the program	# Children who entered or exited the program below age expectations in Positive Social-Emotional development	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage

1,313	1,774	78.28%	79.81%	74.01%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The decrease in the NC ITP's SiMR for FY 2024 mirrors a decrease in the programs Child Outcomes data overall. Decreases in Child Outcomes scores across Summary Statement 1 and 2 for all three components of Child Outcomes likely point to a continuing impact of the COVID pandemic on Child Outcomes. Scores for Summary Statement 1 had been increasing slowly prior to the pandemic. The impact of the pandemic on children and families, as well as vacancies among CDSA staff and providers are likely both contributing to the decline in scores.

This data was discussed in detail with NC ITP leadership at its December 2025 meeting. Additional data analysis is planned around the NC ITP's Child Outcomes data, including the SiMR. The discussion with leadership included several suggestions for areas to review, including changes in the types of children enrolled (Established Condition vs Developmental Delay), the level and type of delays, impact of implementing different evidence-based practices, and the impact of changes to age at referral and the time children spend in the program.

Provide the data source for the FFY 2024 data.

Child Outcomes data used in calculating the SiMR is entered by CDSA staff into the NC ITP's data system – Health Information System (HIS). The data is loaded daily into NCDHHS' Client Services Data Warehouse (CSDW), where the data can be queried and used for reporting.

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

CDSA staff enter Initial and Exit Child Outcomes ratings into HIS on an on-going basis throughout the year. At the end of each fiscal year, data cleanup activities are conducted to ensure ratings were developed for all children where appropriate and that impossible ratings are addressed prior to use of the data for reporting purposes. Once statewide and CDSA level Summary Statement scores have been calculated, data for the pilot sites is aggregated to calculate the SiMR score.

In reviewing historical data, the NC ITP's SiMR had been decreasing over the course of the pandemic. FFY 2023 represented the first year-to-year increase in the SiMR since FFY 2018. The FFY 2024 SiMR score, 74.01%, is a 4.27 percentage point decrease over FFY 2023 and is more in line with the FFY SiMR score of 75.80%. This is a statistically significant decrease based on the ECO Meaningful Difference calculator and was part of a larger, program-wide trend of decreasing COS scores across the board.

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

NO

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

YES

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

As noted in previous SSIP reports, prior to the initiation of its SSIP work, the NC ITP had piloted a Global Outcomes (GO) Integration process at three CDSAs, including one of the CDSAs currently included in the Phase 1 implementation group and the SiMR calculation. The scores for Summary Statement 1 for positive social-emotional skills decreased substantially with the implementation of the GO process for these CDSAs, and their scores have remained relatively low over time compared to other CDSAs (though all saw some increase in their scores in FYY 2023-24). Because the impact of implementing Global Outcomes has been consistent between these CDSAs, the lower scores are attributed to the change in process rather than any concerns with the quality of the data. (For additional information on the impact of Global Outcomes on Child Outcomes scores at these CDSAs, including the parallel impact on scores over time, see SSIP document for Phase III Year 3, pg. 8-9.)

While the remaining Phase 1 CDSAs have not yet implemented Global Outcomes, the NC ITP does not view the data reported by those CDSAs to be of poor quality either, as that data has remained consistent over time. Staff at those CDSAs appear to be scoring Child Outcomes consistent with the training they have received in the past. However, the process being different between those CDSAs and the CDSA where GO has been implemented results in data that is not consistent across the Phase 1 group.

The NC ITP was aware of these differences when including the GO pilot CDSA in the Phase 1 implementation/SiMR group and the decision to implement the Pyramid model prior to GO at the remaining CDSAs was taken with full knowledge of these differences and how GO impacts Child Outcomes scores. It is felt that the benefit of being able to compare the results of implementing Coaching/NLEP and Pyramid model at CDSAs that have and have not implemented GO outweighs the potential issue with data inconsistency and that the substantial drop in scores post-GO Implementation may be mitigated for those CDSAs that implement both Coaching/NLEP and the Pyramid model first.

As a part of developing a new data system for the NC ITP, the decision was made to implement Global Outcomes (now referred to as Child Outcomes) at all CDSAs prior to the system going live in 2026. The new system could not have multiple different IFSP templates, and the decision was made to move all CDSAs to an IFSP format based on the one used at the GO pilot sites, necessitating that they all implement the related Child Outcomes process changes.

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://www.ncdhhs.gov/ssipevaluation20202025pdf/download?attachment

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.

State and Local Implementation Teams

During this last year, the State Implementation Team (SIT) facilitated several Local Implementation Team (LIT) support meetings with LIT contacts from across the state. In these meetings, staff had opportunities to discuss strengths, share concerns, and ask questions of other CDSAs. In addition, the members have started to utilize their SharePoint site to enhance collaboration and share documents related to LIT practices (coaching implementation, preparation for Pyramid Model implementation, etc.) 50 Part C Implementation Infrastructure for Coaching and NLEP NC ITP staff continued to refine the training infrastructure to support professional development and to ensure implementation fidelity.

NC ITP staff continued to leverage an online learning management system that includes foundational trainings in coaching and NLEP (3 required webinars for contracted providers and 4 for internal CDSA staff). This year two additional modules were added, including A Deep Dive into Natural Learning Environment Practices and Caregiver Coaching and a second supporting virtual intervention.

Last year, the State Implementation team conducted a survey of all CDSAs focused on Coaching and NLEP implementation and sustainability and identified a need for higher level implementation support. Utilizing a job description, application, and rubric to score the applications, two Program Implementation Coaches were identified to support Coaching and NLEP implementation. This year they were able to support the creation of a Coaching Support Plan within one CDSA, including completing an Agency Capacity Assessment and working with the local implementation team to create their own structure.

