

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

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

**For reporting on  
FFY 2023**

**Nebraska**



**PART C DUE  
February 3, 2025**

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

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) and early intervention service (EIS) providers and EIS programs meet 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 Individuals with Disabilities Education Act (IDEA) Part C system in Nebraska, known as the Early Development Network (EDN), is co-administered by the Nebraska Department of Education (NDE), Office of Special Education and the Nebraska Department of Health and Human Services (NDHHS), Division of Medicaid and Long-term Care ("Co-Lead Agencies" or "the Co-Leads"). Per the Nebraska Early Intervention Act, these 2 agencies are responsible for the planning, implementation, and administration of the federal Early Intervention Services System and the Nebraska Early Intervention Act. Additionally, the Nebraska Early Intervention Act requires interagency Planning Region Teams (PRTs) to be responsible for assisting in the planning and implementation of the Early Intervention Act in each local community or region. The IDEA Part C regulations require the Nebraska Part C Co-Lead Agencies to monitor local Early Intervention Programs on the implementation of early intervention regulations outlined in NDE 92 NAC 52 (Rule 52) and NDHHS 480 NAC 1. Each of the PRTs is an interagency coordinating council made up of local schools, health and human service agencies, community agencies, Head Start, families, and others who provide early intervention services. Each PRT covers a specific geographic area of the state and is responsible for implementation of an interagency system of services in the region. The EDN Services Coordination agency within the PRT assumes the responsibility for delivery of the entitlement of services coordination in the region. The EDN Services Coordination agency may be the same agency selected by the PRT as the lead agency, but in many cases, these are two separate agencies working collaboratively to provide early intervention services in the region. The Nebraska Part C Co-Lead Monitoring process gathers data from multiple sources, analyzes results, identifies gaps with Part C services, rates PRT performance, and stimulates the development of improvement activities for the PRT. The monitoring process relies on multiple sources of data to gauge the effectiveness of early intervention supports and services for infants and toddlers with disabilities and their families. Nebraska has developed monitoring procedures which require PRT's to be reviewed at least once every three (3) years for implementation of the requirements under Part C of IDEA. The Nebraska Part C Co-Lead Agencies review a variety of data sources to document each PRT's compliance with NDE 92 NAC 52 (Rule 52) and NDHHS 480 NAC 1, including:

1. IFSP File Review
2. Completion of prior Corrective Action Plans;
3. Policies and Procedures Review;
4. Forms Review;
5. Review of results from mediations, complaint and due process reports; and
6. Review of supporting data from sources such as PRT child count, Referral vs. Verification Data, Referral Sources, CAPTA, and Performance Reports for the last 3 years.

The Part C Co-Leads schedule the monitoring plan for the upcoming year. The monitoring team is composed of the Part C Co-Coordinators and additional NDE and NDHHS staff to assist in the Monitoring process. The PRT Lead Agency receives the Notification letter informing the PRT of the scheduled date of the upcoming Part C Monitoring. The Part C Monitoring Team meets with the PRT members to discuss the various components of the monitoring process, including IFSP file reviews, correction of noncompliance, verification of correction of noncompliance, how information generated from the monitoring activities will be incorporated into the Corrective Action Plan (CAP) and PRT Improvement planning process to improve results for infants/toddlers with disabilities and their families.

Nebraska monitors each of its 27 Planning Region Teams (PRTs) at least once every three years for implementation of the requirements under Part C of IDEA. Typically between 8 and 10 PRTs are monitored each year based on the monitoring cycle calendar which divides the PRTs into the three cycles. Cycle A includes PRTs 12, 13, 14, 15, 16, 19, 22, 25, and 27. Cycle B includes PRTs 1, 2, 4, 5, 6, 7, 8, 17, 18, and 29. Cycle C includes PRTs 3, 9, 10, 11, 20, 21, 23, and 26.

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

Child records are chosen for monitoring via a random selection process, ensuring that files of children of various ages, race/ethnicity, length of time in service, and those to include those preparing for transition are included. The number of records chosen is based on the Planning Region Teams total number of open, eligible cases. If the PRT has 0-39 open, eligible cases, between 25-30% child records are chosen for monitoring. If the PRT has 40-59 open eligible cases, then at least 20% of the child records are selected. If the Planning Region Team has 60-124 open and eligible cases, then at least 15% of the child records are chosen for monitoring. Finally, if the Planning Region Team has 125 or more open and eligible cases, then at least 10% of the child records are chosen for monitoring. Additionally, the Co-Leads ensure that a child record from each school district (LEA) within the PRT is selected for monitoring, so long as that school district has an open Part C file.

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

Nebraska does not utilize a data system for monitoring as the state conducts cyclical monitoring. The State utilizes a data system for federally required data reporting only. APR Indicators 1, 7 and 8 data is gathered via cyclical monitoring of IFSP hard copy files, credible allegations, complaints, etc. Nebraska utilizes the state data warehouse, ADVISER, to collect Child Count, Settings, and Exiting data. Nebraska utilizes Teaching Strategies Gold to collect Child Outcome data. Nebraska utilizes the NCSEAM survey to collect data for Indicator 4 for every family receiving EI services.

**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.**

Findings are issued by EIS program; and by the number of instances for each specific file out of compliance. The Part C Co-Leads complete the analysis of findings and conducts the PRT Exit Conference to report on the results of the Monitoring. The PRT is then required to develop and submit a corrective action plan (CAP), if necessary. The meeting also provides an opportunity for the PRT to identify connections from the monitoring findings to improvement activities and the Targeted Improvement Plan (TIP).

The Part C Co-Leads provide written notification of Findings to the PRT. The PRT must submit correction of individual noncompliance and a CAP within 45 calendar days to the Part C Co-Leads. Upon submission, the Part C Co-Leads will review and provide approval in writing.

**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).**

Nebraska does not allow pre-finding correction of noncompliance; All SPP/APR data reflects identified non-compliance.

**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.**

Nebraska has a system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement. Nebraska's system is published and available at the following link:

<https://edn.ne.gov/cms/sites/default/files/u26/Part%20C%20Levels%20of%20Determinations%20July%202023.pdf>. Nebraska has additional Rules and Regulations around monitoring and enforcement. All school districts and approved cooperatives must comply with the requirements of Rules 51 and 52 and 480 NAC 1 concerning the provision of FAPE early intervention services to infants and toddlers with disabilities and will be monitored for compliance with such regulations at least once every three years. Failure to comply with the provisions of state and federal statute and administrative rules concerning FAPE early intervention services for infants and toddlers with disabilities shall result in notification to the school district or approved cooperative of specific program deficiencies by the NDE Office of Special Education. School districts or approved cooperatives providing FAPE early intervention services shall be afforded 45 calendar days to respond to the initial notification with a report of the resolution of deficiencies or a plan for resolution. School districts or approved cooperatives failing to respond as set forth and shall be afforded an additional 30 calendar days following contact from the Administrator of the NDE Office of Special Education or the designee of the Administrator to submit a plan for resolution of deficiencies. Deficiencies must be corrected as soon as possible, and in no case later than one year after the school district or approved cooperative has been notified of the non-compliance. Deficiencies not corrected according to the timelines set forth shall be subject to the procedures outlined in 92 NAC 51-004.09. School districts or approved cooperatives not meeting the requirements of this Chapter concerning the provision of FAPE early intervention services to infants and toddlers shall be in violation of the law. No state or federal funds shall be paid as long as such violation exists, but no deduction shall be made from any funds required by the Constitution of the State of Nebraska to be paid to such program.

Nebraska's sanctions in regards to OMB Uniform Administrative Requirements can be found at the following to websites:

<https://www.education.ne.gov/gms2/grants-management-fiscal-monitoring/> & <https://www.education.ne.gov/sped/finance/>

**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.**

Nebraska issues annual EIS determinations on June 1, annually. Part C determinations in Nebraska consider the following: 1) performance on compliance and results indicators; (2) valid, reliable and timely data; (3) correction of identified noncompliance; and (4) any other data available to the State about the EIS program's compliance with IDEA, including any relevant audit findings. In depth description of annual determinations can be located on the EDN website at the following link:

<https://edn.ne.gov/cms/sites/default/files/u26/Part%20C%20Public%20Reporting%20PRT%20Determinations%202024.pdf>.

Each local EIS program Lead(s) and Chair(s) are notified annually on June 1st regarding their annual determination and public reporting data with instructions and an updated technical assistance guide explaining the determinations process. Determinations are not made public in Nebraska.

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

<https://edn.ne.gov/cms/policies-procedures/procedures>

<https://www.education.ne.gov/gms2/grants-management-fiscal-monitoring/>

<https://edn.ne.gov/cms/regional-public-reporting-tables>

<https://www.education.ne.gov/sped/dispute-resolution/>

**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.**

Nebraska has spent considerable energy building an "internal" support structure—necessary if we are to move innovative practices and programs from initial training to full implementation. This effort began sincerely in 2009 when two Nebraska practitioners attended the Siskin National Routines-Based Interview (RBI) training institute in Chattanooga, TN to become nationally certified interviewers. Building infrastructure from the top down, the Part C Co-Lead Coordinators and the Part B 619 Coordinator, along with the two newly certified RBI trainers formed a State level implementation team. Using the RBI as the first of Nebraska's "usable interventions", the state began to pilot a statewide implementation plan of training and TA for the RBI as well as additional evidence-based practices. An additional sixteen service providers and services coordinators attended the RBI Siskin Institute with the intent of strategically placing certified RBI trainers geographically across the state. Additional training opportunities provided by the Co-Leads addressed evidence-based practices directly impacted by use of the RBI, e.g. Quality Home Visits, Integrated Service Delivery, and Collaborative Consultation with Childcare. Professional development opportunities and TA have been facilitated using the Nebraska Team Self-Assessment. The tool, "Implementing Evidence-Based Practices in Natural and Inclusive Environments for Children Birth to 3," was adapted from the original work of Robin McWilliam. The statewide coordinators provide TA to support the work of these teams through biannual conference calls and assistance. Because use of the RBI impacts the overall EI process, the focus of the stakeholder groups and our professional development/TA expanded to include evidence-based practices beyond child and family assessment. Using the implementation science research, the state leadership team developed an implementation plan aimed at implementing all three RDA improvement strategies statewide and creating sustainability. The statewide coordinators biannual conference calls and provision of additional TA opportunities has allowed for the development of an RBI statewide fidelity process, monitoring of functional child and family IFSP outcomes, and implementation of routines-based home visits, as well as PRT specific planning for ongoing training and TA. Webinars have been developed to provide an overview of the RDA/SSIP, strengthen the use of the RBI, provide functional outcome guidance, and introduce routines-based home visits using the Getting Ready approach. The Regional RBEI TA implements data-driven professional development and TA within each assigned PRT. Evaluation procedures for the implementation of the RBI, functional child and family IFSP outcomes and routines-based quality home visits are continuously implemented. The results are used to adjust training and TA for the cohort PRT's, as well as statewide.

Nebraska utilizes Teaching Strategies GOLD to collect federal child outcome data. Currently, multiple levels of training on the TS Gold system for early intervention providers and administrators are offered virtually and in multiple locations across the state to provide access for staff. The Early Development Network website provides on-demand TA access for service providers, administrators, services coordinators, planning region teams and families related to regulations, guidelines, RDA/SSIP, evidence-based practices, examples and samples from local PRTs, and training announcements.

