

# 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

Nevada



**PART C DUE**  
**February 3, 2025**

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Nevada Department of Health and Human Services IDEA Part C Office, as Nevada's Lead Agency (LA) for the statewide early intervention (EI) system, works diligently with key stakeholders, including the State Interagency Coordinating Council (ICC), in the yearly development of the State Performance Plan / Annual Performance Report (SPP/APR). The SPP/APR serves as both a progress report for Nevada's EI system and as a report for the State's stakeholders. The State of Nevada's IDEA Part C FFY 2023 SPP/APR covers the timeframe from July 1, 2023 through June 30, 2024. This timeframe is Federal Fiscal Year (FFY) 2023, State Fiscal Year (SFY) 2024.

Provided here is an overview of Nevada's annual performance/indicator results and systems that are in place to ensure compliance with IDEA Part C requirements and purposes.

#### FFY 2023 Indicator Results

Indicator 1. Timely Provision of Services: Did not meet target; Slippage  
Target: 100%, FFY 2022 data: 86.36%, FFY 2023 data: 57.62%

Indicator 2. Services in Natural Environments: Met target; No slippage  
FFY 2022 data: 99.21%, FFY 2023 Target: 98.66%, FFY 2023 data: 99.06%

Indicator 3. Child Outcomes: Did not meet target; No slippage

#### 3 A1. Met target; No 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  
FFY 2022 data: 79.62%, FFY 2023 Target: 70.02%, FFY 2023 data: 76.14%

#### 3 A2. 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  
FFY 2022 data: 28.07%, FFY 2023 Target: 40.34%, FFY 2023 data: 29.91%

#### 3 B1. Met target; No 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  
FFY 2022 data: 79.64%, FFY 2023 Target: 72.16%, FFY 2023 data: 78.03%

#### 3 B2. 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  
FFY 2022 data: 26.55%, FFY 2023 Target: 38.64%, FFY 2023 data: 30.32%

#### 3 C1. Met target; No 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  
FFY 2022 data: 77.10%, FFY 2023 Target: 66.48%, FFY 2023 data: 75.61%

#### 3 C2. 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  
FFY 2022 data: 31.12%, FFY 2023 Target: 42.10%, FFY 2023 data: 33.53%

Indicator 4. Family Involvement: Did not meet target; Slippage

#### 4 A. Did not meet target; Slippage

Percent of families participating in Part C who report that EI services have helped the family know their rights.  
FFY 2022 Data: 96.40%, FFY 2023 Target: 98.50%, FFY 2023 data: 94.55%

#### 4 B. Did not meet target; Slippage

Percent of families participating in Part C who report that EI services have helped the family effectively communicate their children's needs.  
FFY 2022 data: 93.62%, FFY 2023 Target: 97.50%, FFY 2023 data: 89.82%

#### 4 C. Did not meet target; No slippage

Percent of families participating in Part C who report that EI services have helped the family help their children develop and learn.  
FFY 2022 data: 95.00%, FFY 2023 Target: 95.50%, FFY 2023 Data: 94.61%

The demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers enrolled in the Part C program.

Indicator 5. Child Find (Birth to One): Met target; No slippage  
Number of infants birth to 1 year with IFSPs in Nevada's population of infants birth to 1 year.  
FFY 2022 data: 1.20%, FFY 2023 Target: 1.20%, FFY 2023 data: 1.34%

Indicator 6. Child Find (Birth to Three): Met target; No slippage  
Number of infants and toddlers birth to 3 years with IFSP's in Nevada's population of infants and toddlers birth to 3 years.  
FFY 2022 data: 3.20%, FFY 2023 Target: 2.97%, FFY 2023 data: 3.70%

Indicator 7. 45-Day Timeline: Did not meet target; No slippage  
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.  
FFY 2022: 96.26%, FFY 2023 Target: 100%, FFY 2023 data: 98.82%

Indicator 8. Early Childhood Transition

Indicator 8A. Did not meet target; Slippage  
Data for those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has 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.  
FFY 2022 data: 100%, FFY 2023 Target: 100%, FFY 2023 data: 93.90%

Indicator 8B. Did not meet target: Slippage or No slippage  
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 .  
FFY 2022 data: 99.76%, FFY 2023 Target: 100%, FFY 2023 data: 57.71%

Indicator 8C. Did not meet target; Slippage  
Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B.  
FFY 2022 data: 99.59%, FFY 2023 Target: 100%, FFY 2023 data: 97.15%

Indicator 9. Resolution Sessions: Reporting is not required for fewer than ten (10) instances of Dispute Resolution. NV IDEA Part C did have two (2) formal complaints during FFY 2023. One (1) of these complaints moved forward to Mediation and the Dispute was filed for Due Process Hearing, however the Dispute was resolved at a Resolution meeting and did not go forward with Due Process.

Indicator 10. Mediation: Reporting is not required for fewer than ten (10) instances of Mediation. NV IDEA Part C did have one (1) Mediation stemming from a formal complaint; the parties did not come to a mediation agreement, and the Dispute was filed for Due Process, as stated in Indicator 9. Again, the Due Process did not go forward as the parties achieved resolution at the Resolution meeting prior to Due Process Hearing.

Indicator 11. State Systemic Improvement Plan: Met target; No slippage  
FFY 2022 data: 79.62%, FFY 2023 Target: 70.02%, FFY 2023 data: 76.14%

Indicator 12. General Supervision: Did not meet target; No Slippage  
FFY 2023 Target: 100%, FFY 2023 data: 90.91%

#### **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.**

Nevada's Early Intervention (EI) services system is comprised of ten (10) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2023, the IDEA Part C Office completed comprehensive virtual monitoring for five (5) EIS programs relative to this indicator. The remaining five (5) EI programs were previously monitored in FFY 2022 and will continue on the biennial cycle. An equitable selection of records are reviewed based on the service coordinator's caseload at each program. The number of children enrolled in each program is taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data are representative of all children across the state for each year of the cycle.

Data for comprehensive monitoring are gathered through child record reviews and include all IFSPs (initial, periodic and annual reviews) throughout the reporting period. The timeframe covered for the FFY 2023 comprehensive monitoring included all activity between July 1, 2023 and March 31, 2024. Annually, comprehensive monitoring occurs during the last quarter of the fiscal year (April-June).

Data gathered for monitoring through child record reviews include all IFSPs (initial, periodic and annual reviews) within the period. The timeframe covered for the FFY 2023 comprehensive monitoring included all activity between July 1, 2023 and March 31, 2024. Annually, comprehensive monitoring occurs during the last quarter of the fiscal year (April-June).

FFY 2023 comprehensive monitoring, which occurred in April through June of 2024, was modified to accommodate the entire EI services system. Programs and the IDEA Part C Office were adapting to the implementation of the new system of record Nevada Early Intervention Data System (NEIDS) while continuing to update child records with information from legacy data systems, training and navigating NEIDS challenges. Although some items on the child record review form were removed, the critical areas and items for reporting in the Annual Performance Report (APR) indicators were left unchanged. Only those items individualized for our state were temporarily removed. The messages below appeared on distributed comprehensive

monitoring process and procedures documentation, and were provided to and reviewed with, all programs and staff during the monthly TA call in February 2024, prior to the commencement of monitoring.

NOTE: Monitoring this year will be conducted virtually via the various data platforms: NEIDS, TRAC, LYTEC or other legacy data systems. If the full child record cannot be accessed via a data platform, programs will be required to scan records to the IDEA Part C Office for review. The IDEA Part C Office will be conducting a modified Comprehensive Monitoring review as a result of the transition to the NEIDS data system during the course of the monitoring timeframe.

FFY 2024 comprehensive monitoring will be conducted in the same fashion (April through June 2025, for the period of July 2024 through March 2025) for equitability across all programs. FFY 2025 comprehensive monitoring will include all items previously monitored that had been temporarily removed for FFY 2023 and FFY 2024.

The initial criteria used in FFY 2015 for selection of programs for biennial IDEA Part C Monitoring (focused, data reporting, etc.) included the following:

Ongoing noncompliance, level (%) of noncompliance based on previous monitoring activities and/or number of findings (this includes focused monitoring, verifications and complaints);

New EIS provider agencies who have completed the first technical assistance (TA) review by the IDEA Part C Office; and

Equitable breakdown of the number of children served statewide to ensure representative selection of children for federal and state reporting.