The SIT continued the support structure for the trainers who provide advanced coaching training (both Resource Based Coaching and Putting It Into Practice). These meetings allowed for consistency in training, and the beginnings of integrating Coaching and NLEP with a broader focus on Social Emotional Development, based on Pyramid Model materials. In addition, after requesting a Mentor Coach refresher from the Family Infant and Preschool Program (FIPP), FIPP decided to continue to provide this on an annual basis for NC-based Mentor coaches.

The SIT created a Coaching and Natural Learning Environments Tool Kit that provides CDSAs with guidance on required training for internal staff and contracted providers. This year the Tool Kit was reviewed, updated and revised to include clarifications on expectations and new tools for self-reflection, and providing supports to family coaches. It is not expected to need revision again until 2026.

North Carolina's State Pyramid Implementation Team (NC-SPIT), with support from the state SSIP implementation team (SIT), continued to utilize the 'Pathway To Pyramid' checklist. This tool is required to be utilized by CDSAs in establishing baseline knowledge and structures that will support implementation of Pyramid Model within their agency.

NCITP Section Management Team (SMT) released a multi-year implementation plan, targeting the expansion of Pyramid Model Practices to four additional CDSAs each year beginning in 2026. While the plan has had to be modified to allow for the implementation of a new electronic medical record system statewide, the modifications will still allow for four CDSAs to begin their training each calendar year

To sustain the additional site implementation, additional Implementation Coaches were identified and have begun training with the current team. The new coaches are all FIPP Fidelity Coaches, exhibiting notable skill in supporting adult learners. The individuals chosen this round were specifically chosen for their skill in Coaching. The long-term plan is for the NCITP to integrate Coaching and Natural Learning Environment Practices with Pyramid Model Practices, creating a high-quality model for service delivery.

The three initial implementation sites, the Winston-Salem, Greenville and Elizabeth City CDSAs, are continuing their implementation.

- Winston-Salem staff as the first implementation site continued to enhance their progress by continuing to integrate Pyramid Model Practices with Coaching and Natural Learning Environment Practices for new staff.
- The Greenville staff at the second implementation site continued to enhance their progress as indicated by increasing scores in both Early Intervention Pyramid Practices Fidelity Inventory (EIPPFI) and Benchmarks of Quality (BOQ) measures.
- Elizabeth City has completed training and coaching cycles for its staff. They are beginning their sustainability plan, with ongoing observations and support for their staff.
- All three sites have worked together to create a family survey that was utilized twice during 2025.

Implementation Infrastructure for Child Outcomes For many years, three CDSAs have been implementing Global Child Outcomes with an integrated IFSP. This year due to several factors including implementation of new data system, the State Implementation Team (SIT) made the decision to roll out Child Outcomes integration in the IFSP to the remaining 13 CDSAs. A small group of directors, EI Section staff, and CDSA staff were selected to develop a framework for CDSAs to use to implement a consistent process of integrating the Child Outcomes into the IFSP. This has included an introductory presentation to CDSA Directors to share with their Local Implementation Teams (LIT) and a pathway document outlining training and other important information needed to prepare CDSAs for the implementation that is set to begin in July 2025. Other information being developed to aid in implementation includes a Talking Points document for CDSA staff and handout for families describing Child Outcomes and the rating process.

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.

Teaming Structure and Implementation Science Supports (Governance, Accountability/monitoring, Quality standards):

During the reporting period, the State Implementation Team (SIT) continued to evaluate the needed resources and supports for sustainability of current progress. A short-term outcome related to governance was the refinement of the roles and structure of SIT. SIT utilized a rotating facilitator and note

taking schedule, ensuring the development of leadership skills in all SIT members. SIT is beginning to re-evaluate the need for the current structure and create a plan to allow current members to roll off the team and incorporate new members onto the team as focus changes from initial implementation to sustainability of practices.

Local Implementation Teams (LITs) at each CDSA have continued to use the Agency Capacity Assessment (ACA) (created as a long-term outcome related to governance and quality standards) at least once a year to guide action and communication planning around Evidence Based Practices (EBP). This process has given each CDSA time for self-reflection and ongoing monitoring of its readiness, implementation, and scale up of EBPs. At least two individuals from each LIT have been included in quarterly meetings and email communications. The focus of this group is to ensure ongoing sustainability of the LIT structure and to implement EBPs within each CDSA through state-wide collaboration and communication.

The Social Emotional Practitioners from each CDSA across the state have continued to meet quarterly over the last year to build knowledge in available services and consistency in practices. They have continued to utilize their established list servs for individual EBPs and have provided guidance to NCITP on procedures impacting Social Emotional interventions, billing and documentation. This team assists with state-wide collaboration, communication, and establishing consistent quality standards.

Pyramid Model

Within the NC ITP Pyramid Model implementation efforts, various teaming structures have continued to be used to help with the sustainability of systems improvement efforts and scale-up. These teaming structures provide a structure to review implementation data for monitoring and decision-making purposes, to communicate and document implementation efforts to support scale up, and to identify needed supports and resources to ensure the sustainability of improvement efforts.

The NC State Pyramid Implementation Team (NC-SPIT) is comprised of a 9-person team representing SIT and direct service staff from CDSAs. Two of the NC-SPIT members are also members of the NC Pyramid Model Collaborative (formerly the Cross Sector Leadership Team), which is co-facilitated by one of the NC-SPIT members, the Part B Coordinator, and a leader in the childcare sector.