The site also connects to on-line training modules addressing foundational EI topics, including "Orientation to the Early Development Network in Nebraska," "Home Visitation Core Principles and Practices", and a web-based IFSP development training. In addition, the Co-Leads provide TA by request through meetings, trainings, conference calls, and webinars. The Co-leads conduct a conference every other year which provides a forum for training on the Part C regulations and offers technical assistance guidance on various topics. Also, the Co-Leads continue to provide targeted training/TA as a result of needs identified via the monitoring process.

#### **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.**

For several years, the Nebraska Part C Co-Leads -- Department of Education (NDE) and the Department of Health and Human Services (NDHHS), have provided significant professional development and technical assistance (TA) consistent with evidence-based research in early intervention and the mission, beliefs, and principles promoted by the Division of Early Childhood and the Early Childhood Technical Assistance Center (ECTAC). Intensive statewide training has focused on the provision of quality, family-centered services in natural environments, use of the Primary Service Provider service delivery model, and coaching and teaming practices. The Co-Leads added training and implementation in the use of the Routines Based Interview (RBI) as a child and family assessment process; writing functional and meaningful child and family outcomes; and, provision of quality home visits through the Getting Ready Approach in order to meet RDA/SSIP requirements. The RBI is an assessment tool that uses the research about how young children learn, i.e. through natural learning opportunities within their family, to facilitate family engagement toward improving child and family outcomes. These training initiatives were provided by Dr. Robin McWilliam of the Siskin Institute in TN, Dathan Rush and M'Lisa Shelden of the Family Infant Preschool Program in NC, and Dr. Lisa Knoche of the Center for Research on Children, Youth, Families and Schools at the University of Nebraska-Lincoln -- national researchers and presenters on evidence-based practices in early intervention. Although many of our state's efforts are now primarily related to the RDA work, Nebraska has additional ongoing training efforts that peripherally impact the State Identified Measurable Result (SIMR). These training efforts include: Special Care which focuses on child care providers who care for children with disabilities; Early Learning Guidelines trainings which provide information about developmentally appropriate practices across domains in inclusive settings; Early Childhood Multi-tiered Systems of Support and Pyramid; CAPTA-related trainings to child welfare, court, and EI personnel; and Circle of Security training -- all of which are supported through collaboration with multiple state and private agencies - Nebraska Children and Families Foundation, Nebraska Department of Health and Human Services, Nebraska Head Start State Collaboration Office, University of Nebraska's Center for Children, Families and the Law, University of Nebraska's Munroe Meyer Institute, Higher Education partners at the University of Nebraska Lincoln and Omaha, and the Nebraska Infant Mental Health Association. The Parent Training & Information Center (PTI) is a family partner to the EDN Co-Leads and provides numerous training activities for families, services coordinators and service providers. Family representatives have the opportunity to influence training and TA activities both at the state and local levels by participating in planning sessions and through the provision of feedback. Several trainings are offered to families via PTI and partner agencies, funded by the EDN Co-Leads.

#### **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.**

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

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

YES

**Number of Parent Members:**

5

**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.**

In October 2024, the Co-Leads engaged in an in-person stakeholder meeting with the option for parents to engage remotely in order to accommodate schedules. In advance of these meetings, we engaged in several activities to ensure the parent voice was appropriately captured. The EDN co-leads participated in active parent recruitment with all 27 local early intervention programs. We additionally targeted local programs with higher numbers of historically underserved populations to ensure a diverse parent stakeholder make up. Personal contacts and invitations were made with all new parent recruits including ICC parent members. Parents were offered stipends to assist with lost wages and child care to ensure participation. The co-leads also engaged with PTI Nebraska and the University of Nebraska Monroe Meyer Institute, a disability advocacy center, to cohost and facilitate an orientation meeting with the stakeholder parents one week prior to the meeting to provide an overview of the SSIP and SPP-APR to ensure the parents had the appropriate context and information needed to actively participate. All stakeholders were provided copies of the meeting materials in advance of the meeting to give them time to review the data, evaluation progress, proposed targets, and improvement strategies. Additionally, language and ASL interpreters were made available if needed by family participants. During the stakeholder meetings engagement strategies included virtual parents' ability to share their input via audio or chat box. Additionally, input was solicited via open discussion for in person attendees.

**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.**

The Early Development Network (EDN) values family input and families sharing their experiences to improve and prioritize activities in our state. As partners to the EDN, the UNMC Munroe-Meyer Institute and PTI-Nebraska conducted a meeting where stakeholder parents could learn more about the

stakeholder process, network with other families, and receive additional information in order to fully participate in the stakeholder meetings. PTI and advocacy center staff supported parents before, during and after the meetings to answer questions and provide assistance around the stakeholder process in order to improve parent capacity and boost parent engagement in the development of activities designed to improve outcomes for infants and toddlers with disabilities and their families.

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

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

In 2024, the co-leads continued to engage in multiple forums to solicit public input for analyzing data and developing improvement strategies. The co-leads performed these activities with Nebraska's Part C ICC and Part C RDA stakeholder members. Additionally, monthly Special Education/Early Intervention webinars were held in which information was provided and input was solicited around this activity. The co-leads also engaged in Nebraska's Results Matter Taskforce which consisted of EI administrators, practitioners, and collaborative partners to solicit input for the development of improvement strategies and evaluating progress. We continually recruit and solicit public input. The public is invited to join the RDA stakeholder process via this link on our EDN website: <https://edn.ne.gov/cms/rda-stakeholders-group> Additionally, local Planning Region Teams assist in annual recruitment of parents interested in the statewide stakeholder process. Family and parent recruitment also happens on the EDN website at the following links: <https://edn.ne.gov/cms/get-involved>

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

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

The stakeholder meeting materials are posted annually in the fall and archived on the EDN website. These materials can be viewed at the following link: <https://edn.ne.gov/cms/rda-stakeholder-meetings> Additionally, our SSIP is annually reported on the EDN website at this link: <https://edn.ne.gov/cms/public-reporting-0>

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

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

Nebraska annually reports performance of each local EIS program publicly here: <https://edn.ne.gov/cms/public-reporting-0>. This is located on the Early Development Network website. Additionally, the public is able to access Nebraska's annual SPP/APR, including the SSIP, at the same link. Nebraska did not revise any targets for 2024.

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

None

#### **Intro - OSEP Response**

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

#### **Intro - Required Actions**

## Indicator 1: Timely Provision of Services

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 99.43%        |

| FFY    | 2018    | 2019   | 2020    | 2021    | 2022   |
|--------|---------|--------|---------|---------|--------|
| Target | 100%    | 100%   | 100%    | 100%    | 100%   |
| Data   | 100.00% | 97.16% | 100.00% | 100.00% | 98.57% |

### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

### FFY 2023 SPP/APR Data

| Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner | Total number of infants and toddlers with IFSPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 128   | 128   | 98.57%        | 100%            | 100.00%       | Met target | No Slippage |

Number of documented delays attributable to exceptional family circumstances

*This number will be added to the "Number of 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.*

0

Provide reasons for delay, if applicable.

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).

Nebraska's criteria for timely receipt of early intervention services is as soon as possible after the parent consents in writing to the service but not later than 30 days of receipt of parental consent.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the CoLeads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. IFSP files and other records maintained by Services Coordinators are reviewed for compliance with IDEA and Medicaid. The Individualized Family Service Plan (IFSP) checklist file review for Improving Learning for Children with Disabilities (ILCD) gathers data regarding the receipt of early intervention services on IFSPs in a timely manner. In FFY 2023, 10 of the Planning Regions participated in an IFSP file review for a total of 128 files.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

The Co-Leads notified the two EIS programs in writing concerning the finding of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance, correctly implemented the specific regulatory requirement and ensured that the child received the services listed on the IFSP in the FFY 2022 APR. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification the EIS programs were found to be in 100% compliance.

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

The Co-Leads reviewed each individual case of noncompliance and ensured each instance of child-specific noncompliance for timely services was corrected by the local EIS program. The state ensured that the children received the services listed on the IFSP, although late. The EIS programs were required to develop and implement a Corrective Action Plan to ensure correction of noncompliance for provision of timely services within one year.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

## **1 - Prior FFY Required Actions**

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

### **Response to actions required in FFY 2022 SPP/APR**

FFY 2022 findings of noncompliance verified as corrected is addressed within Indicator 1 as required by the template. Please reference Indicator 1.

## **1 - OSEP Response**

## **1 - Required Actions**



## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 2 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 91.03%        |

| FFY      | 2018   | 2019   | 2020   | 2021   | 2022   |
|----------|--------|--------|--------|--------|--------|
| Target>= | 98.20% | 98.20% | 93.00% | 93.50% | 94.00% |
| Data     | 99.24% | 99.15% | 96.20% | 99.05% | 99.54% |

### Targets

| FFY          | 2023   | 2024   | 2025   |
|--------------|--------|--------|--------|
| Target<br>>= | 94.50% | 95.00% | 95.50% |

### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

### Prepopulated Data

| Source   | Date       | Description   | Data  |
|--|------------|---|-------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 2,339 |
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Total number of infants and toddlers with IFSPs   | 2,341 |

### FFY 2023 SPP/APR Data

| Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | Total number of Infants and toddlers with IFSPs | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status     | Slippage    |
|---|---|---------------|-----------------|---------------|------------|-------------|
| 2,339   | 2,341   | 99.54%        | 94.50%          | 99.91%        | Met target | No Slippage |

Provide additional information about this indicator (optional).

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

## Indicator 3: Early Childhood Outcomes

### Instructions and Measurement

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

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

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

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

##### Measurement for Summary Statement 1:

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

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

##### Measurement for Summary Statement 2:

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

#### Instructions

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

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

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

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

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

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

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

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

### 3 - Indicator Data

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

NO

#### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

Nebraska held an additional stakeholder meeting in September 2024 addressing C3 targets and performance. The stakeholders represented special education directors and early intervention administrators/providers. The state provided data regarding the average age of entry in early intervention, the average length of time in early intervention, and the average frequency and intensity of early intervention services. Stakeholders reported that slippage may be due to EI Provider turnover causing challenges with training and implementation of child assessment at the local level. Stakeholders also reported an increase in the complexity of developmental delays in young children, influenced by societal and economic factors. These include reduced social interactions, delayed or missed developmental screenings, and excessive screen time.