**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.**

The Nevada IDEA Part C Office selects records for review from various Service Coordinators/Developmental Specialists to ensure all required areas are addressed (Initial IFSP, 6-Month Review, Annual IFSP Review, Transition Planning/Meeting and Exits). Nevada collects data through child record reviews.

The number of children enrolled in each program is taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data are representative of all children across the state for each year of the cycle. The review includes a minimum of 10% of enrollment for larger programs (larger programs defined as 300 or more active children and families receiving IFSP supports and services) and 20% for smaller programs (smaller programs defined as less than 300 active children and families receiving IFSP supports and services). An equitable selection of records is reviewed based on the service coordinator's caseload at each program.

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

The IDEA Part C office straddled multiple data systems for FFY 2023 monitoring and data collection during July 1, 2023 to June 30, 2024. Nevada's early intervention system began utilizing a new data system on October 20, 2023 known as Nevada Early Intervention Data System (NEIDS). Prior to this, the previous legacy data system, Tracking Children and Resources (TRAC) was used by EI programs. Further, child records were monitored from community programs' individual program data systems for the period of time up until NEIDS became active.

**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.**

To issue and correct findings (from Comprehensive Monitoring, Data Performance Report, or Focused Monitoring) the IDEA Part C Office will:

1. Compile, analyze and summarize data from the Individual Child Record Data Collection Forms.
2. Provide written response to EIS provider agencies including areas of compliance as well as findings of noncompliance or ongoing noncompliance, as appropriate.
3. Provide a Tracking Log for Individual Child Corrections including any issue(s) identified (e.g., transition planning, failure to provide Prior Written Notice (PWN)) for each individual child for each instance of identified noncompliance, as applicable. The log will also identify the action to be taken to ensure correction for each child. NOTE: If individual child correction is not possible, the program will be required to identify internal actions that will be taken to address the issue in order to prevent similar occurrences in the future (e.g., targeted review of additional records for employee, training).
4. Schedule any subsequent status reports required (i.e., monthly, quarterly, or 6-months) to be submitted by the program to the IDEA Part C Office.

Personnel designated by the provider agency will meet with the assigned IDEA Part C Office Program Liaison following the receipt of the program's Comprehensive Monitoring Response Letter or TRAC/NEIDS Data Performance Report to develop a Corrective Action Plan (CAP) for areas of identified noncompliance that did not achieve a level of substantial compliance (94% and below) and any area that was not corrected in a timely manner (identified as ongoing noncompliance). The provider agency's CAP(s) must include interim improvement targets for any area with ongoing noncompliance. The program must still work to achieve full compliance (100%). Any area(s) identified as substantially compliant (95% or above) will not be required to be included in the CAP(s) unless the program chooses to do so.

The EIS provider agency meeting with the IDEA Part C Office Program Liaison to develop the CAP will be conducted within 30 days from IDEA Part C Office's issuance of findings and will include:

Development of a written CAP that identifies:

1. underlying causes of the identified noncompliance;
2. activities reasonably calculated to ensure correction of the noncompliance;
3. individual(s) responsible for ensuring the activities are implemented;
4. timelines for evaluating the effectiveness of the specified activities and incremental targets for improvement to ensure timely correction of the noncompliance; and
5. development of a Training and Technical Assistance (TA) Plan to support the successful implementation of the CAP activities.

**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).**

EIS provider agencies have the opportunity to provide supporting documents to the Nevada IDEA Part C Office for individual child records with identified areas of noncompliance no later than two (2) working days from the last day of program onsite/virtual comprehensive monitoring. If program comprehensive monitoring is occurring virtually, questions or concerns will be emailed throughout the days of comprehensive monitoring and/or at the end of each day by the IDEA Part C Team. Any documentation of correction received more than two (2) working days after the last day of comprehensive monitoring will be used for timely or subsequent correction.

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

Nevada's IDEA Part C hierarchy of sanctions from least to most severe include:

1. Corrective Action Plan (CAP): Completed by the Program, includes action steps, timelines and resources needed. As a result of finding(s) from: Comprehensive Monitoring, TRAC/NEIDS Data Performance Report, Complaint/Dispute Resolution, Self-Assessment, Finding made on a related requirement (e.g., as part of Focused Monitoring).
2. Directed Corrective Action Plan: Developed by IDEA Part C staff with the provider/program, includes required action steps that will include technical assistance. This may be used as a result of receiving a: Focused Monitoring on one of the priority indicators; Determination of "Needs Intervention," or findings of noncompliance.
3. Compliance Agreement: Includes a Directed Corrective Action Plan with quarterly reporting requirements. This may be used as a result of receiving a: Determination of "Needs Substantial Intervention" or findings for substantive noncompliance.
4. Withhold Payment and/or Referrals: Payments and/or referrals may be reduced, limited or withheld until the provider agency follows through with corrective action. This may be used as a result of: Not implementing action items on a CAP or not providing requested information; Ongoing noncompliance; Substantive failure to meet IDEA Part C requirements.
5. Recoup funds: Funds may be recouped or may be recommended for recoupment for a specified period of time. This may be used as a result of: A U.S. DHHS Office of Inspector General (OIG) / Office of Special Education Programs (OSEP) report; Fraud; Improper or erroneous payment; Substantive failure to meet IDEA Part C requirements.
6. Civil Monetary Penalty (fines): Made in accordance with IDEA Part C guidelines. This may be used as the result of: Significant noncompliance; Substantial failure to correct.
7. a) Community Monitor Assigned: Onsite consultant selected by the IDEA Part C Office, that the provider agency is required to fund for a specified period of time. This may be used as a result of: Widespread noncompliance; Determination of "Substantial Needs Intervention" for 2 years.  
b) Recommendation to suspend or revoke an individual's professional licensure: Contact the licensing body, Nevada Department of Education (NRS 391.330) or IDEA Part C Office. This may be used as a result of: Pattern of issues, such as documented longstanding noncompliance despite technical assistance and corrective action (e.g., persistent, intentional violation).
8. MOU/Provider Agreement Modification: Recommendation for a reduction in term. This may be used as the result of: Pattern of noncompliance; Pattern of failure to correct.
9. Termination of Agreement Recommendation regarding agreements, which may be ended with a 30-day notice. This may be used as the result of: Substantial and longstanding failure to correct; a Determination of "Substantial Needs Intervention" for 3 years; longstanding and widespread noncompliance with failure to correct.

**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.**

Each EIS provider agency will receive their Annual Report Card and be notified of their Determination status relative to the previous fiscal year, no later than 120 days following APR submission.

A program may receive credit for correction or improvement in an indicator based on the following criteria:

1. Initial year for correction of noncompliance only: If the program has demonstrated full correction in the indicator from the previous year, equal points received for noncompliance will be credited back to the program.
2. Initial year for correction of noncompliance only: If there has been improvement of at least one (1) percentage point in the indicator from the previous year, one (1) point will be credited for the indicator.

Note: If the program is in the second year or more of noncompliance, a point will not be credited even if the program has demonstrated improvement. (The rationale behind this is based on federal and state requirements which states correction must be reached within one (1) year of issuance of a finding).

Meets Requirements: 0-2 points

Needs Assistance: 3-6 points

Needs Intervention: 7-10 points

Needs Substantial Intervention: 11+ points

Determination status percentage is based on the number of points in each compliance or performance indicator.

95%+: 0 points

75-94%: 1 point

60-74%: 2 points

59% or below: 3 points

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

<https://dhhs.nv.gov/Programs/IDEA/Publications/>

**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.**

TA in Nevada's EI system is intentional in modeling after the Early Childhood Technical Assistance (ECTA) Center's definition that "effective technical assistance (TA) is a collaborative, coordinated effort to facilitate change in systems, build capacity, improve practices, and reach agreed-upon outcomes. Specifically, effective TA provides a pathway to improvement through activities and materials that promote new behaviors, practices, beliefs, and understandings of staff in the systems served."