The leadership teams at each of the implementation sites continue to collaborate for consistency in areas of parent engagement and data sharing with enrolled families.

Implementation Infrastructure for Child Outcomes

For many years, three CDSAs have been implementing Global Child Outcomes with an integrated IFSP. This year due to several factors including implementation of new data system, the State Implementation Team (SIT) made the decision to roll out Child Outcomes integration in the IFSP to the remaining 13 CDSAs. A small group of directors, EI Section staff, and CDSA staff were selected to develop a framework for CDSAs to use to implement a consistent process of integrating the Child Outcomes into the IFSP. This has included an introductory presentation to CDSA Directors to share with their Local Implementation Teams (LIT) and a pathway document outlining training and other important information needed to prepare CDSAs for the implementation. Other information developed to aid in implementation includes a Talking Points document for CDSA staff and handout for families describing Child Outcomes and the rating process. A rollout timeline was shared with CDSA Directors in August, which included the following: For children enrolling in ITP on or after October 1, 2025: Involve parents in initial ratings and discussions. Use the new IFSP template. Begin ongoing assessment. For children enrolled before October 1, 2025: Incorporate new IFSP pages at the next semi-annual or annual review. Specialty assessment pages may be added earlier if needed. Starting January 1, 2026: Document ongoing assessment in Section III during annual IFSP reviews for all children. Involve families in exit rating decisions when possible (exceptions apply for families lost to follow-up).

Children turning 3 or exiting ITP before January 1, 2026 do not require parent involvement for exit COS ratings. However, each CDSA should establish a process for EISC exit conversations between October 1, 2024 and January 1 2026.

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

YES

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

Reflective Supervision has been identified as an infrastructure improvement strategy for staff that provide direct services to children and families enrolled in the NC Infant-Toddler Program. Reflective Supervision training has been accessed by staff across the state through the NC Infant and Early Childhood Mental Health Association (NCIMHA), along with the Advancing Resources for Children (ARCh) project (in partnership with NCIMHA). Annually, NCIMHA provides a Reflective Supervision and Consultation Learning Collaborative that provides 24 hours of training on Reflective Supervision and monthly Supervision groups to staff that have applied and been accepted to the cohort. CDSAs have 17 staff that have completed the year-long Collaborative experience previously and 15 staff are participating in the current cohort (25/26). Along with these training and practice opportunities, one CDSA has implemented Reflective Supervision to all direct service staff as of 2024 (Shelby CDSA), and other CDSAs have implemented Reflective Supervision with their social-emotional support staff.

Infant & Early Childhood Mental Health (IECMH) Endorsement is another workforce development strategy that has been identified for CDSA staff. IECMH Endorsement is conferred through the NC Infant & Early Childhood Mental Health Association in NC and is an internationally recognized credential that shows staff have the skills and knowledge to work with children and families, bringing credibility to the field. There are 14 CDSA staff members across the state that have gone through the application process and are now Endorsed, with several other staff in the application process. In 2024, an Endorsement cohort was piloted at the Shelby CDSA with a local Endorsement Ambassador, and in 2026 this experience will be offered again across all 16 CDSAs.

The Hear Understand Give Success Response Plan (HUGS) training was completed by three CDSA teams (Raleigh, Winston-Salem, Cape Fear) provided by the Family Infant Preschool Program (FIPP) in 2025. The HUGS training builds on staff's current coaching interaction style and helps caregivers diffuse challenging behaviors exhibited by young children, as well as promote positive social-emotional interactions in the natural environment. HUGS is being implemented as a universal support for all families and children enrolled at the three participating CDSAs.

North Carolina Parent Access Line (NC-PAL) is a program currently funded through multiple grants housed at NCDHHS that has partnered with NC ITP to build mental health knowledge and the capacity of providers in North Carolina to meet the mental health needs of children and families. They have partnered with CDSAs to provide five educational sessions, and five consultation sessions, focused on infant and early childhood mental health and social-emotional support for enrolled families and children. Cohort 1 (Durham, Shelby, Greenville CDSAs) have completed their training and consultation sessions and are now in the sustainability phase. The second cohort (Winston-Salem, Elizabeth City, Blue Ridge) are also now in the sustainability

phase. Cohort 3 (Greensboro, Sandhills, New Bern CDSAs) are currently in training, with plans for all CDSAs to receive this support in the next few years. Outcomes of this partnership have included an increase in staff coaching on social-emotional concerns and providing social-emotional resources, along with an increase in developing social-emotional outcomes, and a reported increase in staff competence in these activities.

The State Pyramid Implementation Team (SPIT), in conjunction with SIT, created a Pyramid Implementation Tool Kit that will provide effective and consistent implementation across CDSAs based on lessons learned from implementation at the initial three sites. It will be used as drafted with the four sites implementing in 2026, then revised if needed prior to the 2027 implementation. The tool kit provides guidance on training, parent handouts, data collection and sustainability plans.

In addition, the State Pyramid Implementation Team has revised the initial Pyramid Practices Training to ensure effective adult learning strategies are utilized throughout presentations.

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

Staff will continue to participate in the Reflective Supervision and Consultation Learning Collaborative with NCIMHA in the next reporting period. Applications will open mid-2026 for the next cohort and staff will be eligible to apply for this intensive experience. Reflective Supervision will continue to be provided to all staff at the Shelby CDSA, and other CDSAs for their SE teams in the next reporting period, while looking ahead to possible system-wide implementation at all other CDSAs.