#### Historical Data

| Outcome | Baseline | FFY      | 2018   | 2019   | 2020   | 2021   | 2022   |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A1      | 2020     | Target>= | 41.50% | 41.50% | 57.80% | 58.30% | 58.80% |
| A1      | 59.30%   | Data     | 39.34% | 57.51% | 59.30% | 59.28% | 56.08% |
| A2      | 2020     | Target>= | 47.00% | 47.00% | 49.84% | 50.34% | 50.84% |
| A2      | 51.34%   | Data     | 25.15% | 50.14% | 51.34% | 46.37% | 42.56% |
| B1      | 2020     | Target>= | 42.50% | 42.50% | 57.08% | 57.58% | 58.08% |
| B1      | 58.58%   | Data     | 33.55% | 56.73% | 58.58% | 60.00% | 52.78% |
| B2      | 2020     | Target>= | 36.00% | 36.00% | 40.10% | 40.60% | 41.10% |
| B2      | 41.60%   | Data     | 23.77% | 48.80% | 41.60% | 39.89% | 33.96% |
| C1      | 2020     | Target>= | 60.00% | 60.00% | 56.39% | 56.89% | 57.39% |
| C1      | 57.89%   | Data     | 80.99% | 55.33% | 57.89% | 53.66% | 53.13% |
| C2      | 2020     | Target>= | 75.00% | 75.00% | 49.74% | 50.24% | 50.74% |
| C2      | 51.24%   | Data     | 91.81% | 55.64% | 51.24% | 46.60% | 46.45% |

#### Targets

| FFY         | 2023   | 2024   | 2025   |
|-------------|--------|--------|--------|
| Target A1>= | 59.30% | 59.80% | 60.30% |
| Target A2>= | 51.34% | 51.84% | 52.34% |
| Target B1>= | 58.58% | 59.08% | 59.58% |
| Target B2>= | 41.60% | 42.10% | 42.60% |
| Target C1>= | 57.89% | 58.39% | 58.89% |
| Target C2>= | 51.24% | 51.74% | 52.24% |

**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   | 26                 | 1.87%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 459                | 33.09%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 303                | 21.85%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 358                | 25.81%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 241                | 17.38%              |

| Outcome A  | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 661       | 1,146       | 56.08%        | 59.30%          | 57.68%        | Did not meet target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program   | 599       | 1,387       | 42.56%        | 51.34%          | 43.19%        | Did not meet target | No Slippage |

**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   | 12                 | 0.87%               |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 546                | 39.37%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 329                | 23.72%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 337                | 24.30%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 163                | 11.75%              |

| Outcome B  | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 666       | 1,224       | 52.78%        | 58.58%          | 54.41%        | Did not meet target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program   | 500       | 1,387       | 33.96%        | 41.60%          | 36.05%        | Did not meet target | No Slippage |

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

| Outcome C Progress Category                             | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| a. Infants and toddlers who did not improve functioning | 19                 | 1.37%               |

| Outcome C Progress Category   | Number of Children | Percentage of Total |
|---|--------------------|---------------------|
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 481                | 34.68%              |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it                      | 270                | 19.47%              |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 317                | 22.86%              |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 300                | 21.63%              |

| Outcome C  | Numerator | Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|--|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 587       | 1,087       | 53.13%        | 57.89%          | 54.00%        | Did not meet target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program   | 617       | 1,387       | 46.45%        | 51.24%          | 44.48%        | Did not meet target | Slippage    |

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

This year Nebraska's Part C OSEP data demonstrated a decline in Summary Statement 2 for Outcome 3C. In 2020, the TSG Research Team determined the GOLD thresholds for establishing age-expected functioning were too high for measuring progress in Part C and disproportionately higher than thresholds applied in other assessment tools that Part C providers in other states may choose to use. The discrepancy was attributed to a need for better guidance from OSEP and for a revised methodology from TSG. To update the scoring algorithm, TSG convened a council of stakeholders who use GOLD for OSEP reporting, and Nebraska was highly represented on the stakeholder team. The team collaborated to determine the appropriate cut scores used for converting from scores on GOLD to a 7-point scale. The process included reviewing numerous simulations of impacts to data based on different thresholds for age-expected functioning and discussions of the potential impact to comparisons of historical and future data. After multiple reviews, the Council came to consensus on the new thresholds. These new cut scores were applied to Nebraska's data and targets were reset last year for all Outcomes based on the new calculations. While the new scoring algorithm yielded improved alignment with national data trends, the targets were set based on only two years of data.

Further analysis conducted by the Nebraska Part C Co-lead team and data consultant suggests this slippage stems from several factors: the frequency and intensity of services vary across caseloads based upon individualized needs, EI Provider shortage and systemic challenges caused by turnover among EI providers has led to inconsistent implementation of the GOLD framework for child assessments.

Stakeholders also reported an increase in the complexity of developmental delays in young children, influenced by societal and economic factors. These include reduced social interactions, delayed or missed developmental screenings, heightened awareness of EI through comprehensive statewide Child Find activities, and excessive screen time.

Statewide training and implementation fidelity continues to be prioritized and provided including "Using the RBI to inform GOLD scoring" and "GOLD OSEP Administrator training." We also host monthly GOLD TA webinars for GOLD administrators.

**FFY 2023 SPP/APR Data**

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

| Question  | Number |
|---|--------|
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data    | 1,285  |
| 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. | 322    |
| Number of infants and toddlers with IFSPs assessed  | 1,387  |

| Sampling Question  | Yes / No |
|--------------------|----------|
| Was sampling used? | NO       |

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

NO

**Provide the criteria for defining "comparable to same-aged peers."**

Teaching Strategies (TS) GOLD is a scientifically-based authentic, observational assessment system designed for children from birth through third grade. In Nebraska, it is used for children from birth to kindergarten to evaluate their development and learning across the three functional outcomes. At a child's entry and exit, teachers/providers gather and document observations in the GOLD online system, which form the basis of their scoring across

four areas of development (social emotional, physical, language, and cognitive) and two areas of content learning (literacy and mathematics). Objectives and dimensions that comprise each of the functional outcomes are based on a crosswalk recommended by the national Early Childhood Outcomes (ECO) Center. Criteria for defining "comparable to same-aged peers" was determined through Item Response Theory (IRT) analyses by Teaching Strategies, based on a national sample. The algorithms result in a 7-point rating system that parallels the ECO Child Outcome Summary (COS) ratings. These ratings by age are programmed into the GOLD online system which generates a rating based on TS GOLD scores. Research studies examining the reliability and validity of TS GOLD may be found at: <https://teachingstrategies.com/research/#assessment??>

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

Teaching Strategies (TS) GOLD, an authentic, observational assessment designed for children birth through 3rd grade, is the assessment used to gather data for Indicator C3. At the child's entry or at six months of age and at the time of exit from Part C or at age 3, teachers/providers gather and document information from observations of the child or from an interview (e.g., Routine Based Interview) with the parent(s). This data forms the basis of the scoring across four areas of development (social emotional, physical, language, and cognitive) and two areas of content learning (literacy and mathematics). TS GOLD objectives and dimensions that comprise each of the functional outcomes that are reported are based on a crosswalk recommended by the national Early Child Outcomes (ECO) Center. Criteria for defining "comparable to same-aged peers" was determined through Item Response Theory (IRT) analyses by Teaching Strategies, based on a national sample. The algorithms result in a 7-point rating system that parallels the Child Outcomes Summary (COS) ratings. These ratings by age are programmed into the TS GOLD online system which generates a rating based on TS GOLD scores for each functional outcomes. Research studies examining the reliability and validity of the TS GOLD may be found at: <https://teachingstrategies.com/research/#assessment?>

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

Nebraska is reporting 1387 children in our child outcomes data collection. This number is higher than the number of children being reported in our 618 data collection due to not being able to report 641 children that are omitted as Part B eligible, continuing in Part C due to Nebraska not having an OSEP approved policy under 20 USC 1432(5)(B)(ii) and 1435(c), despite having a state statute allowing children to receive early intervention services until August 31st of their 3rd birthday.

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

None

### **3 - OSEP Response**

### **3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

| Measure | Baseline | FFY      | 2018   | 2019   | 2020   | 2021   | 2022   |
|---------|----------|----------|--------|--------|--------|--------|--------|
| A       | 2006     | Target>= | 87.00% | 87.00% | 85.92% | 86.92% | 87.92% |
| A       | 73.80 %  | Data     | 89.00% | 92.54% | 92.12% | 95.56% | 95.33% |
| B       | 2006     | Target>= | 82.60% | 82.60% | 84.62% | 85.62% | 86.62% |
| B       | 70.50 %  | Data     | 88.04% | 92.08% | 89.88% | 95.30% | 95.19% |
| C       | 2006     | Target>= | 91.70% | 91.70% | 88.74% | 89.74% | 90.74% |
| C       | 84.00 %  | Data     | 96.07% | 96.11% | 95.22% | 95.71% | 95.66% |



## Targets

| FFY        | 2023   | 2024   | 2025   |
|------------|--------|--------|--------|
| Target A>= | 88.92% | 89.92% | 90.92% |
| Target B>= | 87.62% | 88.62% | 89.62% |
| Target C>= | 91.74% | 92.74% | 93.74% |

## Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

## FFY 2023 SPP/APR Data

|   |        |
|---|--------|
| The number of families to whom surveys were distributed   | 2,497  |
| Number of respondent families participating in Part C   | 2,099  |
| Survey Response Rate  | 84.06% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights                              | 2,015  |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights   | 2,099  |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 2,009  |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs                        | 2,099  |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn          | 2,018  |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn                                 | 2,099  |

| Measure   | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status     | Slippage    |
|---|---------------|-----------------|---------------|------------|-------------|
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)                              | 95.33%        | 88.92%          | 96.00%        | 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) | 95.19%        | 87.62%          | 95.71%        | 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)          | 95.66%        | 91.74%          | 96.14%        | 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                  | 2022   | 2023   |
|----------------------|--------|--------|
| Survey Response Rate | 83.90% | 84.06% |

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

Nebraska used the ECTA Representativeness Calculator to determine representativeness. The ECTA 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 are representative of the population. If the overall test shows a significant difference, the calculator then uses an accepted formula (z 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 = 0.10).

**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.**

Nebraska used the ECTA Representativeness Calculator (<https://ectacenter.org/eco/pages/familyoutcomes-calc.asp>) to evaluate the representativeness of respondents by race/ethnicity and geographic area. As noted above, no significant nonresponse bias was identified for any geographic subgroup. Concerning race and ethnicity, no groups were found to be underrepresented.

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

YES

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

Nebraska is very satisfied with the FFY23 family survey response rate. We increased our return rate compared to FFY2022. This is evidence that our in-person survey delivery method is an effective strategy that we will continue to implement in the upcoming year. Currently, Nebraska provides the family survey in English and Spanish. To increase response rates, we will continue to promote that the EDN services coordinators remind families to complete their surveys more frequently during the survey submission period to ensure we increase our return rate each year.

**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.**

To analyze the response rate, Nebraska compared the number of surveys sent to families with the number of surveys received. The categories we analyzed were race/ethnicity and geographic area.

For race/ethnicity, we used the race/ethnicity category from Nebraska Department of Education data for all surveys sent and compared to the race/ethnicity recorded on returned surveys. Our overall response rate was 84.06%. Of the respondents, 4.19% were African-American or Black families (compared to 4.53% total enrolled in Part C); 2.19% were American Indian or Alaska Native families (compared to 2.20% total enrolled in Part C); 3.33% were Asian families (compared to 3.16% total enrolled in Part C); 14.82% were Hispanic or Latino families (compared to 16.46% total enrolled in Part C); 0.19% were Native Hawaiian/Pacific Islander families (compared to 0.20% total enrolled in Part C); 60.41% were White families (compared to 59.75% total enrolled in Part C); and 14.86% were families of two or more races (compared to 13.70% total enrolled in Part C).

In addition to the race/ethnicity category, we analyzed response rate data by geographic areas. We categorized each Planning Region Team (PRT) into one of the following geographic areas, Core Metropolitan, Outlying Metropolitan, Micropolitan Core, and Rural with Urban Cluster. No significant nonresponse bias was found regarding geographic areas within the state.