During FFY 2023, Nevada's IDEA Part C Office received TA on a monthly basis or as needed from OSEP Leads and OSEP-funded national TA Centers such as Center for IDEA Fiscal Reporting (CIFR), ECTA, Early Childhood Personnel Center (ECPC) and the Center for IDEA Early Childhood Data Systems (DaSy) on various topics such as general supervision, corrective action/dispute resolution, grant application/management, and data collection. Further, the IDEA Part C Office completed OSEP's discovery phase and onsite Differentiated Monitoring Services and Supports (DMS). The IDEA Part C Office had received ongoing TA from OSEP, CIFR and ECTA in preparation for the onsite visit during November 2023. The state of Nevada IDEA Part C Office made it a habit to take the TA from these entities and work to be sure the TA items were disseminated to the system. Examples of TA examination and dissemination included discussions regarding the transition supports and services during the DMS 2.0 onsite visit. As a result of this specific TA, Nevada IDEA Part C Office immediately worked to rectify any ambiguities on the public website, within the new portal NEIDS, and in the NEIDS user guide. During Nevada's onsite DMS 2.0 visit the IDEA Part C also received TA regarding the timelines for quarterly public data availability and issuing timely program corrections based on those data. Nevada IDEA Part C has worked to adhere to the schedule of data production as well as making it a topic of discussion during internal strategic planning. Pending the receipt of the final DMS 2.0 report, Nevada continues to identify areas that need to be strengthened and works to implement strategies for improvement. Nevada consistently reaches out to available TA centers in times of need. For instance, during a case of Mediation, the IDEA Part C Coordinator reached out to address issues that had arisen in the fiscal process regarding payment for a mediator. Historically, Nevada has received TA on Maintenance of Effort (MOE) and shares the TA with state and division administration as necessary. New topical information from the TA centers are shared with program management and staff through email notification, NEIDS

announcements, and during monthly TA calls, based on urgency and end user need. In the FFY 2024 period, the IDEA Part C staff attended several TA webinars regarding the Indicator 12: General Supervision data reporting expectations. These expectations were provided to and discussed with the ICC in the public meetings following these TA sessions.

The IDEA Part C Office provides regular TA to all state and community EI programs via virtual meetings as well as individual program calls and emails as applicable. The IDEA Part C Office hosts monthly TA calls with management from all EI service provider agencies throughout Nevada, however all EI staff are welcome. Topics and trainings are selected based on system needs or questions from programs, and clarification includes references to IDEA regulations and evidence-based practices/scientific evidence current in the field of early intervention, such as the DEC Recommended Practices (RP). Ongoing standing agenda items for monthly TA statewide meetings also include topics of complaint/concerns, family engagement, diversity, equity and inclusion (DEI) and self-care/mental health supports for EI personnel.

TA is provided to all EI programs as part of onboarding, and as requested or required as the need arises, such as if there are concerns from families or program personnel on EI services. The IDEA Part C Office will often reference DEC RPs to improve the Nevada EI system. The IDEA Part C Office has participated in the National/International DEC and Early Childhood Technical Assistance (ECTA) RP (aRPy) Ambassador Program, with one of the Clinical Program Planner I Program Liaisons serving as an aRPy Ambassador from 2023 to present. The aRPy Ambassador program serves to illuminate participating countries, states and territories regarding best practices to educate on DEC's RPs.

The IDEA Part C Office provides TA according to OSEP's guidance on providing services to individuals with disabilities. TA topics included Nevada Early Intervention Data System (NEIDS) updates, IFSP service methods such as individual, co-treat and telehealth; complaint/dispute resolution; family engagement during times of critical staff shortages; translation services and legislative budget information applicable to EI programs.

All EI programs also have an assigned IDEA Part C Liaison from the Nevada IDEA Part C Team. Liaisons provide additional TA as needed by programs in individualized program meetings, emails, phone calls and trainings. Nevada IDEA Part C Office has four (4) Program Liaisons who are the direct point of contact between the program and the IDEA Part C Office for any questions or concerns on IDEA Part C regulations and best practices.

Information and resources are emailed to program managers frequently as information arises generally on a monthly basis including professional development opportunities, webinars and training resources to support program improvement, and higher education opportunities including grant or scholarship information for institutions of higher education (IDE).

The IDEA Part C Office facilitates a lending library with resources for EI providers and families, with evidence-based content available in books.

The Nevada IDEA Part C Coordinator participated in the Infant and Toddler Coordinator's Association as a director at large board member, with opportunities to learn about OSEP's initiatives and policies and to support Nevada and other states in understanding these initiatives and policies.

#### **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.**

Nevada Early Intervention Professional Development Center (PD Center):

During FFY 2023, there were 20 graduates from Cohort 1 Developmental Specialist (DS) Series. These graduates earned their IDEA Part C Alternative Certification which meets the licensure requirements for this position. For context regarding the ongoing professional development for personnel, another 20 Learners graduated during August 2024, and another 20 Learners are expected to graduate during April 2025 and September 2025.

The PD Center continues to benefit Learners in maintaining their positions at no cost to participants, and this positively impacts their combined caseloads in terms of timely delivery and quality of services. The PD Center is looking forward to providing additional professional development options for EI system personnel, families and community stakeholders. The IDEA Part C Office has presented to other states and at conferences on the Grow Your Own initiative through the PD Center.

Pyramid Model efforts slowed while programs experienced turnover and worked to address personnel shortages, as it is essential that the system train, onboard and retain new personnel in order to carry out Pyramid Model and other social-emotional initiatives. The Pyramid Model e-modules remain as a required PD course for all new hires within one year of employment, and ongoing are required every two years. All other Pyramid Model initiatives remain optional for programs, such as Pyramid Model scale up, and enrolling in infant/early childhood mental health trainings.

Other Professional Development Activities:

Other professional development activities include trainings provided by the IDEA Part C Office or in collaboration with ADSD Quality Assurance (QA), EI programs, and programs in the community or at local, state and national levels through webinars, ICC meetings, and conferences.

#### **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.**

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and

strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendaized for January 2025 and did not occur prior to certification of the FFY 2023 APR. On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

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

YES

**Number of Parent Members:**

2

**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.**

Parent ICC members participated in ICC meetings during FFY 2023. However, during the January 2025 ICC meeting, no parent members were a part of the council as the previous ICC parent members had left their council positions. Recruitment is underway to enlist parent members to the ICC.

**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.**

Activities included the annual Family Survey, ICC meetings, and professional development. The annual family survey is sent out every late winter to collect data regarding EI services in Nevada. As part of the EI survey the IDEA Part C data are collected to analyze the diversity of respondents. These data were discussed with the ICC in order to increase representativeness of respondent families statewide.

Families of children with disabilities were included as guest speakers in the PD series of coursework. Parents and families of infants and toddlers with disabilities were included in a two-part course regarding feeding strategies to work with their child who has feeding difficulties. This course directly impacted the capacity of families to address the needs of their children and to grow their skills in this service area while working alongside professionals in the DS series. There were times during the courses provided for question and answers for those attending with specific questions related to the strategies. This allowed those families in attendance to bolster their skills as well as to hear questions from attending DS professionals. There were more than one hundred family members and professionals in attendance, making the two-part training the largest training provided through the PD Center.

In December 2024 the PD Center conducted a course in Autism Treatment Assistance Program (ATAP) for families and professionals. Half of those in attendance were families receiving EI services, with the other half comprised of EI professionals. The purposes of the course were: parent empowerment, overview of ATAP, and review of available services provided by ATAP.

**Soliciting Public Input:**

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

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing strategies, and evaluating progress occurred as follows during this FFY 2023 reporting period:

January 2023: Discussed with ICC the finalized targets which were set for FFY 2020 to 2025, and the opportunity to review annually and modify these as needed. The ICC did not modify the targets for the FFY 2022 APR/SPP. During December 2024, the targets were reviewed for the FFY 2023 APR/SPP by the ICC and the decision was made not to alter the targets without further discussion. Targets were agendaized for January 2025, but the agenda item was not discussed by the Nevada ICC at that time.

Mechanisms for public input include public meetings, in-person and virtual comments, and email.

Mechanisms for developing improvement strategies include collaboration with EI programs, the ICC and PD Work Group strategic planning.

Mechanisms for evaluating progress include public meeting, in-person and virtual comments, public survey and stakeholder interviews through an EI system study initiated by ADSD during 2023, with review of this system study during 2024 ICC meetings, and stakeholder interviews conducted by the system study vendor Health Management Associates (HMA), with the draft system study report publicly shared during the January 29, 2024 quarterly ICC meeting.

Data analyses, developing improvement strategies and evaluating progress occur regularly during quarterly ICC meetings for program level quarterly service data as available for referrals, timely services, and natural environment, with more in-depth analyses and review for annual performance report data occurring annually.