Information has been gathered from the Endorsement cohort experience at the Shelby CDSA, and will be gathered from 2026 cohort, to consider how to scale up across CDSAs and how the IECMH competencies may be integrated into current certification.

The HUGS training will be available to other CDSAs in the next reporting period for those interested in this universal support for staff, families and children.

NC-PAL partnership will continue in the next reporting period. Cohort 1 and 2 will engage in sustainability office hours, Cohort 3 will complete training and case consultations and then move into sustainability, and Cohort 4 will begin in fall 2026 with the next 2 CDSAs (Morganton-Hickory and Raleigh).

The State Implementation Team along with the Program Implementation Coaches will continue to evaluate Statewide Coaching practices, assessing changes and additional supports needed, to strengthen and ensure fidelity with the practices.

Pyramid Model

Next steps related to the implementation for Pyramid Model are to maintain the various teaming structures established to help plan, guide, monitor, and support implementation of Pyramid Model at the Winston-Salem CDSA, Greenville CDSA and Elizabeth City CDSA. In addition, NCITP will utilize the new Pyramid Model Practices Implementation Tool Kit will ensure consistent implementation across the next 4 CDSAs to implement beginning in 2026. The Implementation Coaches will work in pairs, one focused on Pyramid Model Practices content and the second focusing on high quality coaching interactions, to provide an effective base for the Pyramid Model content to be delivered to families.

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

Coaching, Natural Learning Environment Practices (NLEP) and Resource Based Practices (RBP)

Pyramid Model

Circle of Security

ABC

Triple P

Child Parent Psychotherapy (CPP)

Infant Massage

Reflective Supervision

Provide a summary of each evidence-based practice.

Coaching, NLEP, and RBP are methods of interacting with others that focus on adult learning styles while encouraging the development of confidence and competence in a parent’s ability to support their child’s development and family’s needs within the family’s natural environment.

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development in all services provided by the NC Infant Toddler Program. The Pyramid Model uses a tiered approach that provides universal supports (for all families), targeted social emotional supports (for families requiring additional support), and individualized interventions (for families and/or children with higher level needs requiring clinical intervention).

The Attachment and Biobehavioral Catch-up (ABC) is a home-visiting parenting program to help parents nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. Attachment and Bio-behavioral Catch up (ABC) training (Infant and Toddler versions) continue to be offered to staff across the state.

The Circle of Security-Parenting is a parenting intervention/education program that focuses on helping caregivers reflect upon children’s attachment needs in order to promote secure attachment with a child.

The Positive Parenting Program ® (Triple P) is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. Each CDSA determines which staff receive Triple P training. Currently, the state does not gather the number of staff trained in this EBP.

Child Parent Psychotherapy (CPP) is an intervention model for children aged 0-6 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship.

Infant Massage is a parent/primary caregiver education program that teaches the primary caregiver how to use nurturing touch to strengthen the bonding and early life attachment process. Primary caregivers learn how to recognize and respond to their infant's behavioral cues, which both improves the caregiver's confidence in their ability to care for and support their infant's growth and development, as well as strengthens the infant's sense of security and attachment to their primary caregiver.

Reflective Supervision is an ongoing professional development practice for the infant and early childhood workforce. It provides a regular opportunity for a professional to talk about their work and the impact the work has on themselves and on others. It has been shown to increase professional skills, including self-reflection and perspective taking, decrease staff burnout, and increase retention of families and children in programs and services.

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.

While Coaching and NLEP set the base for how staff interact, engage, and empower families, Pyramid model implementation is intended to provide direct support and professional development dedicated to expanding the knowledge of Social Emotional (SE) development in the families the NC ITP serves. The Pyramid Model will integrate universal strategies for all families, then provide a structured process for accessing additional levels of intervention as a family's needs increase. It is expected that this focus on SE development will lead to an improvement in a child's development in this domain. Further, additional evidence-based practices/training such as ABC, CPP, Triple P, Reflective Consultation/Supervision and Circle of Security-Parenting will help increase staff knowledge and competence in social emotional development, as well provide additional supports to families who require more intensive interventions. The full spectrum of each of these evidence-based practices has already had a positive impact on the NC SiMR. These EBPs are intended to have a positive impact on caregivers as well.

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

Pyramid Model Data

Winston Salem CDSA:

In 2025, the Winston-Salem CDSA completed their 4th annual BOQ. After the fourth full year of implementation, the Winston-Salem CDSA met 100% of PMI indicators. This number is up from 93% in 2024 with the following indicators being met during 2025: Summarizing and sharing program-level data with families and seeking family feedback into program goals. Our goal for 2026 is to ensure that all indicators continue to be reviewed and reflected upon during an annual BOQ with our LIT team and Pyramid Model Leadership Team which is scheduled for the Fall of 2026.

As of November 2025, our third cohort of W-S CDSA staff have all met fidelity on the EIPPFI. During this cohort, Program Coaches piloted an integrated group coaching approach in which Pyramid Coaching Support was combined with our FIPP/RBC/NLEP coaching practices. Each staff member received individual coaching support within a group setting to provide a more collaborative experience. After 6 coaching cycles, staff met fidelity in NLEP/RBC coaching practices in December 2024 with 2 additional cycles required to meet fidelity on their EIPPFI in early 2025. One new employee has also started the integrated approach in 2025 and is expected to reach fidelity in 2026. We continue to use this experience and feedback to build an integrated coaching toolkit for the NC ITP in the future.