Steps taken to reduce identified bias and promote responses from a broad cross section of families included promoting EDN service coordinators to remind all families to complete their surveys more frequently during the submission period to ensure we increase our return rate each year. We are also in the process of having materials for families translated into additional languages other than Spanish and English to provide more equitable access to information about early intervention services in Nebraska. These additional languages include: Chinese, Vietnamese, Arabic, French, Somali, and Karen.

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

#### 4 - Prior FFY Required Actions

None

#### 4 - OSEP Response

#### 4 - Required Actions

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 0.64%         |

| FFY       | 2018  | 2019  | 2020  | 2021  | 2022  |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 0.70% | 0.70% | 0.90% | 0.90% | 0.95% |
| Data      | 1.09% | 1.12% | 0.95% | 1.03% | 1.22% |

### Targets

| FFY       | 2023  | 2024  | 2025  |
|-----------|-------|-------|-------|
| Target >= | 1.00% | 1.05% | 1.10% |

### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

### Prepopulated Data

| Source   | Date       | Description  | Data   |
|--|------------|--|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/31/2024 | Number of infants and toddlers birth to 1 with IFSPs | 257    |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More        | 06/25/2024 | Population of infants and toddlers birth to 1        | 24,144 |

| Source  | Date | Description | Data |
|---|------|-------------|------|
| Races) by Age, Sex, and Hispanic<br>Origin: April 1, 2020 to July 1, 2023 |      |             |      |

**FFY 2023 SPP/APR Data**

| Number of infants and toddlers<br>birth to 1 with IFSPs | Population of infants<br>and toddlers birth to 1 | FFY 2022 Data | FFY 2023<br>Target | FFY 2023<br>Data | Status     | Slippage       |
|---|--|---------------|--------------------|------------------|------------|----------------|
| 257   | 24,144   | 1.22%         | 1.00%              | 1.06%            | Met target | No<br>Slippage |

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

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

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 1.67%         |

| FFY       | 2018  | 2019  | 2020  | 2021  | 2022  |
|-----------|-------|-------|-------|-------|-------|
| Target >= | 1.92% | 1.92% | 2.32% | 2.32% | 2.35% |
| Data      | 2.69% | 2.75% | 2.50% | 3.02% | 3.24% |

#### Targets

| FFY       | 2023  | 2024  | 2025  |
|-----------|-------|-------|-------|
| Target >= | 2.38% | 2.41% | 2.44% |

#### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

#### Prepopulated Data

| Source   | Date       | Description  | Data   |
|--|------------|--|--------|
| SY 2023-24 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age   | 07/31/2024 | Number of infants and toddlers birth to 3 with IFSPs | 2,341  |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023 | 06/25/2024 | Population of infants and toddlers birth to 3        | 73,004 |

**FFY 2023 SPP/APR Data**

| Number of infants and toddlers birth to 3 with IFSPs | Population of infants and toddlers birth to 3 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status     | Slippage    |
|--|---|---------------|-----------------|---------------|------------|-------------|
| 2,341  | 73,004  | 3.24%         | 2.38%           | 3.21%         | Met target | No Slippage |

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

Provide additional information about this indicator (optional).

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response****6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

Percent =  $\left[ \left( \frac{\text{\# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline}}{\text{\# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted}} \right) \times 100 \right]$

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 79.80%        |

| FFY    | 2018   | 2019   | 2020   | 2021   | 2022   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 84.87% | 90.78% | 99.12% | 86.87% | 87.14% |

#### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

#### FFY 2023 SPP/APR Data

| Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline | Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 122  | 128  | 87.14%        | 100%            | 95.31%        | Did not meet target | No Slippage |



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

This number will be added to the "Number of 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.

0

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

Six (6) individual files were found to be out of compliance in meeting the 45 day timeline due to provider scheduling causing a delay in meeting the 45 day timeline.

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

State monitoring

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

The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the CoLeads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-Leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. IFSP files and other records maintained by Services Coordinators are reviewed for compliance with IDEA and Medicaid. Individualized Family Service Plan (IFSP) checklist file review for Improving Learning or Children with Disabilities (ILCD) gathers data regarding the receipt of early intervention services on IFSPs in a timely manner. In FFY 2023, 8 of the Planning Regions participated in an IFSP file review for a total of 128 files. In 6 of the 128 files the 45 day timeline was not met. The Co-Leads notified the three programs in writing concerning the findings of noncompliance and the requirement that the noncompliance be corrected as soon as possible. The state has verified that each EIS program is correctly implementing the specific regulatory requirements and have ensured that each child received an initial evaluation, assessment and IFSP meeting, although late, and the services listed on the IFSP within a timely manner from the IFSP meeting.

**Provide additional information about this indicator (optional).****Correction of Findings of Noncompliance Identified in FFY 2022**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 18                                   | 18  | 0  | 0                                      |

**FFY 2022 Findings of Noncompliance Verified as Corrected****Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.**

The Co-Leads notified the three EIS programs in writing concerning the finding of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance, correctly implemented the specific regulatory requirement and ensured that the child received an evaluation, assessment, and IFSP meeting, although late, and the services listed on the IFSP in a timely manner as noted in the FFY 2022 APR. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification the EIS programs were found to be in 100% compliance in meeting the 45-day timeline.

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

The Co-Leads reviewed each individual case of noncompliance and ensured each instance of child-specific noncompliance was corrected by the local EIS program. The state ensured that each child received an evaluation, assessment, and IFSP meeting, although late, and the services listed on the IFSP in a timely manner. The EIS programs were required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

**7 - Prior FFY Required Actions**

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

## **Response to actions required in FFY 2022 SPP/APR**

FFY 2022 findings of noncompliance verified as corrected is addressed within Indicator 7 as required by the template. Please reference Indicator 7.

## **7 - OSEP Response**

### **7 - Required Actions**

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

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8A - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 86.00%        |

| FFY    | 2018   | 2019   | 2020   | 2021   | 2022   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 51.85% | 89.06% | 82.35% | 77.36% | 94.55% |

#### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

#### FFY 2023 SPP/APR Data

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

YES

| Number of children exiting Part C who have an IFSP with transition steps and services | Number of toddlers with disabilities exiting Part C | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|---|---|---------------|-----------------|---------------|---------------------|-------------|
| 57  | 59  | 94.55%        | 100%            | 96.61%        | 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.

0

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

Two (2) of the transition plans were out of compliance due to not meeting the regulatory timelines due to provider related delays.

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

State monitoring

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

The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the Co-Leads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-Leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. IFSP files and other records maintained by Services Coordinators are reviewed for compliance with IDEA and Medicaid. In FFY 2023, eight of the Planning Regions participated in an IFSP file review for a total of 128 files, of which 59 files had transition plans reviewed for compliance. Two transition plans were found to be out of compliance due to not meeting the regulatory timelines due to provider related delays. The Co-Leads notified the 2 EIS programs in writing concerning the findings of noncompliance and the requirement that the noncompliance be corrected as soon as possible but in no case more than one year from identification.

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

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that each individual case of noncompliance was corrected and all children exiting Part C received an IFSP with transition steps and services prior to exiting Part C. In addition, the Co-Leads reviewed additional files of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance. The requirements and appropriate documentation of transition plans for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in plan to ensure compliance. The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, were provided with appropriate transition plans documenting all necessary transition steps and services prior to the children exiting Part C.

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

The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, were provided with appropriate transition plans documenting all necessary transition steps and services prior to the children exiting Part C. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that each individual case of noncompliance was corrected and all children exiting Part C received an IFSP with transition steps and services prior to exiting Part C. In addition, the Co-Leads reviewed additional files of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year

of identification each EIS program was found to be in 100% compliance. The requirements and appropriate documentation of transition plans for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in place to ensure compliance.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
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#### 8A - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

#### Response to actions required in FFY 2022 SPP/APR

FFY 2022 findings of noncompliance verified as corrected is addressed within Indicator 8A as required by the template. Please reference Indicator 8A.

#### 8A - OSEP Response

#### 8A - Required Actions

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

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 86.00%        |

| FFY    | 2018    | 2019    | 2020    | 2021    | 2022    |
|--------|---------|---------|---------|---------|---------|
| Target | 100%    | 100%    | 100%    | 100%    | 100%    |
| Data   | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

#### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

#### FFY 2023 SPP/APR Data

Data include notification to both the SEA and LEA

YES

| Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status     | Slippage    |
|---|--|---------------|-----------------|---------------|------------|-------------|
| 59  | 59   | 100.00%       | 100%            | 100.00%       | Met target | No Slippage |

#### Number of parents who opted out

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

0

Provide reasons for delay, if applicable.

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

Nebraska uses State Monitoring. The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the Co-Leads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-Leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. In FFY 2023, eight of the Planning Regions participated in an IFSP file review for a total of 128 files, of which 59 files had children exiting Part C who received proper Notification to LEA and SEA as the child was potentially eligible for Part B.

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

NO

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

State monitoring

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

The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the Co-Leads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-Leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. IFSP files and other records maintained by Services Coordinators are reviewed for compliance with IDEA and Medicaid. In FFY 2023, eight of the Planning Regions participated in an IFSP file review for a total of 128 files, of which 59 files had children exiting Part C who received proper Notification to LEA and SEA as the child was potentially eligible for Part B.

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

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

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

#### 8B - Prior FFY Required Actions

None

#### 8B - OSEP Response

#### 8B - Required Actions



## Indicator 8C: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 100.00%       |

| FFY    | 2018   | 2019   | 2020   | 2021   | 2022   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 87.04% | 87.50% | 96.08% | 90.57% | 92.73% |

#### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

#### FFY 2023 SPP/APR Data

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

YES

| Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B | Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|--|--|---------------|-----------------|---------------|---------------------|-------------|
| 55   | 59   | 92.73%        | 100%            | 93.22%        | 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.

0

Provide reasons for delay, if applicable.

Four (4) transition plans were found to be out of compliance due to the transition conference occurring late due to provider scheduling causing a delay.

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

State monitoring

Describe the method used to select EIS programs for monitoring.

The Nebraska Department of Education (NDE) and Nebraska Department of Health and Human Services (NDHHS), acting as co-lead agencies (the Co-Leads), are responsible for ensuring Part C of the Individuals with Disabilities Education Act (IDEA) is fully implemented for all infants and toddlers with disabilities and their families through the Early Development Network (EDN). The Part C Co-Leads monitor the state's Planning Region Teams (PRTs) on a three year cycle. IFSP files and other records maintained by Services Coordinators are reviewed for compliance with IDEA and Medicaid. In FFY 2023, eight of the Planning Regions participated in an IFSP file review for a total of 128 files, of which 59 files had children exiting Part C in which it was required to conduct a transition conference by the third birthday. The Co-Leads notified the 3 EIS programs in writing concerning the findings of noncompliance and the requirement that the noncompliance be corrected as soon as possible but in no case more than one year from identification. The State has verified that the EIS programs are correctly implementing the specific regulatory requirements and have ensured that each child/family received a transition conference and plan, although late, and the services listed on the IFSP within a timely manner from the IFSP meeting.

Provide additional information about this indicator (optional).