**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 APR is posted to the Nevada IDEA Part C website annually in February following the ICC Certification and a second time in July following the clarification period and including the OSEP Determination Enclosures. The APR is posted on the website in its draft form for the ICC review as a part of

the meeting materials packet in January annually. The OSEP State Determination Letter is also posted as a single item annually on the website.

Quarterly the ICC receives data used to develop the APR. These data are posted publicly as the Yellowbar Report within the quarterly meeting packets. These excel data reports and tables are difficult and time consuming to remediate for 508 compliance and are being reviewed to reformat for public accessibility.

Nevada Open Meeting Law (OML) includes requirements for timeliness of posting agendas, meeting packets and materials, minutes, and meeting recordings. The Nevada IDEA Part C Office holds all public meetings in accordance with the OML. The OML provides for public comment to occur at the beginning and end of each public meeting, and before decisions are acted upon by the ICC but after presentation and discussion of the items. Members of the public are encouraged to make public comment regarding agenda items, data, timelines, and concerns regarding EI. During the FFY 2023 period a system study was conducted, and the results were shared at an ICC meeting as well as during a monthly TA call with programs. The Nevada IDEA Part C Office reviewed the final draft report, as well as provided feedback that was incorporated, and has since worked to implement strategies in the final report.

The IDEA Part C Office has worked diligently to make the website 508 Compliant for the public. This implemented improvement strategy is then immediately available to the public. To address one (1) improvement strategy being implemented in Nevada, IDEA Part C is collaborating to post internal forms on the Aging and Disability Services Division public website for a new Nevada law regarding literacy and 504 Compliance.

The Annual Family Survey report has not been publicly posted as a standalone item on the website since 2019. The Nevada IDEA Part C Office is reimplementing timeline expectations for data analysis and report creation and posting. The Annual Family Survey results and report will be publicly posted in summer of 2025 for the FFY 2024 Family Survey. The report will include deidentified comments and collected data for each program statewide. In order to make survey reporting more family-friendly, and to better adhere to 508 Compliance, data from the Annual Family Survey FFY 2023, specific to Indicator 4, were shared with the ICC September 11, 2024 meeting and used to create an infographic for the ICC meeting in December 2024. The infographic was then incorporated into the FFY 2024 Family Survey cover letter and will be distributed to families in spring of 2025 with the annual survey collection tool.

Program Report Cards and Determination Status are posted on the IDEA Part C website for public access according to federal timelines.

Finally, the Nevada IDEA Part C Theory of Action is available on the website for public access.

#### **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.**

Nevada's FFY 2022 SPP/APR is posted on the Nevada Department of Health and Human Services (DHHS) Director's Office, IDEA Part C Office website, on the Publications page, under the section State Annual Report to OSEP, at: <http://dhhs.nv.gov/Programs/IDEA/Publications/>

Additionally, FFY 2022 Report Cards with determination status for each of the early intervention service provider programs in the State are posted on the same webpage as listed, under Regional Programs Report Cards.

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

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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

The State's IDEA Part C determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2023 SPP/APR submission, due February 1, 2025, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

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

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



# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	61.90%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	96.00%	97.54%	97.52%	92.03%	86.36%

### 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
59	151	86.36%	100%	57.62%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Reasons for slippage include scheduling conflicts, increased caseloads and critical personnel shortages occurring statewide. During the reporting period, enrollment in the EI system experienced surges in case numbers (e.g., Dec 1st count FFY 2022: 3,273 children compared to Dec 1st count FFY 2023: 3,753 children; indicating an increase of 480 child records and 14.67% growth in active IFSPs statewide). These child count data appear to correlate to increases in state population size as well, which outpaced the availability of personnel to provide EI services to the growing population. One (1) program in the northern region requested a 2-week voluntary referral hold in July 2023 and one (1) program in the southern region was put on a referral hold in April 2024 as a result of identified noncompliance. The referral hold for the southern region program extended through the end of the fiscal year. As a result of the referral holds, the remaining seven (7) northern and southern programs were tasked with absorbing all of the referrals that entered the EI system through June 2024. The referral hold continued throughout the fiscal year, making an impact in both regions with an increase in enrollment numbers, on an already strained system, where increased and ongoing personnel shortages and staff turnover were taking place statewide.

Timely initiation of service issues were noted in each of the programs undergoing comprehensive monitoring for all Part C required services in every discipline across the state. Programs are required to notify the Nevada IDEA Part C Office indicating identified areas of personnel shortages and recruitment efforts. Programs adhere to this requirement with varying degrees of transparency. Critical personnel shortages continue to be an issue in Nevada’s Early Intervention Services system.

**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.*

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

Examples of family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family’s schedule or child/family illness. After accounting for services delayed due to family circumstances, it was found that 87 of the 151 child records reviewed (57.62%) had all new services initiated in a timely manner. For the 64 children who did not receive timely services, the reasons for delay include scheduling conflicts and critical personnel shortages. There were also two (2) programs across the state that were on a referral hold during this reporting period that greatly impacted the number of referrals the other programs received which were already facing personnel shortages. The system also faced continued repercussions from the closing of one (1) of the southern EI programs in 2023.

One of the practices in place during COVID-19 was the use of telehealth services in order to meet the need of families and the system at an unprecedented time. Programs are now prohibited from using this method for delivery of services, unless there are extenuating circumstances and if it is at the request of the parent. Any telehealth that is still in use must be consented to by the parent. In the event that telehealth is the only available option from the program, the family must be in agreement and provide consent. However, when telehealth services are not a viable option for the family and in person services are requested, the families’ rights are required to be upheld. Families are entitled to a resolution and are required to be offered compensatory services once a provider is assigned.

Another reason for delays in the timely initiation of services is the roll out of the state’s new data system, Nevada Early Intervention Data System (NEIDS) that went live December 1, 2023. As a result of rolling out a new data system that is required for use statewide, state staff had double duty with NEIDS and providing services simultaneously. This involved training, double and sometimes triple entry, continued TA support from IDEA Part C and Aging and Disability Services (ADSD) leadership on an ongoing basis. Multiple issues in the data system led to increased staff use for data, reporting, billing, transitioning out of legacy systems, widespread training and troubleshooting errors that were impacting full access to data entry into the system of record. As a result, visits with families were impacted which led to delays in timely delivery of services.

The Nevada EI system is making proactive efforts toward closing the gap in retention disparities by continuing to implement a no cost "Grow Your Own" evidence-based program through the Nevada Early Intervention Professional Development Center (PD Center) to assist personnel in meeting professional requirements at no cost to participants. There have been two (2) cohorts with learners who are in a Developmental Specialist (DS) role. To date there have been 40 graduates from the Grow Your Own DS series which offers a comparable option to pursuing the Nevada Department of Education, Early Childhood Developmentally Delayed (ECDD) endorsement which is a requirement for all DS staff to obtain within 3 years of hire.

The historical issues continue to grow and impact children and families, programs, providers, and timelines. The programs have a percentage compliance in this area ranging from 45%-94% resulting from Comprehensive Monitoring of five (5) programs during this reporting period, inspiring fears for ongoing noncompliance as we have not been able to sustain compliance in this indicator.

**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).**

Nevada’s Definition of Timely Services: Early intervention services identified on the initial and subsequent Individualized Family Service Plans (IFSP) of an eligible child, including IFSP reviews, will be provided to the child and family as soon as possible following the family’s consent to implement the IFSP. Determination of whether services are provided in a timely manner is based on: 1. Initiation of new services within 30 days from the date the parents provided consent for the IFSP service; or 2. The projected IFSP initiation date as determined by the IFSP team including the family and indicated on the IFSP. This may include services such as periodic follow-up or services needed on an infrequent basis (e.g., on a quarterly basis).

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

State monitoring

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

Nevada’s Early Intervention (EI) services system is comprised of ten (10) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to

complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2023, the IDEA Part C Office completed comprehensive virtual monitoring for five (5) EI programs relative to this indicator. The remaining five (5) EI programs were previously monitored in FFY 2022 and will continue on the biennial cycle. An equitable selection of records are reviewed based on the service coordinator's caseload at each program. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data are representative of all children across the state for each year of the cycle.

Data for this indicator are gathered through child record reviews and are required to include all IFSPs (initial, periodic and annual reviews) within the period. The timeframe covered for the FFY 2023 comprehensive monitoring included all activity between July 1, 2023 and March 31, 2024. Annually, comprehensive monitoring occurs during the last quarter of the fiscal year (April-June).