As of November 19, 2025, the internal Winston-Salem CDSA behavioral health team provided:

62 Autism Evaluations Completed (estimated 71 to be completed by year end)

4 clinical assessments provided by Psych/ License Clinical Social Worker (LCSW)

2 virtual consultations with families, the IFSP team, and a behavioral health team member

2 families received ongoing supports from our Psychologist/ LCSW

7 caregivers received Infant Massage Education Supports

22 caregivers received ABC Supports

4 caregivers received Level 4 Triple P Supports

12 caregivers received Circle Of Security Supports

Greenville CDSA

The Greenville CDSA completed their third annual BOQ in 2025. As of August 2025, 100% of indicators were fully in place compared to 57% completed in August 2024.

Also, the Greenville CDSA has now implemented cohort 4 of their caregiver coaching support, and as of October 2025, Greenville CDSA has maintained 5 practitioner coaches to support staff. Their practitioner coaches have completed 78 coaching cycles, and they have set 33 goals with their staff of which 85% have been completed.

The fourth Early Intervention Pyramid Practices Fidelity Inventory (EIPPFI) measure was completed in spring 2025 with 13 staff members. As of this spring 100% of caregiver coaches had met fidelity in the Building Partnerships with Families practice compared to 83% in spring 2024. In the Social Emotional Development practice, 95% have met fidelity compared to only 64% in spring 2024. In Family Centered Coaching practice, 86% had met fidelity compared to 81% in 2024. In Dyadic Relationship practice 90% had met fidelity, compared to 62% in 2024. In supporting Children with

Challenging Behavior 61% had met fidelity, compared to only 17% in 2024. In the Social Emotional Assessment practice, 50% had met fidelity, compared to only 14% in 2024. In summary, fidelity average across all pyramid practices increased by 26% from spring 2024 to spring 2025.

Elizabeth City CDSA

The Elizabeth City CDSA completed their fourth BOQ (at the 18 m interval) in November 2025. 100% of the indicators were fully in place compared to 60% in the Fall of 2024. This CDSA was the first site to utilize the Pathway to Pyramid document to prepare their staff for Pyramid Implementation.

Elizabeth City was able to complete both cohorts of staff, so all 18 of their direct service staff have now met initial fidelity in integrating pyramid Model Practices into their work as measured by the EIPPFI. Per their coaching data, the direct service staff took an average of five months to obtain fidelity in their use of Pyramid Model Practices.

Over the last year, Elizabeth City also began tracking their use of different evidence-based practices that provided higher level supports to families. This included 26 families who benefited from Triple P interventions and 5 families who completed ABC.

The data points from all three CDSAs indicate the effectiveness of the current Pyramid implementation and importance of continuing with the current SSIP activities.

Coaching/NLEP Data:

In 2025, the Phase I, virtual Coaching training using an online learning platform continued with 217 staff and contracted providers completing all three FIPP webinars (excluding December 2025 data) with passing scores and an additional 321 reading the coaching handbook and passing a quiz (excluding those who completed this after 12/11/25). This brings the total number of individuals who have successfully completed all three webinars to 3,313 and the total number who have completed reading the handbook and passed the quiz to1,394.

The second phase of required coaching training is Putting it into Practice (PiiP), a six-hour, live time training. In 2025, 395 CDSA staff and providers completed one of the 12 (twelve) sessions offered of this training. In addition, 71 CDSA staff completed the follow-up survey for the virtual Resource-Based Practices trainings (related to the systems framework component of professional development) to support the long-term outcome of having a well-trained, high-quality workforce.

As a result of the training structure, the program was able to continue making progress toward quality standards by having proficient coaches. This also led to additional staff taking the next step to qualify and serve as Approved Observers (AOs) in sustaining practitioner coaching supports for staff and providers working toward fidelity. The program had 120 Approved Observers in 2025, as well as 16 fidelity coaches. After providing additional training to clarify definitions for tracking, all CDSAs will continue to report on proficiency yearly to monitor progress toward achieving the SiMR.

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.

n/a

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

In addition to the new parent engagement strategies, the three implementing CDSAs will continue to utilize the BOQ and EIPPFI to monitor their progress and use data to inform their next steps with training and professional development for implementing staff.

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

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

Due to the implementation of a new data system, and the need to move up the timeline on implementing Child Outcomes into the IFSP for all CDSAs, further expansion of Pyramid Model Implementation is paused until January 2026. Current sites will continue implementation and sites not implementing will continue to utilize the Pathway to Pyramid document to structure preparation for further implementation.

Section C: Stakeholder Engagement

Description of Stakeholder Input

As was discussed in the NC ITP's FFY 2020 APR, the NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. This has also been part of a multi-year effort by the NC ITP's Data and Evaluation team to increase data literacy and data use by NC ITP stakeholders, both to facilitate data-informed decision making and to prepare stakeholders for the APR target setting process they would be undertaking for FFYs 2020-2025.

For the current SPP/APR cycle, the ICC, NC ITP leadership, parents, and other stakeholders reviewed multiple years of APR data to provide input on targets going forward for Child Outcomes, Family Outcomes, population served birth-to-1 and birth-to-3, the percent of children served in a Natural Environment, and the State-identified Measurable Results (SiMR). Prior to stakeholder meetings, the NC ITP's Data and Evaluation team developed

proposed targets for each Indicator based on a variety of commonly used methodologies including setting targets based on highest performance in prior years, using the Meaningful Difference Calculators developed by the Early Childhood Outcomes Center, using the highest performance by other states, and using pre-COVID trend data. Stakeholder groups were also encouraged to develop their own targets where they did not find any of the pre-developed targets met their needs – targets for both Family Outcomes and Child Outcomes were developed by the stakeholders themselves, while other targets were chosen from those assembled by the Data and Evaluation team.