#### Correction of Findings of Noncompliance Identified in FFY 2022

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

#### FFY 2022 Findings of Noncompliance Verified as Corrected

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

In each case of noncompliance, the Co-Leads notified the EIS program in writing concerning the finding of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that all children exiting Part C received a transition conference prior to exiting Part C. Each EIS program was required to develop and implement a Corrective Action Plan. In addition, the Co-Leads reviewed different files

of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements were implemented. Within one year of identification each EIS program was found to be in 100% compliance.

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

Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed additional files of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance. The transition conference/planning requirements for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in plan to ensure compliance. The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, received a transition conference prior to exiting Part C.

**Correction of Findings of Noncompliance Identified Prior to FFY 2022**

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

## 8C - Prior FFY Required Actions

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

If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

**Response to actions required in FFY 2022 SPP/APR**

FFY 2022 findings of noncompliance verified as corrected is addressed within Indicator 8C as required by the template. Please reference Indicator 8C.

## 8C - OSEP Response

## 8C - Required Actions

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

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

## 9 - Indicator Data

### Not Applicable

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

NO

**Select yes to use target ranges.**

Target Range not used

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

NO

### Prepopulated Data

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

### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
|               |               |

| FFY      | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|------|------|------|------|------|
| Target>= |      |      |      |      |      |

|      |  |  |  |  |  |
|------|--|--|--|--|--|
| Data |  |  |  |  |  |
|------|--|--|--|--|--|

#### Targets

| FFY      | 2023 | 2024 | 2025 |
|----------|------|------|------|
| Target>= |      |      |      |

#### FFY 2023 SPP/APR Data

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

Provide additional information about this indicator (optional)

### 9 - Prior FFY Required Actions

None

### 9 - OSEP Response

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

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

## 10 - Indicator Data

### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          |               |

| FFY      | 2018 | 2019    | 2020 | 2021 | 2022 |
|----------|------|---------|------|------|------|
| Target>= |      |         |      |      |      |
| Data     |      | 100.00% |      |      |      |

**Targets**

| FFY      | 2023 | 2024 | 2025 |
|----------|------|------|------|
| Target>= |      |      |      |

**FFY 2023 SPP/APR Data**

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

Provide additional information about this indicator (optional)

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

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

**10 - Required Actions**

## Indicator 11: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Measurement

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

#### Instructions

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

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

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

#### Overview of the Three Phases of the SSIP

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

##### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

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

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

##### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

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

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

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

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



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

#### C. Stakeholder Engagement

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

#### Additional Implementation Activities

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

## 11 - Indicator Data

### Section A: Data Analysis

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

Increase the number and percentage of infants and toddlers who demonstrate progress in the acquisition and use of knowledge and skills (including early language/communication) – Indicator C3B, Summary Statement 1. Additionally, Nebraska identified Indicator C4B: Effectively Communicate Child's Needs as a benchmark.

#### 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.

Nebraska is utilizing a cohort approach to scale-up the three coherent improvement strategies through the state's Planning Region Team system. Cohort 1, composed of PRTs 7, 22 and 27, began RBI and functional IFSP outcome training in January 2015. Cohort 2, composed of PRTs 4, 18, 19, and 21, began RBI and functional IFSP outcome training a year later (January 2016). Cohort 1 received training on strategy 3, routines-based home visits, in June 2017. Cohort 2 received this training in June 2018.

#### 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://edn.ne.gov/cms/introduction-to-results-driven-accountability>

#### Progress toward the SiMR

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

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

NO

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 58.58%        |

#### Targets

| FFY    | Current Relationship                             | 2023   | 2024   | 2025   |
|--------|--|--------|--------|--------|
| Target | Data must be greater than or equal to the target | 58.58% | 59.08% | 59.58% |

#### FFY 2023 SPP/APR Data

| 3B Summary Statement 1 Numerator | 3B Summary Statement 1 Denominator | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status              | Slippage    |
|----------------------------------|------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 666                              | 1,224                              | 52.78%        | 58.58%          | 54.41%        | Did not meet target | No Slippage |

**Provide the data source for the FFY 2023 data.**

Teaching Strategies GOLD

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

Teaching Strategies (TS) GOLD, an authentic, observational assessment designed for children birth through 3rd grade, is the assessment used to gather data for Indicator C3. At the child's entry or at six months of age and at the time of exit from Part C or at age 3, teachers/providers gather and document information from observations of the child or from an interview (e.g., Routine Based Interview) with the parent(s). This data forms the basis of the scoring across four areas of development (social emotional, physical, language, and cognitive) and two areas of content learning (literacy and mathematics). TS GOLD objectives and dimensions that comprise each of the functional outcomes that are reported are based on a crosswalk recommended by the national Early Child Outcomes (ECO) Center. Criteria for defining "comparable to same-aged peers" was determined through Item Response Theory (IRT) analyses by Teaching Strategies, based on a national sample. The algorithms result in a 7-point rating system that parallels the Child Outcomes Summary (COS) ratings. These ratings by age are programmed into the TS GOLD online system which generates a rating based on TS GOLD scores for each functional outcomes. Research studies examining the reliability and validity of the TS GOLD may be found at: <https://teachingstrategies.com/our-approach/research/>.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Nebraska identified Indicator C4B: Effectively Communicate Child's Needs as a benchmark. The percent of families reporting that they are effectively able to communicate their children's needs continues to trend upwards, as noted in our annual Part C family survey data.

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

NO

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

YES

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

Analysis completed by Nebraska suggests there are still lingering impacts on data completeness and reliability due to COVID-19. Early Intervention provider shortage and systemic challenges caused by turnover among EI providers has led to inconsistent implementation of the GOLD framework for child assessments due to COVID-19.

Stakeholders also reported an increase in the complexity of developmental delays in young children influenced by societal and economic factors as a result of COVID-19. These include reduced social interactions, delayed or missed developmental screenings, and excessive screen time.

Statewide training and implementation fidelity continues to be prioritized and provided, including "Using the RBI to inform GOLD scoring" and "GOLD OSEP Administrator training" to mitigate impacts on data collection. We also host monthly GOLD TA webinars for GOLD administrators.

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

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

Here is the link to the current evaluation plan: <https://edn.ne.gov/cms/sites/default/files/u26/FFY19-SSIP.pdf>

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

NO

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

The Part C SSIP Leadership team currently consists of Amy Bunnell (NDE Part C Co-Coordinator), Cole Johnson (Part C Data Manager/PRT Coordinator), Jessica Anthony (Department of Health and Human Services (DHHS) Part C Co-Coordinator), Sue Bainter, Tina Kilgore, and Janice Lee, RBEI state coordinators.

Nebraska's (TA) system consists of:

(a) State Leadership Team - Meets at least twice per month, utilizing in person and virtual meetings, utilizes access to a database of PRT activities which allows for oversight of all training and new initiatives, while monitoring and working with the local planning region teams (PRT) to improve early intervention (EI) services;

(b) 3 State Coordinators - Provide RBEI training, follow up and supports to 7 cohort PRT's and leadership teams; trains and supports regional TA Providers; and develops training presentations and materials;

(c) Regional TA Providers - geographically located to support PRTs; assist with individual PRT training plans; provides RBEI training, coaching, and TA to PRT's;

(d) TA Provider dedicated to supporting PRTs to develop strong leadership to facilitate the implementation of the RDA Strategies. Our experience with the PRTs the last few years has led us to the clear understanding that the strategies cannot be successfully implemented without strong leadership teams. Deliverables from this infrastructure strategy have included: creating a clear understanding of the role and function of the leadership team, developing a sustainable data review process at the local level in order to contribute to a continuous improvement plan, assisting with building an infrastructure for ongoing implementation with fidelity, and creating and carrying out an evaluation plan to measure progress.

(e) Local PRT Leadership teams - 3-5 people (administrators, service coordination, providers ) responsible for implementation of EB practices, evaluation efforts, fidelity in their region;

(f) Local PRT coaches - trained as coaches for the evidence based practices (EBP) to provide fidelity checks, implementation support, and training of new staff to EI providers and services coordinators in their region.

(g) UNL, in partnership with Part C, received an OSEP-funded grant, Coaching in Early Intervention: Promoting Outcomes for Infants/Toddlers with disabilities using Evidence-Based Practices (CEI). In our third cohort, we implemented CEI with 14 coach participants across 6 planning region teams. The CEI team used a virtual training module, webinar format, training manual, and documentation for using the Goal Attainment Scale (GAS) to measure

the influence on IFSP outcomes with families. They also implemented a provider survey to collect additional data on IFSP outcomes. A total of four virtual Professional Learning Communities were held for coach participants in 2024. The team provided in-depth training on aspects of the coaching model and opportunities for site coaches to practice via role play. EI personnel and family demographic data, coach and EI coaching relationship satisfaction, and family satisfaction data was collected, as well as video data from coaching interactions. The video data was coded to understand coaching practices in action. Data has shown that 96% of early intervention personnel who received CEI coaching implemented Getting Ready quality home visitation with fidelity and 82% improved their use of Getting Ready. One-hundred percent of coaches who were involved in CEI obtained acceptable fidelity ratings on coaching intervention components and reported improved knowledge of coaching practices. One-hundred percent of all families were satisfied with early intervention personnel efforts. The CEI team participated in the 2024 OSEP Leadership and Project Directors' Conference, the 2024 National Research Conference on Early Childhood, and the 2024 Division for Early Childhood of the Council for Exceptional Children Conference.

The Team Self-Assessment is a facilitated discussion that includes a review of evidence-based practices that are most impacted by using RBEI. The result of the self-assessment provides the PRT with a region-wide EI team perspective on current practices, and provides data to influence professional development activities and impact EI service delivery. PRTs statewide completed a self-assessment prior to implementing the first of the state's improvement strategies, the Routines Based Interview (RBI). In 2023 the assessment tool was updated.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

The following professional development and TA strategies support system improvement and change, and are necessary for statewide scale up:

1. The Co-Leads have moved the professional development activities to a mostly face to face format at the request of the field. Two virtual trainings were utilized in order to accommodate a participant roster which included professionals from across the state who had not been able to take part in the face to face trainings. Using both face to face and virtual options allows the state leadership team to complete the scale-up of the evidence based practices as well as making it more convenient for sustaining the practices through ongoing offering of training, ongoing requests for individualized coaching and TA, and approval/fidelity requirements.
2. The training developed in 2021: "Using the RBI and Quality Home Visits to Develop a Quality IFSP" continues to be offered on a larger scale, i.e. in 7 regions across the state in 2024. This training was designed to support EI providers and Services Coordinators utilizing information from Routines Based Interviews (RBI), Quality Home Visits, and Ongoing Assessment to collaborate with families in developing functional, family-centered IFSPs, and therefore a region must be implementing all 3 evidence based strategies before participating. The training extends the family engagement from using the RBIs, developing functional outcomes, and quality home visits by refining the IFSP outcome structures of "child and family strengths and resources" and "what will be done by whom" to strategies that better fit routines-based home visits. EI professionals were encouraged to attend in teams and the training included video clips and hands-on activity with IFSPs. Enhanced effectiveness of professional roles as a result of the training content was rated at an average level of 4.40 out of a scale of 5 by participants at all sites.
3. The RBEI "refresher" training now includes Getting Ready professional development opportunities to enhance quality home visits and is delivered by the TA providers within their geographic regions and based upon the unique and individual training and TA needs of the PRT. The TA provider collaborates with the PRT to review their data, and determine the practices to be addressed, with follow up as needed.
4. Coaching in Early Intervention (CEI) - The third group of demonstration sites completed involvement in CEI in Fall 2024. The cohort included three tracks of participation – one for returning coaches, one for new coaches, and the third aligned with the approval process for evidence-based practices. Participants progressed through training, coaching and feedback activities during the reporting period. Evidence-based coaching practices were enacted in peer-to-peer coaching interactions. Data collection and use were embedded within the model to support and improve the coaching system.
5. The Team Self-Assessment tool was updated in 2023. As the state moves towards the maintenance/sustainability phase of implementation, regions have been encouraged to re-assess their current practices and develop a plan for sustaining and/or improving fidelity to the practices. To date, 12 regions have completed a self-assessment using the updated tool and have developed an implementation plan to support their sustained implementation of RBEI practices as they work toward continuous improvement.