FFY 2023 comprehensive monitoring, which occurred in April through June of 2024, was modified to accommodate the entire EI services system. Programs and the IDEA Part C Office were adapting to the implementation of NEIDS while continuing to update child records with information from legacy data systems, training and navigating NEIDS challenges. Although some items on the child record review form were removed, the critical areas and items for reporting in the Annual Performance Report (APR) indicators were left unchanged. Only those items individualized for our state were temporarily removed. The messages below appeared on distributed comprehensive monitoring process and procedures documentation, and were provided to and reviewed with, all programs and staff during the monthly TA call in February 2024, prior to the commencement of monitoring.

NOTE: Monitoring this year will be conducted virtually via the various data platforms: NEIDS, TRAC, LYTEC or other legacy data systems. If the full child record cannot be accessed via a data platform, programs will be required to scan records to the IDEA Part C Office for review. The IDEA Part C Office will be conducting a modified Comprehensive Monitoring review as a result of the transition to the NEIDS data system during the course of the monitoring timeframe.

FFY 2024 comprehensive monitoring will be conducted in the same fashion (April through June 2025, for the period of July 2024 through March 2025) for equitability across all programs. FFY 2025 comprehensive monitoring will include all items previously monitored that had been temporarily removed for FFY 2023 and FFY 2024.

The initial criteria used for selection of programs for biennial IDEA Part C Monitoring (e.g., focused, data reporting) included the following: Ongoing noncompliance, level (%) of noncompliance based on previous monitoring activities and/or number of findings (this includes focused monitoring, verifications and complaints);

New EIS provider agencies who have completed the first technical assistance (TA) review by the IDEA Part C Office; and Equitable breakdown of the number of children served statewide to ensure representative selection of children for federal and state reporting.

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

A total of five (5) EI programs were monitored for timely initiation of IFSP services in FFY 2023 and included a review of 182 records. Of the records reviewed, 151 had new services added during July 1, 2023 through March 31, 2024. A total of 59 records had all new services initiated within the required timeline. A total of 28 children and families had at least one (1) service initiated after the required timeline due to family circumstances. Family circumstances resulting in untimely initiation of services included missed or rescheduled appointments due to changes in the family's schedule or child/family illness. After accounting for services delayed due to family circumstances, it was found that 87 of the 151 child records reviewed (57.62%) had all new services initiated in a timely manner. For the 64 children and families who did not receive timely services, the reasons for delay include scheduling conflicts, illness, hospitalization and most reported issues were personnel shortages. This is an increase of 28.74% of children and families who did not receive Timely Initiation of Services when compared to FFY 2022. The NV IDEA Part C Office, with support and collaboration of stakeholders, focused efforts toward closing the gap in retention disparities for Developmental Specialists (DS) by developing a "Grow Your Own" evidence-based professional development center to assist personnel statewide in meeting professional requirements to obtain licensure required to remain employed and provide EI services within the system at no cost to participants.

Of the five (5) programs monitored, all five (5) programs were issued a finding of noncompliance relative to Indicator 1 based on the FFY 2023 Annual Comprehensive Monitoring. Findings were as follows:

- Program 1: 7 of 9 child records (78%) were compliant
- Program 2: 13 of 22 child records (59%) were compliant
- Program 3: 13 of 29 child records (45%) were compliant
- Program 4: 39 of 75 child records (52%) were compliant
- Program 5: 15 of 16 child records (94%) were compliant

Therefore, Timely Initiation of IFSP Services for 87 of 151 children (57.62%) were compliant. All five (5) programs demonstrated a level of performance that was not considered substantially compliant. As a result, all programs were required to offer compensatory services or a remedy agreeable to the program and family. A Corrective Action Plan (CAP) was also required for those programs with performance of 94% or below. The programs were notified they must correct the noncompliance as soon as possible but not later than one (1) year from the date the finding was issued (June 28, 2024). The programs' correction for this indicator will be reported to OSEP in the FFY 2024 APR.

Programs currently continue to struggle with provider shortages across the state, which reflect national EI provider and specialist shortages. EI Programs in Nevada are required to notify families of personnel shortages through direct communication such as letters and phone calls. Families must be given the opportunity to choose whether they would like to be placed on a delayed services list for the specific service within the program, to transfer to another program or to receive the service through a community resource. Programs are also required to notify IDEA Part C of shortages in specialists and therapy providers at regular intervals, and to report their recruitment efforts and caseload assignments. As part of IDEA Part C's monitoring process, programs are required to provide updates on all personnel. These updates include any licensure requirements and upcoming deadlines, new hires, resignations and terminations. This allows the IDEA Part C Office to identify any gaps in personnel within the EI system and the areas with the greatest need.

**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.**

As a result of NV IDEA Part C Office Focused Monitoring and Comprehensive Monitoring, it was identified that two (2) programs did not meet the 100% target for this indicator in FFY 2022. One (1) of these programs underwent both Focused Monitoring and Comprehensive Monitoring within FFY 2022 where noncompliance was identified during each monitoring. Each of these two (2) programs were notified and issued a new finding and/or ongoing finding of noncompliance. These programs were required to analyze root causes to address program issues through CAPs. Since the programs who were issued a finding of noncompliance in FFY 2022 were not scheduled for comprehensive monitoring in FFY 2023, the IDEA Part C Office conducted verification audits for the two (2) programs. A selection of records was audited for each of the programs. The data reflected that both programs were performing at 100% and implementing services timely to meet the regulatory requirements. As a result, the IDEA Part C Office verified timely correction of noncompliance for these two (2) programs and issued letters of correction on November 21, 2023 and March 29, 2024.

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

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing program reporting demonstrating that services were initiated for each individual child, although late, unless the child was no longer in the jurisdiction of the EI program/EI system and verified as corrected no later than one (1) year from the date of notification of noncompliance. This is verified and documented through the utilization of a standard individual child correction form that is utilized as a part of the state's monitoring process and procedures. When appropriate (depending on the length of the delay), a remedy for the delay was offered to the family in order to compensate for the delay in initiation of the child and families' services. For the two (2) programs that corrected each individual case of noncompliance: eight (8) child records were reviewed and verified for one (1) program and for the second program ten (10) child records were reviewed and verified for full correction, including all applicable compensatory services. The programs also underwent training in the requirements for Timely Initiation of Services to ensure continued compliance is sustained.

**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
FFY 2021	1	1	0

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

The remaining program with a finding of noncompliance in this indicator from FFY 2021 terminated their service agreement in November 2022. The program and those children whose records were identified as noncompliant, are no longer in the jurisdiction of the state's EI system. Therefore, correction is noted as verified as result of termination of the program's service agreement.

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

The individual child received services, although late. The child was owed five (5) compensatory visits. This child exited from the program on their third birthday and is no longer in jurisdiction of the EI system. The program's service agreement was terminated, and the program closed before the one-year correction window ended on June 30, 2023. Nevada IDEA Part C Office has noted this finding as corrected due to the child exiting from the program in April 2022 and the program closing November 1, 2022.

**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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 was corrected. 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 findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, 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**

**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	98.50%

FFY	2018	2019	2020	2021	2022
Target >=	96.00%	97.50%	97.79%	98.08%	98.37%
Data	99.30%	99.68%	99.93%	99.50%	99.21%

### Targets

FFY	2023	2024	2025
Target >=	98.66%	98.95%	99.27%

### Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCNP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

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effective in their early intervention role of working with vulnerable families.

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**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	3,669
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	3,704

**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
3,669	3,704	99.21%	98.66%	99.06%	Met target	No Slippage

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

Data for this indicator were generated using multiple data systems, the Tracking Resources and Children (TRAC) child data collection system as well as Nevada Early Intervention Data System (NEIDS), as a result of Nevada's roll out of the state's new data system during the 2nd quarter of FFY 2023 on December 1, 2023.

Indicator 2 data, Early Intervention Services in the Natural Environment are reported based on the 618 data report for December 1, 2023 and reflect the number and percent of children who received the majority of their early intervention services in the natural environment. Although, the target was met, there was one (1) program with a finding issued due to a performance of 96.2%, which does not meet the target of 98.66%. The program was notified they must correct the noncompliance as soon as possible but not later than one (1) year from the date the finding was issued, June 28, 2024. The verification of the program's correction will be reported in FFY 2024.