State-wide data and trends were presented to the ICC at a special meeting in December 2021 to obtain the Council's input regarding targets. Additional input was gathered from CDSA Directors and NC EIS staff across multiple leadership meetings. Further, Data and Evaluation Team members partnered with staff from NC's Parent Training Information Center (Exceptional Children's Assistance Center) to hold family input meetings to inform targets as well. Input from parents was solicited across two days of meetings (described below). While there was consensus among stakeholder groups on targets across many of the APR Indicators, areas where there was not consensus were reviewed with NC ITP management and final APR targets were presented to the full leadership group in January 2022. Final results were also presented to the ICC at its first scheduled meeting in calendar year 2022. The parent chair of the ICC was a part of the APR review process, and the ICC has adopted the NC ITP's APR and certified it as representing ICC members' views.

Changes to the NC ITPs APR include updating the baseline year for several Indicators. For Family Outcomes, the baseline year is being updated to FFY 2016. As noted in prior APRs, the NC ITP made sweeping changes to its process for collecting family outcomes data in FFY 2016, including changing the survey used from the NCSEAM to the FOS-R and changing the collection process from once a year through the mail to on-going at each child's semi-annual IFSP review with paper, online, and phone options for families to complete the survey.

Additionally, the NC ITP is updating the baseline year for Indicators 2, 5, and 6 based on data from the December 1 headcount. The NC ITP would like to update the baseline year on these indicators to FFY 2010 – the year the program's current data system began use. The previous data systems were shared with schools, and it was difficult to ensure children had a single unique identifier in the system making de-duplicating for headcount more challenging. As well, while the current baseline year for these indicators is FFY 2005, the NC ITP changed its eligibility definition in FFY 2006. The NC ITP feels updating the baseline year to FFY 2010 better reflects current practices regarding both eligibility and data collection/reporting.

While no additional changes were made during FFY 2024 to the targets established for FFYs 2020-2025, NC ITP staff reviewed the program's FFY 2024 Indicator data and progress with NC ITP leadership and its Interagency Coordinating Council. NC ITP leadership and the ICC were also involved in reviewing data and selecting the additional demographic factor evaluated for representativeness in Indicator 4 established in the FFY 2022 APR.

The NC ITP continues to value and obtain broad and regular input from several stakeholder groups. The NC Interagency Coordinating Council (ICC), NC ITP leadership (including CDSA directors and EIS staff), ITP providers, and SSIP implementation team leaders have been provided historical APR data and data trends, graphic representations of outcomes, analyses related to performance, and data that compared the NC ITP's data to comparable data from other states and territories. This puts the NC ITP's data in context and helps these groups obtain perspective on how the NC ITP performs in comparison to previous years and to other states. The NC ITP has implemented a variety of strategies to engage stakeholders in key improvement efforts. SSIP updates have continued to occur through predominantly virtual methods, including electronic communications, teleconferences, surveys, and meeting presentations. To close these feedback loops, feedback is reviewed, adjustments are made accordingly, and groups are informed of how their feedback was included in the changes.

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

SSIP leads continuously provided monthly updates on SSIP work at EI Section Leadership meetings and other early childhood system stakeholder meetings to engage key stakeholders in our SSIP work. NC ITP staff have also virtually facilitated engagement with ICC stakeholders about the SSIP to maximize equitable participation of stakeholders from across the state. With every update, SIT members engage in 2-way communications and invite stakeholders to provide feedback and ask questions.

Two members of our NC Part C Leadership Team and Part B 619 Coordinator continued to co-lead the facilitation of the Cross-Sector Pyramid Model State Leadership Team (PM SLT) that served as an oversight body of Pyramid Model implementation in each sector. The PM SLT continues to afford Part C staff the opportunity to engage key early childhood stakeholders in Pyramid Model implementation.

Various NC ITP Staff have also participated in multiple statewide initiatives, coalitions, boards, and collaboratives that bring cross-sector professionals, families, and community members together to advance policies and practices to support improvement in children's social-emotional development and early childhood mental health. Further, SIT members have continued to engage stakeholders through multiple collaborative meetings and cross-sector initiatives to ensure statewide alignment with existing efforts and to leverage on-going investments to support infant and toddlers social-emotional/early childhood mental health across North Carolina's early childhood system. These engagement opportunities, where information about SSIP activities is routinely shared, have included: North Carolina Psychiatry Access Line (NC-PAL), NC Early Childhood Foundation's Pathways to Grade-Level Reading initiative, Leadership Team of the NC Social Emotional Health Initiative, Think Babies initiative, and the Infant and Early Childhood Mental Health workgroup.

Stakeholders are given updates and the opportunity to provide feedback and ask questions with every update of the SSIP. These opportunities helped shape the work of the SSIP. Data collection, primarily through surveys, continues to help engage stakeholder voices in implementation improvement and success.

Further, the NC ITP has closely partnered with NC's Parent Training and Information Center, the Exceptional Children's Assistance Center, to gather caregiver input into programmatic materials, communications, and training that foster improvement efforts. Specific strategies include holding meetings and calls, sending emails with survey links to solicit input, and participating in meetings with families and early childhood system partners. With greater opportunities to leverage technology, virtual meetings have afforded participants the opportunity to attend meetings that may have been a barrier when long-distance travel was required.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Our contract provider network has continued to express that rising costs related to salaries, travel, and other expenses, have made it more challenging for providers in our network to sustain a natural learning environment service model of service provision. The NC ITP developed a survey to obtain input and ideas for how the program can best support the ITP Contract providers going forward. The input included reimbursing for travel and/or travel time, reimbursing for missed appointments, and increasing overall service reimbursement rates. As a result of this survey, the NC ITP is continuing to review the recommendations and developing strategies to not only maintain our current provider network but to expand it. The NC ITP is in the process of scheduling standing monthly meetings with Medicaid to discuss strategies on how to both maintain and expand our current provider network.