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

YES

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

The new TA provider added to the statewide cadre in 2021 to provide targeted support to a small number of PRTs needing more intense TA to implement the evidence-based improvement strategies is no longer needed given that foundational infrastructure is now in place including regular RBI use with families that yield functional priorities. Regularly scheduled monthly EI team meetings continue to be held the PRTs. An IFSP outcome training was completed in February of 2024 resulting in outcomes that are based within routines. The focus on outcomes was timely as the regions were trained in the final improvement strategy training: quality routines-based home visits in the summer of 2024 and providers and services coordinators are currently in the approval process. Leadership teams were established and meet regularly to track approval and fidelity to the practices as well as communicating with the larger PRT membership within the regions.

Using the training model, tools, and initial data collected about EI providers and services coordinators' improvements in Getting Ready implementation and fidelity from the CEI project (see above section about current infrastructure improvement strategies), a Routines Based Early Intervention (RBEI) Coach training was delivered in the spring of 2024. Previously, RBI and GR coach training focused mainly on reliability of scoring for fidelity. Scoring reliability training continues to be offered but only after coaches participate in coaching training focused on 6 evidence-based coaching practices. The training included videos, data use, and role play using tools that were tested and deemed useful via the CEI project. Evaluations collected indicated very positive experiences with participants scoring their knowledge and understanding of how they intend to implement coaching when completing fidelity checks in their regions in the mean range of 5 on a scale of 1-6. There were several comments about wanting to practice their new skills with requests for coaching follow up back in their regions. Follow up is available upon request from state coaches who were part of the RBEI Coach training cadre.

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

Next steps: The regions who received the targeted TA support will complete quality routines-based home visit approval and work toward implementation of the home visit strategy with all families across the region. Their TA will be providing ongoing support for implementation of all 3 strategies. A provider and a services coordinator attended RBEI coach training in the spring of 2024 and will be provided follow up support for addressing fidelity and sustainability in their regions. The Leadership team plans to offer the training "Using the RBI and Quality Home Visits to Develop a Quality IFSP". Next steps for the RBEI coach training will involve ongoing support by state level TAs. Additionally, resources from Coaching in Early Intervention are being manualized and will be available via a web-based, on-demand platform to support coaching practice. In terms of the RBEI Coach training, 2 trainings will be delivered in February and March of 2025 with larger groups of participants. Some refinement of content has occurred as a result of feedback from the first group, in particular to more closely align coaching practices with the current fidelity process used in Nebraska's regions.

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

1. The Routines-Based Interview (RBI);- Child and Family Assessment
2. Functional child and family Individualized Family Service Plan (IFSP) outcomes; and
3. Routines-based home visits (Getting Ready Approach)

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

The RBI is a semi-structured interview (McWilliam, 2010) during which the family describes their day to day life in terms of their child and family's function, what's going well and what's not, DEC Recommended Practice - A7. Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.

Functional IFSP outcomes (Boavida et al., 2014) are based on child participation within everyday routines (child outcomes), and family perceived needs – housing, education, medical resources, etc. (family outcomes). DEC Recommended Practice - F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Routines-based home visits are accomplished via the Getting Ready Approach which is a relationally based parent engagement intervention promoting school and social readiness for young children from birth to age 5 (Sheridan et al., 2008; Sheridan et al., 2010). It has been implemented effectively in the context of home visitation services. Grounded in ecological theory, it focuses on strengthening collaborative partnerships between early childhood professionals and parents. DEC Recommended Practices - INS13. Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.

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

The improvement strategies, as a unified set, are referred to as a "routines-based early intervention" (RBEI) approach. Nebraska expects to see a positive effect on the SiMR when EI teams (1) fully implement an evidence-based child and family assessment (RBI); (2) use the priorities identified during the RBI to develop functional child and family IFSP outcomes based on everyday routines; and (3) implement routines-based home visits focused on meeting the child and family IFSP outcomes. Child outcomes will improve because all 3 strategies are based on evidence about how young children learn - from everyday learning opportunities and with the people/materials/environment that are most familiar to them. EI personnel are trained and approved in the 3 practices through a standardized process including trained facilitators, coaching for approval according to a checklist which is also used to determine annual fidelity. Therefore, once training and approval has occurred, improvements in child outcomes can be attributed to the practices which are implemented in a consistent way. Nebraska also chose to use Indicator C4B as a benchmark for the SiMR. The Co-leads believe that taken together, the three improvement strategies of the SSIP will increase families' perceptions of their ability to effectively communicate their children's needs.

All regions in the state have been trained in all 3 strategies as of November 2024. Coaching about these strategies across the state has demonstrated their interrelatedness. Quality RBI's promote family-professional relationships and an understanding of family culture, priorities and desired child skills within their unique routines. This information shapes a quality family-driven IFSP which then guides routines-based home visits. The child and family outcomes define the individual routines that lead the home visit and allow for the family to take on a leading role in their child's development and learning, including data collection that fits everyday child learning opportunities. Quality routines-based home visits promote meeting of individual IFSP outcomes on a regular basis, ongoing child and family assessment (including annual RBIs) to inform future IFSPs, and effective family-professional partnerships.

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

For the 7 cohort PRTs: RBI - RBI Implementation Checklists documenting 85% accuracy or better are completed by RBI approved coaches at both initial approval and annually for fidelity; functional IFSP child and family outcomes - annual analysis of the quality and quantity of IFSPs using the state's IFSP Quality Outcome Checklist; Quality routines-based home visits - Home Visit Implementation Checklist documenting state determined 80% are completed by Home Visit approved coaches at both initial approval level and annually for fidelity.

**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.**

Data from the IFSP Outcome Analysis conducted annually demonstrates growth across all cohorts since baseline in both quantity and quality indicators. However, analysis of the quantitative data shows that five of the seven pilot regions showed a decrease in the mean number of child outcomes from the 2023 data to the 2024 data. The Qualitative data shows that two regions demonstrated a decrease in the mean scores of child level IFSP outcomes. Following 2024 RBI Boot Camp trainings, providers, services coordinators, and families are asked to complete an evaluation. Data from the evaluations are overall favorable and support the continuation of the practice. Specifically, data from the RBI Boot Camp evaluations indicate that as a result of the training, participants feel prepared to complete Routines Based Interviews. When providers and services coordinators were asked the question "Are you confident that you can successfully complete an RBI?" 80% of the participants answered "yes". 98% would recommend the boot camp to others. One participant stated, "The Boot camp provides lots of hands-on experiences to help us learn how to successfully complete an RBI." After participating in the interview, families were asked if they thought the interview helped them to identify their priorities for their child, 96% of families said that it did. Additionally, 100% of families said they would recommend the RBI to others. One family shared "I would recommend the RBI to other families because parents like myself just want to be heard, understood, and helped". One possible concern from EI providers and services coordinators about the RBI process is that the interview questions can be too personal. Family participants were asked if they thought the questions were too personal, One family shared "Not too personal. I think it is necessary so they can better connect with you and help your family appropriately."

Following the Getting Ready Approach trainings in 2024, providers and services coordinators are asked to complete an evaluation. Feedback was sought following each training, and because of repeated requests for more hands-on activities to practice Getting Ready implementation, the training was revised from 1 day to 1 ½ days to allow for role playing the main components, a practice that is based on evidence about adult learning. Comments from participants since making this change have consistently validated the time for practice and the value of the trainers facilitating those opportunities. Based on the evaluations, participants do express more positive reactions to the training and therefore increased buy-in. Using retrospective ratings, the providers who participated in the trainings offered in 2024, scored their knowledge of practices to support quality home visitation at an average of 4.3 on a scale of 1-6. Services Coordinators from the same trainings scored their knowledge of practices to support quality home visitation at an average of 5.2 on the 1-6 scale. Further, providers and services coordinators noted that the effect of Getting Ready implementation would be: "More family engagement will always help children have better outcomes and I feel like the Getting Ready Approach does facilitate family and parent engagement."

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

Next steps for the RBI:

(a) continue with annual fidelity checks for RBI; (b) offer an RBI 101 training for EI providers who do not need to be approved in the RBI but will be trained and approved in quality routines-based home visits; (c) an overview training of the RBI will be made available to interpreters to be utilized during the RBI process to assist them in gaining a better understanding of the child and family assessment procedure. (d.) TA providers will continue to encourage regions to offer RBI refresher trainings to improve practices. The refresher trainings will be tailored to meet the needs of each individual PRT. (e.)

Functional IFSP Outcomes: an annual analysis of cohort IFSP outcomes will be continued, using the Quality Outcomes Checklist and determining the mean number of outcomes per PRT. Anticipated outcome: cohorts will improve or maintain the level of quality and quantity as measured by the analysis. Four regions will receive more targeted support around their IFSP outcomes. The pilot TA providers are meeting with each of the four regions to develop an individual plan for each region to address the decrease in quantity/quality data related to IFSP outcomes.

Quality Routines-Based Home Visits: (a) continue with annual fidelity checks for a routines-based home visit using the Getting Ready Approach; (b) delivery of Getting Ready refreshers, i.e. shorter trainings that focus on the main components of the Approach to provide regions an opportunity to dig in to specific Getting Ready practices, understand their purpose and practice applying them such that overall partnerships with families is enhanced; 3 refreshers have been offered to date, focused on the section of the home visit meant to provide an opportunity for gathering new strengths and data related to child progress; (c) As of November 2024, all regions in the state have been trained with the last 2 just beginning to work on approval. In addition, a Getting Ready training was also offered in November for new staff from any region. Anticipated outcome: regions will have the ongoing opportunity to send new staff to a statewide training, contributing to sustainability. Initial approvals will continue for new staff, while the Getting Ready refreshers referenced in the current infrastructure improvement section above, will focus on enhancement of quality home visits such that regions participating in these new trainings will receive professional development to assist with improved application of the Approach across all families and children.

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

YES

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

Outcome data analysis: in the annual IFSP outcome analysis from the cohort PRTs, the Co-Leads look at both "quality" and "quantity." Regarding quality, the state uses a Quality Outcome Checklist to score child and family outcomes, looking for an increase in quality scores over time. Regarding quantity, the state looks for a mean number of outcomes within the range of 6-12 outcomes per IFSP, with a mix of child and family outcomes as appropriate. The state conducted the ninth annual IFSP outcome analysis for cohort 1, and the eighth annual IFSP outcome analysis for cohort 2. Regarding outcome quality, results indicated that both cohorts continue to demonstrate strong quality scores compared to their baseline data. Cohort 1 showed an average score of 4/5 (80%) for child outcomes and 2.5/3(83%) for family outcomes. Average scores for cohort 2 were 4.1/5 (82%) for child outcomes and 2.7 (93%) for family outcomes.