The IDEA Part C Office will continue to track and gather December 1 count data from all EI programs providing services in Nevada for continuous reporting in next year's APR. Nevada continues to maintain a high level of performance in this area and has exceeded the state target. This year's performance data of (99.06%) is slightly lower than the state's performance of 99.21% reported in FFY 2022. However, the marginal difference between the two years is not significant enough to demonstrate slippage. These data continue to represent a high level of achievement and are attributable to the individualization of services for children and families in the State of Nevada.

**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

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

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#### Historical Data

Outcome	Baseline	FFY	2018	2019	2020	2021	2022
A1	2013	Target>=	67.90%	67.90%	68.43%	68.96%	69.49%
A1	65.25%	Data	65.86%	69.84%	74.43%	75.00%	79.62%
A2	2013	Target>=	40.14%	40.14%	40.24%	40.24%	40.34%
A2	39.94%	Data	38.48%	35.93%	34.39%	35.19%	28.07%
B1	2013	Target>=	71.96%	71.96%	72.06%	72.06%	72.16%
B1	70.76%	Data	74.05%	65.64%	77.62%	76.06%	79.64%
B2	2013	Target>=	38.44%	38.44%	38.54%	38.54%	38.64%
B2	38.24%	Data	35.02%	33.07%	33.53%	33.87%	26.55%
C1	2013	Target>=	66.28%	66.28%	66.38%	66.38%	66.48%
C1	66.08%	Data	72.13%	72.85%	77.69%	75.85%	77.10%
C2	2013	Target>=	41.90%	41.90%	42.00%	42.00%	42.10%
C2	41.70%	Data	41.42%	40.96%	37.38%	37.79%	31.12%

#### Targets

FFY	2023	2024	2025
Target A1>=	70.02%	70.55%	71.08%
Target A2>=	40.34%	40.44%	40.44%



Target B1>=	72.16%	72.26%	72.26%
Target B2>=	38.64%	38.74%	38.74%
Target C1>=	66.48%	66.58%	66.58%
Target C2>=	42.10%	42.20%	42.20%

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	12	0.54%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	492	22.23%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,047	47.31%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	561	25.35%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	101	4.56%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,608	2,112	79.62%	70.02%	76.14%	Met 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	662	2,213	28.07%	40.34%	29.91%	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	13	0.59%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	458	20.70%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,071	48.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	602	27.20%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	69	3.12%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,673	2,144	79.64%	72.16%	78.03%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	671	2,213	26.55%	38.64%	30.32%	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	13	0.59%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	509	23.00%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	949	42.88%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	669	30.23%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	3.30%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,618	2,140	77.10%	66.48%	75.61%	Met 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	742	2,213	31.12%	42.10%	33.53%	Did not meet target	No Slippage

**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	3,738
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.	1,112
Number of infants and toddlers with IFSPs assessed	2,213

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2022 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. The rating scale was developed by the Early Childhood Outcome (ECO) Center to support criteria for defining how NV's infants and toddlers are compared to same-aged peers. NV also uses the decision tree to support practitioners in determining an appropriate child outcome rating for infants and toddlers. The criterion to determine "comparable to same-aged peers" is defined as a child who has been assigned a score of 6 or 7 on the COS (Child Outcome Summary). Children who are rated a "6" or "7" at both entry and exit points are children who maintain functioning at a level comparable to same-age peers (OSEP category e). Children who have ratings of "5" or lower at entry and either a "6" or "7" at exit are children who reached a level of functioning comparable to same aged peers (OSEP category d). (ECTA TA document, 2014).

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

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2006	Target>= =	97.50%	97.50%	97.75%	98.00%	98.25%
A	94.29%	Data	96.84%	98.87%	97.24%	97.49%	96.40%
B	2006	Target>= =	96.50%	96.50%	96.75%	97.00%	97.25%
B	91.32%	Data	95.26%	94.38%	92.12%	93.87%	93.62%
C	2006	Target>= =	94.50%	94.50%	94.75%	95.00%	95.25%
C	91.00%	Data	92.89%	97.18%	95.52%	96.37%	95.00%

**Targets**

FFY	2023	2024	2025
Target A>=	98.50%	98.75%	99.00%
Target B>=	97.50%	97.75%	98.00%
Target C>=	95.50%	95.75%	96.00%

**Targets: Description of Stakeholder Input**

Nevada’s performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children’s Services, Nevada’s Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendaized for January 2025 and did not occur prior to certification of the FFY 2023 APR. On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children’s development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.

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Key stakeholder involvement activities included:

- ICC Meetings are scheduled to occur on a quarterly basis, most frequently having occurred via videoconference across the State’s southern, northwest and northeast regions. ICC meetings follow Nevada’s Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada’s system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within this reporting period occurred during October 2023, January 2024, April 2024. ICC Equity Subcommittee meetings did not meet during 2024, and the ICC is considering recruiting for more members.
- On January 27, 2025, the ICC voted unanimously to approve the current FFY 2023 SPP/APR submission due February 3rd, 2025 to OSEP.

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**FFY 2023 SPP/APR Data**

The number of families to whom surveys were distributed	1,981
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Number of respondent families participating in Part C	167
Survey Response Rate	8.43%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	156
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	165
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	150
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	167
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	158
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	167

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)	96.40%	98.50%	94.55%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	93.62%	97.50%	89.82%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	95.00%	95.50%	94.61%	Did not meet target	No Slippage

**Provide reasons for part A slippage, if applicable**

These data are based on responses to Question 13 of FFY 2023 Family Survey: "My IFSP team helps me know my parent rights regarding early intervention services (the procedural safeguards that are in the parent handbook)." Of the 165 respondents who answered this question, 156 agreed or strongly agreed with this question (156/165 = 94.55%). Three (3) families (3/165 = 1.8%) responded that they were undecided. Six (6) families (6/165 = 3.6%) disagreed or strongly disagreed with this question. Two of the families left this question blank. None of the parent comments directly addressed parent rights, however answers to follow up questions related to parent rights on the family survey may help to explain slippage in this area. When provided with the statement "I have a key role in all decisions related to early intervention services for my child and family," there were 167 responses. 161 agreed or strongly agreed with this question (161/167 = 96.41%). Seven (7) families (7/167 = 4.19%) disagreed or strongly disagreed with this question. Four (4/167 = 2.40%) of the families responded that they were undecided. When provided with the statement "I know who to contact if I have a question or concern about my child's early intervention services," there were 167 responses. There were 154 families who agreed or strongly agreed with this question (154/167 = 92.22%). Two (2) families (2/167 = 1.20%) disagreed or strongly disagreed with this question. Six (6/167 = 3.59%) of the families responded that they were undecided. When provided with the statement "I understand our IFSP can be reviewed and revised by the team any time we choose," there were 167 responses. Of these responses, 162 agreed or strongly agreed with this question (162/167 = 97.01%). Five (5) families (5/167 = 2.99%) disagreed or strongly disagreed with this question. None of the families responded that they were undecided.

Finally, when provided with the statement "My family receives all of the early intervention services that we agreed to on our IFSP," there were 166 responses. Of these responses, 149 agreed or strongly agreed with this question (149/166 = 89.76%). Six (6) families (6/166 = 3.61%) disagreed or strongly disagreed with this question. Eleven (11/166 = 6.63%) of the families responded that they were undecided. The high number of families who disagreed or strongly disagreed, combined with the high number of families who responded that they were undecided as to whether they were receiving all of the services agreed to on their IFSP suggests that while families may not explicitly state that there is a problem receiving their parent rights, there is a problem receiving the services on their IFSP, which is one of their parent rights under the law. Comments from families on the open-ended question portion of the survey indicated that families had difficulty communicating with their service coordinators, that the services were ineffective, that the frequency (one time per quarter) was ineffective, and that there were long wait times for services to start due to lack of provider availability.