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.

The NC ITP has hired one of the two key positions mentioned last year: The Comprehensive System of Professional Development Manager and the Community Stakeholder Engagement Coordinator. The Comprehensive System of Professional Development Manager started in March 2025. The NC ITP is still working on recruiting the Community Engagement and Communications Coordinator, although currently we do have a temporary employee beginning this work. To increase provider rates, the NC ITP will be hiring a billing specialist to not only determine strategies to maximize billing, but also to engage with Medicaid on how to increase provider rates.

The NCITP as mentioned last year will begin to revamp our certification to include the North Carolina Infant and Early Childhood Mental Health Association Competencies . This will create an early childhood workforce that is prepared and supported to identify, promote, prevent, treat, and lead in ways that support the healthy social-emotional development and early relational health for children ages birth to 6 and will support the provision of high quality, culturally informed, reflective, and relationship-based services to infants and toddlers and their families across a variety of disciplines, systems, and early childhood workforce sectors. In addition, the NCITP has begun to work with our Institutions of Higher Learning around staff recruitment and retention efforts, such as creating internship programs and developing a pathway to hire after graduating.

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

The NC ITP anticipates hiring the remaining one position by the end of the State FY 2026. These staff members, with the assistance of other stakeholders, will begin to convene meetings to revamp our certification to include the Early Childhood Mental Health Association Competencies. The expected outcome is that all ITP staff will have the North Carolina Infant and Early Childhood Mental Health Endorsement by 2030. Again by doing this it will create an early childhood workforce that is prepared and supported to identify, promote, prevent, treat, and lead in ways that support the healthy social-emotional development and early relational health for children ages birth to 6 and will support the provision of high quality, culturally informed, reflective, and relationship-based services to infants and toddlers and their families across a variety of disciplines, systems, and early childhood workforce sectors.

In addition, the billing specialist, once hired, will begin reviewing programmatic billing practices and working with Medicaid and other funding sources to maximize billing and to advocate for an increase in provider rates.

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

No new barriers were identified beyond what was reported in FFY 2022. Staff and provider shortages continue as the primary barrier to implementation.

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:

a. # 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)

b. # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance

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

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	53.13%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					53.13%

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
11	2	6	1	6

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.

Of the two additional findings reported in Column B, one was the result of a state complaint, and one was initiated by CDSA staff who discovered potential non-compliance by a provider, reported it to the EISO, who confirmed the non-compliance and issued the finding.

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues formal written findings of noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance. The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Timely Services (that new IFSP services begin within 30 days). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with the Individuals with Disabilities Education Act (IDEA) and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as continual review of local procedures and previously issued state guidance documents, and to assess resource and infrastructure issues that might impact each CDSA's ability to meet statutory and regulatory timelines for the provision of timely services. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2022 and 100% compliance has been achieved by the CDSA for provision of IFSP services within the 30-day timeline.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had received services, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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
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.

There is no difference in the number of findings in this table at the number reported in Indicator 7. There were no additional findings related to other IDEA requirements in FFY 2023.

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed.

CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement of the 45-day timeline (that IFSPs are being developed within the 45-day timeline from the date of the child's referral). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure that timelines, such as the 45-day timeline from referral to eligibility and initial IFSP development (if the child is eligible and the parent decides to enroll), will be met. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for completing the Initial IFSP meeting with families within 45 days of referral.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had an Initial IFSP developed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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
7	0	7	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.

There is no difference in the number of findings in this table at the number reported in Indicator 8A. There were no additional findings related to other IDEA requirements in FFY 2023.

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for the Transition Plan (that Transition Plans occur no less than 90 days prior to the child's 3rd birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are developing Transition Plans as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been

reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for development of a Transition Plan at least 90 days before a toddler's third birthday.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had their Transition Plan completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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
2	0	2	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.

There is no difference in the number of findings in this table at the number reported in Indicator 8B. There were no additional findings related to other IDEA requirements in FFY 2023.

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for LEA/SEA Notifications (that LEA/SEA notification occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly is now being implemented correctly, based on a review of new or subsequent (previously unreviewed) data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures and state guidance, and to assess resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state. We continually monitor the implementation of local procedures to ensure CDSAs are providing notification to the LEA/SEA as required, at least 90 days before toddlers' third birthdays. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2023 and 100% compliance has been achieved by each of these CDSAs for completion of LEA/SEA notification at least 90 days before a toddler's third birthday.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS and reviewed the children's records to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. This review determined that each of the children at issue had their LEA/SEA notification completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

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
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.).

There is no difference in the number of findings in this table at the number reported in Indicator 8C. There were no additional findings related to other IDEA requirements in FFY 2023.

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 NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the regulatory requirement for Transition Planning Conferences (that a Transition Planning Conference occurs at least 90 days prior to the child's third birthday). One hundred percent compliance with this requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements, including conducting TPCs at least 90 days before toddlers turn three. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures for the transition conference timeline. Subsequent data from HIS has been reviewed for the CDSA with non-compliance in FFY 2023 and 100% compliance has been achieved by this CDSA for conducting Transition Planning Conferences at least 90 days before a toddler's third birthday.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had a TPC completed, although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

Optional for FFY 2024, and 2025:

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
28	2	23	1	6

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
24	30	53.13%	100%	80.00%	Did not meet target	No Slippage

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	20.00%

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).	30
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)	24
3. Number of findings not verified as corrected within one year	6

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	6
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	1
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline (“subsequent correction”) - Indicator 7	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 - All other findings	0
7. Number of findings not yet verified as corrected	5

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.