Regarding quantity, results for both cohorts indicated that all regions demonstrated significant improvement in the mean number of IFSP child and family outcomes when compared to baseline. In cohort 1, all regions had a mean number within the expected range with a mean number of 7.3 (a decrease over last year's mean of 8.5.) In cohort 2, all but one region had a mean number of outcomes in the expected range. The mean number of outcomes for the cohort was 6.4 (a decrease in last yrs mean of 6.9).

The state RBEI coordinators continue to provide targeted technical assistance (TA) and training to the cohorts to ensure continued improvement in quality and quantity of IFSP outcomes.

Fidelity: Annual fidelity evaluation data for each cohort remains stable.

Annual Part C Family Survey: The responses to questions in the family survey related to the implementation of the 3 coherent improvement strategies continue to show a high level of statewide implementation of RBEI practices with families receiving early intervention services.

This data supports the decision not to make revisions to the SSIP.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Stakeholder Involvement: Nebraska regularly seeks input from stakeholders when establishing policy, regulation or implementation strategies. Specific to the development of the State Performance Plan and Annual Performance Report, Nebraska has established a broad based stakeholder group. The group includes representatives of parents, school district Directors of Special Education, special education staff, early childhood programs, Routines Based Early Intervention (RBEI) technical assistants, higher education, services coordination, Head Start, Health and Human Services, community agencies, early intervention service providers, court system, psychologists, early childhood special education, and the medical field. This group has met periodically throughout the past year and will continue meeting to establish/review targets and performance as indicated in the SPP/APR and the development and implementation of the State Systemic Improvement Plan (SSIP). Thus far the Stakeholders have reviewed historical data around each of the indicators and established targets for each of the indicators. Additionally, the Stakeholders assisted the Co-leads in establishing the State Identified Measurable Result (SIMR). Stakeholders provided guidance and input on activities and evaluation measures of the SSIP. In addition to the Stakeholder group established specifically for the purpose of gathering input on the SSIP and SPP/APR, Nebraska also obtains input from the Early Childhood Interagency Coordinating Council (ECICC). The Council regularly discusses the SPP/APR and provides input on the targets and strategies contained therein. ECICC will continue to be utilized for input on the development of the SSIP and the SIMR. Recently, the EDN co-leads engaged in several activities to recruit new and diverse parents to our stakeholder groups. We solicited local early intervention programs with historically underserved populations to find diverse parents. The public is able to inquire about becoming a Part C stakeholder by visiting the EDN website and apply to join the RDA stakeholder team by visiting the following link: <https://edn.ne.gov/cms/rda-stakeholders-group>

The stakeholders were asked to provide input on the following topics which were presented as part of the meeting:

Dr. Lisa Knoche presented at the RDA Stakeholder meeting on the status of her 5-year project, Coaching in Early Intervention, and asked for input about what resources and supports are needed for local PRTs to take initial steps to utilize coaching for sustainability. The RBEI Coordinators, Janice Lee and Tina Kilgore, described the use of the CEI training, tools, coaching data and lessons learned to deliver the first EDN supported coach training in the spring of 2024, as was recommended by the stakeholders in 2023. Janice and Tina also described the status of the 3 evidence-based improvement strategies, the RBI, functional IFSP outcomes, and quality routines-based home visits, which will be fully implemented across the state once the final 2 regions have completed approval in the coming months. Stakeholders expressed continued support of the coaching activities as a means of building coaching infrastructure at the local level, and providing sustainability of the 3 improvement strategies.

The SPED director and student services supervisor from PRT 6, Michele Rayburn and Holli Lovegrove, described the specific PRT-funded efforts and positive results across EI teams within their region. PRT 6 participated in a region wide team self-assessment (SA), as did a number of other regions in

the state, which yielded a profile of the team's strengths and opportunities for action with respect to EI best practices. The SA is facilitated by the regional TA and assists regions in planning for training and data utilization to improve EI services. In addition, a parent of a child with a disability, her family's services coordinator and another services coordinator, all from PRT 6, described successful experiences with the IFSP when the parent is supported to identify priorities for outcomes from the RBI, and who participates in collaborative home visits with the services coordinator and EI providers. This presentation highlighted what can be achieved when the 3 improvement strategies are used by EI teams as an overall integrated approach. The stakeholders provided positive feedback and supported the professional development opportunities that promote Routines Based Early Intervention.

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

In October 2024 we engaged in a hybrid stakeholder meeting with families allowed to attend via zoom if needed to accommodate their schedules. In advance of these meetings, we engaged in several activities to ensure the parent voice was appropriately captured. The EDN co-leads participated in active parent recruitment with all local early intervention programs. We additionally targeted local programs with higher numbers of historically underserved populations to ensure a diverse parent stakeholder make up. Personal contacts and invitations were made with all new parent recruits including ICC parent members. We additionally offered parents stipends to assist with any lost wages and child care to ensure participation. The co-leads also engaged with PTI Nebraska and the University of Nebraska Monroe Meyer Institute, a disability advocacy center, to cohost and facilitate an orientation meeting with the stakeholder parents one week prior to the meeting to provide an overview of the SSIP and SPP-APR to ensure the parents had the appropriate context and information needed to actively participate. All stakeholders were provided copies of the meeting materials in advance of the meeting to give them time to review the data, evaluation progress, proposed targets, and improvement strategies. During the stakeholder meetings engagement strategies included participants' ability to share their input via audio or chat box. Additionally, input was solicited via open discussion.

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

NO

**Additional Implementation Activities**

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

Not applicable

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

Not applicable

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

None at this time.

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Data Source

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

#### Measurement

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

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

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 100.00%       |

### Targets

| FFY    | 2023 | 2024 | 2025 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

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

### Findings of Noncompliance Identified in FFY 2022

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 2  | 9   | 2   | 9   | 0  |

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

Through Nebraska's general supervision system additional findings of noncompliance were found as part of the related requirements within IDEA. 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. There were 9 findings of noncompliance through the related requirements.

**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 Co-Leads notified the EIS programs in writing concerning the finding(s) of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance, correctly implemented the specific regulatory requirement and ensured that the child received the services listed on the IFSP in the FFY 2022 APR. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification the EIS programs were found to be in 100% compliance.

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

The Co-Leads reviewed each individual case of noncompliance and ensured each instance of child-specific noncompliance for timely services was corrected by the local EIS program. The state ensured that the children received the services listed on the IFSP, although late. The EIS programs were required to develop and implement a Corrective Action Plan to ensure correction of noncompliance for provision of timely services within one year.

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

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 18   | 233   | 18  | 233   | 0  |

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

Through Nebraska's general supervision system additional findings of noncompliance were found as part of the related requirements within IDEA. 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. There were 233 findings of noncompliance through the related requirements.

**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 Co-Leads notified the EIS programs in writing concerning the finding(s) of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance, correctly implemented the specific regulatory requirement and ensured that the child received an evaluation, assessment, and IFSP meeting, although late, and the services listed on the IFSP in a timely manner as noted in the FFY 2022 APR. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification the EIS programs were found to be in 100% compliance in meeting the 45-day timeline.

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

The Co-Leads reviewed each individual case of noncompliance and ensured each instance of child-specific noncompliance was corrected by the local EIS program. The state ensured that each child received an evaluation, assessment, and IFSP meeting, although late, and the services listed on the IFSP in a timely manner. The EIS programs were required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year.

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

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

**Findings of Noncompliance Identified in FFY 2022**



| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 3  | 12  | 3   | 12  | 0  |

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

Through Nebraska's general supervision system additional findings of noncompliance were found as part of the related requirements within IDEA. 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. There were 12 findings of noncompliance through the related requirements.

**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:**

Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that each individual case of noncompliance was corrected and all children exiting Part C received an IFSP with transition steps and services prior to exiting Part C. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance. The requirements and appropriate documentation of transition plans for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in plan to ensure compliance. The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, were provided with appropriate transition plans documenting all necessary transition steps and services prior to the children exiting Part C.

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

The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, were provided with appropriate transition plans documenting all necessary transition steps and services prior to the children exiting Part C. Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that each individual case of noncompliance was corrected and all children exiting Part C received an IFSP with transition steps and services prior to exiting Part C. In addition, the Co-Leads reviewed additional files of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance. The requirements and appropriate documentation of transition plans for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in plan to ensure compliance.

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

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

**Findings of Noncompliance Identified in FFY 2022**

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

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

There were no findings of noncompliance in this indicator.

**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:**

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

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

**Findings of Noncompliance Identified in FFY 2022**

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 4  | 9   | 4   | 9   | 0  |

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

Through Nebraska's general supervision system additional findings of noncompliance were found as part of the related requirements within IDEA. 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. There were 9 findings of noncompliance through the related requirements.

**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*:**

In each case of noncompliance, the Co-Leads notified the EIS program in writing concerning the finding of noncompliance and the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification. The State verified that each EIS program not in compliance correctly implemented the specific regulatory requirement and ensured that all children exiting Part C received a transition conference prior to exiting Part C. Each EIS program was required to develop and implement a Corrective Action Plan. In addition, the Co-Leads reviewed files of newly-referred children for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance.

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

Each EIS program was required to develop and implement a Corrective Action Plan to ensure correction of noncompliance within one year. The Co-Leads monitored the implementation of the Corrective Action Plan. In addition, the Co-Leads reviewed additional files of children exiting Part C for assurance that compliance was met and the CAP-related processes, as well as specific regulatory requirements, were implemented. Within one year of identification each EIS program was found to be in 100% compliance. The transition conference/planning requirements for children exiting Part C will continue to be a training topic to ensure that all EIS programs correctly implement the specific regulatory requirements and have strategies in plan to ensure compliance. The state has verified that each EIS program was correctly implementing the specific regulatory requirements and ensured that all children, who had not yet exited Part C, received a transition conference prior to exiting Part C.