**Provide reasons for part B slippage, if applicable**

These data are based on responses to Question 6 of the FFY 2023 Family Survey: The early intervention services we received have helped me effectively communicate my child's needs." Of the 167 respondents who answered this question, 150 agreed or strongly agreed with this question (150/167 = 89.82%). Three (3) families disagreed or strongly disagreed with this question (3/167 = 1.80%). Fourteen families (14/167 = 8.38%) responded that they were undecided. The high number of families who responded that they were undecided whether the early intervention services they have received has helped them effectively communicate their child's needs suggests that this is an area to look further into. Answers to follow up questions related to families being able to effectively communicate their child's needs on the family survey may help to explain slippage in this area. When provided with the statement "Early Intervention services and supports help me understand my child's strengths, abilities and special needs", there were 167 responses. Of those responses, 161 agreed or strongly agreed with this question (161/167 = 96.41%). Two (2) families (2/167 = 1.20%) disagreed or strongly disagreed with this question. Four (4/167 = 2.40%) of the families responded that they were undecided. When provided with the statement "Members of my Individualized Family Service Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP", there were 167 responses. Of those responses, 159 agreed or strongly agreed with this question (159/167 = 95.21%). Two (2) families (2/167 = 1.20%) disagreed or strongly disagreed with this question. Six (6/167 = 3.59%) of the families responded that they were undecided. The percentages of agreement and strong agreement to the two follow up questions "Early intervention services and supports help me understand my child's strengths, abilities and special needs" and "Members of my Individualized Family Service Plan (IFSP) team provide all the information I need to fully participate in developing our IFSP" as noted above is higher than the answers to the original question of whether the early intervention services received by these families has helped them effectively communicate their child's needs. The answers to the follow up questions indicate families understand their child's needs and are participating in their IFSP's, therefore, it can be concluded that the issues stem from the communication component of this question. This

reflects comments from families on the open-ended question portion of the survey which indicated that families had difficulty communicating with their Service Coordinators.

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	7.24%	8.43%

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

Using the Representativeness Calculator from Early Childhood Technical Assistance (ECTA) Center, Nevada's data were used to compare the percentages of the statewide survey distribution and response representativeness for each race/ethnicity, Hispanic Origin, respondent language, as well as the rate of return for each category.

**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.**

Using the Representativeness Calculator from Early Childhood Technical Assistance (ECTA) Center, Nevada's data were used to compare the percentages of the statewide survey distribution and response representativeness for each race/ethnicity, Hispanic Origin, respondent language, as well as the rate of return for each category.

Nevada found that responses to the survey were not representative of Race overall according to the Representativeness Calculator. Four categories of race (African American or Black, and American Indian or Alaska Native, Two or More races, and Middle Eastern or North African) were not representative, therefore it cannot be said that 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. American Indian or Alaska Native, and Middle Eastern or North African populations account for a small percentage of children receiving services therefore the absence of even a few surveys from these populations can significantly impact the representativeness of these populations.

African American or Black data were not representative of the population (# families in target = 208, # responded = 11, target representation = 18%, actual representation = 9%, difference between target and actual = -9%)

American Indian or Alaska Native data were not representative of the population (# families in target = 11, # responded = 0, target representation 1%, actual representation = 0%, difference between target and actual = -1%)

Asian data were representative of the population (# families in target = 95, # responded = 11, target representation = 8%, actual representation = 9%, difference between target and actual = 1%)

Native Hawaiian or Pacific Islander were representative of the population (# families in target = 16, # responded = 2, target representation = 1%, actual representation = 2%, difference between target and actual = 0%)

White data were representative of the population (# families in target = 689, # responded = 68, target representation = 60%, actual representation = 55%, difference between target and actual = -5%)

Middle Eastern or North African data were not representative of the population (# families in target = 8, # responded = 0, target representation = 1%, actual representation = 0%, difference between target and actual = -1%)

Two or More Races were not representative of the population (# families in target = 113, # responded = 31, target representation = 10%, actual representation = 25%, difference between target and actual = 15%)

Nevada survey responses were not representative of the population when considering Hispanic Origin.

Hispanic Origin data were not representative (# families in target = 841, # responded = 42, target representation = 42%, actual representation = 25%, difference between target and actual = -17%)

Non-Hispanic Origin data were not representative (# families in target = 1140, # responded = 123, target representation = 58%, actual representation = 75%, difference between target and actual = 17%)

Previously data for Hispanic children were embedded with Race in the old data system. The new data system has a validation for correctly collecting

Hispanic vs Non-Hispanic which will not allow any additional race/ethnicity data to be entered. The family survey as well as NEIDS have a written directive for families and service providers explaining that once Hispanic is indicated no other categories should be included.

Respondent Language overall was not representative. The survey was only provided in Spanish and English, therefore it cannot be said that the language of the infants or toddlers for whom families responded are representative of the language of infants and toddlers enrolled in the Part C program.

English data were over representative (# families in target = 1030, # responded = 145, target representation = 52%, actual representation = 87%, difference between target and actual = 35%)

Spanish data were representative (# families in target = 153, # responded = 18, target representation = 8%, actual representation = 11%, difference between target and actual = 3%)

Dual language data (Spanish and English or English and Spanish) were representative (# families in target = 75, # responded = 4, target representation = 4%, actual representation = 2%, difference between target and actual = -1%)

Other language data were not representative (# families in target = 3, # responded = 0, target representation = 36%, actual representation = 0%, difference between target and actual = -36%)

Nevada survey responses were not representative of the population when considering Geographic Location.

Urban population data were not representative (# families in target = 1465, # responded = 94, target representation = 74%, actual representation = 56%, difference between target and actual = -18%)

Suburban population data were not representative (# families in target = 308, # responded = 41, target representation = 16%, actual representation = 25%, difference between target and actual = 9%)

Rural population data were representative (# families in target = 208, # responded = 23, target representation = 10%, actual representation = 14%, difference between target and actual = 3%)

The urban population data were over-represented while the suburban population were underrepresented. The definition of urban vs. suburban used by the Nevada IDEA Part C Office may have been the root cause of the non-representativeness in this area and will be reviewed prior to sending the FFY 2024 survey to families.

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

**NO**

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

Steps that our IDEA Part C Office plans to take to increase representativeness and reduce non-response bias include:

Sharing expectations- Reviewing and revising our communication to ensure we are setting appropriate expectations with our participants, e.g., explaining in an email beforehand and in the message of the survey more clearly about our goals, how long the survey will take to complete, and if any questions are sensitive in nature. We must also word our communication in a way that reassures our participants that the survey will be anonymous if they chose, however families will have the option to provide their contact information if they would like to receive follow up from the IDEA Part C Office and there will be no retaliation for their responses. We are learning that when respondents feel heard, they are more likely to complete surveys in the future.

Accessibility and communication barriers- We have considered that access to our survey for some families may be impacted by internet access. Our IDEA Part C Office will continue to provide surveys via postal mail and online link. We have made steps to include translations of the survey in additional languages during FFY 2023 (which will be reported on during FFY 2024). The languages which our family survey and cover letter will be available in for the upcoming FFY 2024 survey includes: English, Spanish, Amharic, Hebrew, Tagalog, Vietnamese, Arabic, Pashto Urdu, Tigrinya, Swahili, Brazilian Portuguese, Russian, Traditional Chinese, Simplified Chinese, Farsi, Ukrainian and Haitian Creole.

Respondent communication and lifestyles- Research shows that personal characteristics and lifestyles impact the rate of response for surveys, e.g., people with busy lives and people with less education may respond to surveys less. The IDEA Part C Office hired additional staff in FFY 2023 to help with the administrative processes of gathering feedback and suggestions from families and ICC members. Suggestions included pairing our survey with outreach items that promote streamlined communication and participation for busy individuals. For example, we would like to return to developing our annual calendar/planner for families, which had stopped during the COVID-19 pandemic when some of our staff retired. We propose that developing and including a calendar/planner with our survey can help individuals to plan their busy schedules as well as to gain information and education on child development and community resources.

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

Strategies that will be implemented to increase the response rate year over year for those groups that are underrepresented include casting a wider net for engagement with our families through:

Correction of Invalid Addresses- African American or Black invalid address data were not representative of the population. Therefore, it cannot be said that the number of invalid addresses for this population of infants or toddlers for whom families were sent surveys are representative of the infants and toddlers enrolled in the IDEA Part C program. This number is especially high for African American or Black children and their families. This skew has been identified and Nevada is working to bring this percentage down to expected ranges, or zero. With new data system protocols and processes there is an expected reduction in invalid addresses overall. We anticipate a significant reduction in invalid addresses in the African American or Black population served as Nevada works to improve response rate for this population. To increase sense of community and to boost relations with IDEA Part C and the families receiving services, Nevada will begin sending small Child Find materials and incentives directly to families.

Additionally, this will help reduce the number of invalid addresses as the IDEA Part C Office will process returned mail and have the assigned Service Coordinators correct the addresses quarterly for those returned mailings. Surveys will also be resent if they are returned, which was a task that the IDEA Part C Office did not accomplish this year. Incentives with the survey- Nevada IDEA Part C Office brainstormed incentives. We will begin sending



Nevada EI stickers and temporary tattoos out with the surveys.