One (1) CDSA accounts for the five (5) remaining findings from FFY 2023. All of these findings fall under Indicator 1. As noted in Indicator 1 above, this CDSA continues to work on the process of correcting noncompliance beyond the one-year timeline. The NC EIS has provided this CDSA with intensive TA that consisted of a deeper drill down and analysis of the root cause of the noncompliance and a review of the CDSA's internal procedures for documentation and for following up. The EISO's QA Manager and the Technical Assistance Coordinator assigned to this CDSA have met with the CDSA's QA Coordinator to discuss their data and processes. The CDSA has had difficulty identifying root causes to address due to a lack of identifiable trends in the data. The CDSA has experienced both provider issues and inadequate follow-up by their own staff as reasons for late services, but the data has not shown a clear pattern. The EISO's CDSA Systems Director, QA Manager, CSPD Manager, and the TAC assigned to the CDSA will be meeting with this CDSA collectively in early 2026 to do a deeper dive into the issues that are keeping them from reaching compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	15	15	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

Ten (10) findings of noncompliance identified in FFY 2022 were subsequently corrected – eight (8) findings related to indicator 1, six (6) findings related to Indicator 7, and one (1) finding related to Indicator 8C. The NC ITP continues to implement a system that identifies and corrects noncompliance as soon as possible, but in any case, not more than one year from the date of identification (i.e., the date on which the NC EIS provided written notification to the CDSA of the noncompliance). The corrective action process begins when the NC EIS issues findings for noncompliance to specific CDSAs, which include the specific statutory and regulatory requirements that are not being correctly implemented. Each CDSA is required to utilize a root cause analysis framework to drill down and to identify the reasons for noncompliance. CDSAs develop CAPs with assistance from the NC EIS to ensure that the identified root cause of the noncompliance is addressed. CDSAs are required to submit frequent progress reports to the NC EIS on an approved schedule, with benchmarks of performance to ensure timely correction of the identified noncompliance.

The process used to determine correction of noncompliance includes analysis of progress report information, verification of the correction of child-specific noncompliance, and month-to-month review of updated data from the statewide database (HIS) to verify 100% compliance with the relevant regulatory requirement. One hundred percent compliance with the requirement must be achieved before non-compliance can be verified as corrected on a systemic basis in accordance with IDEA and OSEP's QA 23-01 document.

The OSEP QA 23-01 document clarified that for any identified noncompliance, correction must be achieved on two levels or prongs: first, correction must take place at the child-specific level, even if late, unless the child is no longer within the jurisdiction of the program and no outstanding corrective action exists under a State complaint or due process hearing decision for the child; and second, there must be evidence that the regulatory provision at issue that was not being implemented correctly, is now being implemented correctly, based on a review of new, previously unreviewed data. The NC EIS continues to utilize these strategies to ensure timely correction of noncompliance, as well as to review local procedures, state policies and procedures, as well as any related state guidance documents in addition to assessing resource and infrastructure issues that impact each CDSA's ability to meet statutory and regulatory requirements. The NC EIS continues to address how to sustain correction of noncompliance in specific areas of the state and continually monitors the implementation of local procedures. Subsequent data from HIS has been reviewed for the CDSAs with non-compliance in FFY 2022 and 100% compliance has been achieved by these CDSAs.

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

As required in OSEP's QA 23-01 document, to ensure that individual instances of noncompliance were corrected where possible, the NC EIS conducted record reviews through HIS to review the children's records that were initially found to be noncompliant to verify subsequent correction. The NC EIS compared the data entered into HIS to the child's paper record to verify that correction occurred, if correction was possible. Each of the children at issue had then relevant required step completed (Initial IFSP, IFSP Service, or Transition Planning Conference), although late, unless the child was no longer within the jurisdiction of the NC ITP and no outstanding corrective action existed under a State complaint or due process hearing decision for the child.

12 - Prior FFY Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 15 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2023 and each EIS program or provider with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2023 SPP/APR

The status of correction of non-compliance for FFY 2022 and FFY 2023 is addressed above.

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

Lead Agency Director

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

Name:

Brian Deese

Title:

Deputy Director of Early Intervention, Part C Coordinator

Email:

Brian.Deese@dhhs.nc.gov

Phone:

9192151833

Submitted on:

Determination Enclosures

Data Rubric

North Carolina

FFY 2024 APR (1)

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

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

APR Score Calculation

Subtotal	14
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	19

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

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 7/30/25	1	1	1	3
Exiting Due Date: 2/18/26	1	1	1	3
Dispute Resolution Due Date: 11/19/25	1	1	1	3

618 Score Calculation

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

Indicator Calculation

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

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

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

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2026 Submission

SPP/APR Data

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

Part C 618 Data

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

618 Data Collection	ED*Facts* Files	Due Date
Part C Child Count and Setting	FS902, FS903*, FS904*, FS905	7/30/2025
Part C Exiting	FS901	2/18/2026
Part C Dispute Resolution	FS906, FS907, FS908	11/19/2025

* if applicable

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

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

Dispute Resolution

IDEA Part C

North Carolina

Year 2024-25

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

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

Section C: Due Process Complaints

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

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

These data were extracted on the close date:
11/19/2025