**Optional for FFY 2023, 2024, and 2025:**

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

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

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

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

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

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

| Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23) | Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--|---|---|---|--|
| 27   | 263   | 27  | 263   | 0  |

#### FFY 2023 SPP/APR Data

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified in FFY 2022 | FFY 2022 Data | FFY 2023 Target | FFY 2023 Data | Status | Slippage |
|--|--|---------------|-----------------|---------------|--------|----------|
| 290  | 290  |               | 100%            | 100.00%       | N/A    | N/A      |

|   |       |
|---|-------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 0.00% |
|---|-------|

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

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

|   |     |
|---|-----|
| 1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023).   | 290 |
| 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) | 290 |
| 3. Number of findings <u>not</u> verified as corrected within one year  | 0   |

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

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

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

## **12 - OSEP Response**

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

## **12 - Required Actions**

## **Certification**

### **Instructions**

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

#### **Certify**

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

#### **Select the certifier's role**

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:**

Amy Rhone

#### **Title:**

Administrator - State Special Education Director

#### **Email:**

amy.rhone@nebraska.gov

#### **Phone:**

(531) 207-9978

#### **Submitted on:**

04/21/25 9:36:34 AM

## Determination Enclosures

### RDA Matrix

# Nebraska

## 2025 Part C Results-Driven Accountability Matrix

### Results-Driven Accountability Percentage and Determination (1)

| Percentage (%) | Determination      |
|----------------|--------------------|
| 84.38%         | Meets Requirements |

### Results and Compliance Overall Scoring

| Section    | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results    | 8                      | 6             | 75.00%    |
| Compliance | 16                     | 15            | 93.75%    |

### 2025 Part C Results Matrix

#### I. Data Quality

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

|   |        |
|---|--------|
| Number of Children Reported in Indicator C3 (i.e., outcome data)                                      | 1,387  |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)                              | 1,285  |
| Percentage of Children Exiting who are Included in Outcome Data (%)                                   | 107.94 |
| <b>Data Completeness Score</b> (please see Appendix A for a detailed description of this calculation) | 2      |

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

|  |   |
|--|---|
| <b>Data Anomalies Score</b> (please see Appendix B for a detailed description of this calculation) | 2 |
|--|---|

#### II. Child Performance

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

|   |   |
|---|---|
| <b>Data Comparison Score</b> (please see Appendix C for a detailed description of this calculation) | 1 |
|---|---|

##### (b) Performance Change Over Time: Comparing your State's FFY 2023 data to your State's FFY 2022 data

|  |   |
|--|---|
| <b>Performance Change Score</b> (please see Appendix D for a detailed description of this calculation) | 1 |
|--|---|

| Summary Statement Performance | Outcome A: Positive Social Relationships SS1 (%) | Outcome A: Positive Social Relationships SS2 (%) | Outcome B: Knowledge and Skills SS1 (%) | Outcome B: Knowledge and Skills SS2 (%) | Outcome C: Actions to Meet Needs SS1 (%) | Outcome C: Actions to Meet Needs SS2 (%) |
|-------------------------------|--|--|---|---|--|--|
| FFY 2023                      | 57.68%   | 43.19%   | 54.41%                                  | 36.05%                                  | 54.00%                                   | 44.48%                                   |
| FFY 2022                      | 56.08%   | 42.56%   | 52.78%                                  | 33.96%                                  | 53.13%                                   | 46.45%                                   |

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

**2025 Part C Compliance Matrix**

| Part C Compliance Indicator (2)            | Performance (%) | Full Correction of Findings of Noncompliance Identified in FFY 2022 (3) | Score |
|--|-----------------|---|-------|
| Indicator 1: Timely service provision      | 100.00%         | YES   | 2     |
| Indicator 7: 45-day timeline               | 95.31%          | YES   | 2     |
| Indicator 8A: Timely transition plan       | 96.61%          | YES   | 2     |
| Indicator 8B: Transition notification      | 100.00%         | N/A   | 2     |
| Indicator 8C: Timely transition conference | 93.22%          | YES   | 2     |
| Indicator 12: General Supervision          | 100.00%         | YES   | 2     |
| Timely and Accurate State-Reported Data    | 94.44%          |   | 1     |
| Timely State Complaint Decisions           | N/A             |   | N/A   |
| Timely Due Process Hearing Decisions       | N/A             |   | N/A   |
| Longstanding Noncompliance                 |                 |   | 2     |
| Programmatic Specific Conditions           | None            |   |       |
| Uncorrected identified noncompliance       | None            |   |       |

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

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

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

## Appendix A

### I. (a) Data Completeness:

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

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

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



## Appendix B

### I. (b) Data Quality:

#### Anomalies in Your State's FFY 2023 Outcomes Data

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

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

|                  |                                      |
|------------------|--------------------------------------|
| <b>Outcome A</b> | <b>Positive Social Relationships</b> |
| <b>Outcome B</b> | <b>Knowledge and Skills</b>          |
| <b>Outcome C</b> | <b>Actions to Meet Needs</b>         |

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

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

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

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

| <b>Data Anomalies Score</b> | <b>Total Points Received in All Progress Areas</b> |
|-----------------------------|--|
| 0                           | 0 through 9 points                                 |
| 1                           | 10 through 12 points                               |
| 2                           | 13 through 15 points                               |

# Anomalies in Your State's Outcomes Data FFY 2023

|   |       |
|---|-------|
| Number of Infants and Toddlers with IFSP's Assessed in your State | 1,387 |
|---|-------|

| Outcome A — Positive Social Relationships | Category a | Category b | Category c | Category d | Category e |
|---|------------|------------|------------|------------|------------|
| State Performance                         | 26         | 459        | 303        | 358        | 241        |
| Performance (%)                           | 1.87%      | 33.09%     | 21.85%     | 25.81%     | 17.38%     |
| Scores                                    | 1          | 1          | 1          | 1          | 1          |

| Outcome B — Knowledge and Skills | Category a | Category b | Category c | Category d | Category e |
|----------------------------------|------------|------------|------------|------------|------------|
| State Performance                | 12         | 546        | 329        | 337        | 163        |
| Performance (%)                  | 0.87%      | 39.37%     | 23.72%     | 24.30%     | 11.75%     |
| Scores                           | 1          | 1          | 1          | 1          | 1          |

| Outcome C — Actions to Meet Needs | Category a | Category b | Category c | Category d | Category e |
|-----------------------------------|------------|------------|------------|------------|------------|
| State Performance                 | 19         | 481        | 270        | 317        | 300        |
| Performance (%)                   | 1.37%      | 34.68%     | 19.47%     | 22.86%     | 21.63%     |
| Scores                            | 1          | 1          | 1          | 1          | 1          |

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

|                      |   |
|----------------------|---|
| Data Anomalies Score | 2 |
|----------------------|---|

## Appendix C

### II. (a) Data Comparison:

#### Comparing Your State's 2023 Outcomes Data to Other States' 2023 Outcome Data

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

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

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

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

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

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

#### Your State's Summary Statement Performance FFY 2023

| Summary Statement (SS) | Outcome A: Positive Social Relationships SS1 | Outcome A: Positive Social Relationships SS2 | Outcome B: Knowledge and Skills SS1 | Outcome B: Knowledge and Skills SS2 | Outcome C: Actions to meet needs SS1 | Outcome C: Actions to meet needs SS2 |
|------------------------|--|--|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| Performance (%)        | 57.68%                                       | 43.19%                                       | 54.41%                              | 36.05%                              | 54.00%                               | 44.48%                               |
| Points                 | 1  | 1  | 0                                   | 1                                   | 1                                    | 1                                    |

|                                 |   |
|---------------------------------|---|
| Total Points Across SS1 and SS2 | 5 |
|---------------------------------|---|

|                                    |   |
|------------------------------------|---|
| Your State's Data Comparison Score | 1 |
|------------------------------------|---|

## Appendix D

### II. (b) Performance Change Over Time:

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

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

#### Test of Proportional Difference Calculation Overview

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

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

e.g.,  $C3A \text{ FFY2023\%} - C3A \text{ FFY2022\%} = \text{Difference in proportions}$

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

$\text{Sqrt}[(\text{FFY2022\%} * (1 - \text{FFY2022\%}) / \text{FFY2022N}) + ((\text{FFY2023\%} * (1 - \text{FFY2023\%}) / \text{FFY2023N})] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2022 to FFY 2023

1 = No statistically significant change

2 = statistically significant increase from FFY 2022 to FFY 2023

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

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

| Summary Statement/<br>Child Outcome          | FFY 2022 N | FFY 2022 Summary Statement (%) | FFY 2023 N | FFY 2023 Summary Statement (%) | Difference between Percentages (%) | Std Error | z value | p-value | p<=.05 | Score:<br>0 = significant decrease;<br>1 = no significant change;<br>2 = significant increase |
|--|------------|--------------------------------|------------|--------------------------------|------------------------------------|-----------|---------|---------|--------|---|
| SS1/Outcome A: Positive Social Relationships | 1,111      | 56.08%                         | 1,146      | 57.68%                         | 1.60                               | 0.0208    | 0.7690  | 0.4419  | NO     | 1   |
| SS1/Outcome B: Knowledge and Skills          | 1,205      | 52.78%                         | 1,224      | 54.41%                         | 1.63                               | 0.0202    | 0.8063  | 0.42    | NO     | 1   |
| SS1/Outcome C: Actions to meet needs         | 1,039      | 53.13%                         | 1,087      | 54.00%                         | 0.87                               | 0.0216    | 0.4038  | 0.6863  | NO     | 1   |
| SS2/Outcome A: Positive Social Relationships | 1,337      | 42.56%                         | 1,387      | 43.19%                         | 0.63                               | 0.0190    | 0.3315  | 0.7403  | NO     | 1   |
| SS2/Outcome B: Knowledge and Skills          | 1,337      | 33.96%                         | 1,387      | 36.05%                         | 2.09                               | 0.0183    | 1.1450  | 0.2522  | NO     | 1   |
| SS2/Outcome C: Actions to meet needs         | 1,337      | 46.45%                         | 1,387      | 44.48%                         | -1.96                              | 0.0191    | -1.0286 | 0.3036  | NO     | 1   |

|                                 |   |
|---------------------------------|---|
| Total Points Across SS1 and SS2 | 6 |
|---------------------------------|---|

|                                       |   |
|---------------------------------------|---|
| Your State's Performance Change Score | 1 |
|---------------------------------------|---|

**Data Rubric**  
**Nebraska**

FFY 2023 APR (1)

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

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

**APR Score Calculation**

|   |    |
|---|----|
| <b>Subtotal</b>   | 14 |
| <b>Timely Submission Points</b> - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right. | 5  |
| <b>Grand Total</b> - (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<br>Due Date: 7/31/24 | 1      | 1             | 0                 | 2     |
| Exiting Due Date:<br>3/5/25               | 1      | 1             | 1                 | 3     |
| Dispute Resolution<br>Due Date: 11/13/24  | 1      | 1             | 1                 | 3     |

**618 Score Calculation**

|                                       |       |
|---------------------------------------|-------|
| Subtotal                              | 8     |
| Grand Total (Subtotal X 2.11111111) = | 16.89 |

**Indicator Calculation**

|  |        |
|--|--------|
| A. APR Grand Total   | 19     |
| B. 618 Grand Total   | 16.89  |
| C. APR Grand Total (A) + 618 Grand Total (B) =                 | 35.89  |
| 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   |
| <b>Denominator</b>   | 38.00  |
| D. Subtotal (C divided by Denominator) (3) =                   | 0.9444 |
| E. Indicator Score (Subtotal D x 100) =                        | 94.44  |

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

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



## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

### SPP/APR Data

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

### Part C 618 Data

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

| 618 Data Collection            | EDFacts Files/ EMAPS Survey               | Due Date   |
|--------------------------------|---|------------|
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS  | 7/31/2024  |
| Part C Exiting                 | FS901                                     | 3/5/2025   |
| Part C Dispute Resolution      | Part C Dispute Resolution Survey in EMAPS | 11/13/2024 |

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

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

## Dispute Resolution

### IDEA Part C

Nebraska

Year 2023-24

#### Section A: Written, Signed Complaints

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

#### Section B: Mediation Requests

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

#### Section C: Due Process Complaints

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

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

Nebraska

These data were extracted on the close date:

11/13/2024



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

### How the Department Made Determinations

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

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

400 MARYLAND AVE. S.W., WASHINGTON DC 20202-2600

[www.ed.gov](http://www.ed.gov)

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