Translation activities- Translating the family survey into languages other than English and Spanish, inclusive of all languages survey eligible families reported to their Service Coordinator in NEIDS (e.g., Chinese, Burmese, Russian, Urdu, Vietnamese, etc.). The IDEA Part C Office is in regular contact with local EI programs to identify languages spoken by families receiving EI services.

Formats- Continuing multiple family survey formats with paper surveys mailed to families via postal mail and digital means through an email listserv and Survey Monkey link, with inclusion of the aforementioned translations. Nevada added a QR code for easy online access and included it on the Family Survey letter which also includes the goal and purpose of the survey.

Partnering with Technical Assistance (TA) centers to learn from other IDEA Part C states and TA advisors regarding additional effective strategies which the Nevada IDEA Part C Office may consider utilizing. Nevada will inquire regarding effective strategies during upcoming meetings and conferences; Nevada IDEA Part C meets monthly with advisors from OSEP, DaSy (The Center for IDEA Early Childhood Data Systems), ECTA (Early Childhood Technical Assistance) Center and other IDEA Part C Coordinators from ITCA (Infant and Toddler Coordinators Association).

Partnering with stakeholders within Nevada, such as Nevada's Interagency Coordinating Council (ICC), the ICC Equity Subcommittee and local Early Intervention programs to request feedback and brainstorming on how to increase response rates and representativeness throughout Nevada.

Providing support for capstone work being planned by professional learners attending the Developmental Specialist (DS) Series with Nevada's EI Professional Development Center. The DS Series capstone is a unique project which brings value to the EI system and which Learners must complete in order to obtain their certification for our Grow Your Own, no cost option of an Alternative Certification for the DS position. Instructors will promote capstone project options that may focus on increasing response rates and representativeness for underrepresented populations.

Reminders: IDEA Part C Office will send announcements and reminders to families and staff ahead of the survey season. These will be sent electronically and as postcards to all families of children eligible to receive the annual survey. Aside from reminding families and staff, the announcements and reminders will test the validity of email and mailing addresses of families in the Nevada Early Intervention Data System (NEIDS).

**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.**

Using the representativeness calculator from Early Childhood Technical Assistance (ECTA) Center, our data were used to compare the percentages of the statewide survey distribution and response for each race/ethnicity as well as the rate of return for each category. To ensure the data is representative of the demographics of the State, the IDEA Part C Office used the NEIDS database to obtain the names and addresses of all families in the early intervention system who had a child with an active IFSP for a minimum of six months and was receiving early intervention services from one of the state or community early intervention programs as of February 2024. A total of 1981 children met this criterion and these families were sent a survey for each child in the home enrolled in early intervention services. Nevada sends the survey to all eligible families every year to promote responses from a broad cross section of families that are receiving early intervention services.

Overall response rate was analyzed, however three categories of race (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Middle Eastern or North African) responded at a rate of 3% or less.

African American or Black (# surveys sent = 208, # surveys returned = 11, response rate = 9%)

American Indian or Alaska Native (# surveys sent = 11, # surveys returned = 0, response rate = 0%)

Asian (# surveys sent = 95, # surveys returned = 11, response rate = 8%)

Native Hawaiian or Pacific Islander (# surveys sent = 16, # surveys returned = 2, response rate = 2%)

Middle Eastern or North African (# surveys sent = 8, # surveys returned = 0, response rate = 0%)

White (# surveys sent = 689, # surveys returned = 68, response rate = 55%)

Two or More Races (# surveys sent = 113, # surveys returned = 31, response rate = 25%)

Two (2) families did not indicate race/ethnicity on their hard copy returned surveys. The unidentified surveys are not included in this data set.

Overall response rate by Race is 10.8%

Response rate by Hispanic Origin

Hispanic (# surveys sent = 841, # surveys returned = 42, response rate = 25%)

Non-Hispanic (# surveys sent = 1140, # surveys returned = 123, response rate = 17%)

Two (2) families did not indicate Hispanic origin on their hard copy returned surveys. The unidentified surveys are not included in this data set.

Overall response rate is 8.3%

The final total for distribution of the FFY 2023 Family Survey was 1,981. The final total survey responses were 167. This is a return rate of 8.43% which is an increase of 1.19% from FFY 2022 (7.24%).

A total of 2,071 children and families were sent the FFY 2023 Family Survey for each child in the home eligible to receive the survey. There were 90 surveys were returned with invalid addresses (4.34%), which is a slightly larger number than the 83 returned in FFY 2022 (4.1%). A total of 1,981 surveys were included as the final number of surveys received by families. The 90 surveys with invalid addresses were not included in the final count because these households never received a survey.

To analyze the impact of invalid addresses returned for FFY 2023 Family Survey Nevada used the representativeness calculator to show total surveys sent, 2,071 versus those invalid address returns for race, Hispanic Origin, and a comparison of invalid returns for the previous year survey.

Representativeness calculator for invalid addresses:

African American or Black invalid address data were not representative of the population (# families in target = 229, # returned as non-deliverable = 11, target representation = 19%, actual representation = 34%, difference between target and actual = 15%). Therefore, it cannot be said that the number of invalid addresses for the infants or toddlers for whom families were sent surveys are representative of the infants and toddlers enrolled in the Part C program. This number is especially high for African American or Black children and their families. This skew has been identified and Nevada is working to bring this percentage down to expected ranges, or zero.

American Indian or Alaska Native invalid address data were not representative of the population (# families in target = 11, # returned as non-deliverable = 0, target representation 1%, actual representation = 0%, difference between target and actual = -1%)

Asian invalid address data were representative of the population (# families in target = 99, # returned as non-deliverable = 4, target representation = 7%, actual representation = 7%, difference between target and actual = -2%)

Native Hawaiian or Pacific Islander invalid address data were representative of the population (# families in target = 16, # returned as non-deliverable = 0, target representation = 1%, actual representation = 0%, difference between target and actual = -1%)

White invalid address data were not representative of the population (# families in target = 723, # returned as non-deliverable = 26, target representation = 60%, actual representation = 43%, difference between target and actual = -18%)

Two or More Races invalid address data were representative of the population (# families in target = 123, # returned as non-deliverable = 10, target representation = 10%, actual representation = 16%, difference between target and actual = 6%)

Two (2) families did not indicate race/ethnicity on their hard copy returned surveys. The unidentified surveys are not included in this data set.

Invalid addresses were representative of the population when considering Hispanic Origin.

Hispanic Origin invalid address data were representative (# families in target = 870, # returned as non-deliverable = 29, target representation = 42%, actual representation = 32%, difference between target and actual = -9.79%)

Non-Hispanic Origin invalid address data were representative (# families in target = 1201, # returned as non-deliverable = 61, target representation = 58%, actual representation = 68%, difference between target and actual = 9.79%)

Two (2) families did not indicate Hispanic origin on their hard copy returned surveys. The unidentified surveys are not included in this data set.

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

A cover letter accompanied each survey, as well as a postage-paid return envelope. The cover letter informed families their survey would be returned to the IDEA Part C Office and all responses would remain confidential. Families were provided the option to complete their survey on-line through Survey Monkey.

**4 - Prior FFY Required Actions**

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

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

**4 - OSEP Response**

**4 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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	0.47%

FFY	2018	2019	2020	2021	2022
Target >=	1.00%	1.08%	1.08%	1.12%	1.16%
Data	1.08%	1.08%	1.07%	1.30%	1.20%

### Targets

FFY	2023	2024	2025
Target >=	1.20%	1.24%	1.28%

### Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendized for January 2025 and did not occur prior to certification of the FFY 2023 APR.

On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention

personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

**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	440
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2023	06/25/2024	Population of infants and toddlers birth to 1	32,716

**FFY 2023 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
440	32,716	1.20%	1.20%	1.34%	Met target	No Slippage

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

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

Data for this indicator are gathered through the Nevada Early Intervention Data System (NEIDS) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2023. This is a point-in-time count.

Nevada count of children served ages birth to one (1) year for this reporting period was 440 which is 77 more children than reported for December 1, 2022. The number represents 1.34% of the general population of infants (birth to 1) in the State. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants for whom there is a developmental concern.

**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	1.36%

FFY	2018	2019	2020	2021	2022
Target >=	2.00%	2.46%	2.46%	2.63%	2.80%
Data	2.97%	3.19%	2.73%	3.05%	3.20%

#### Targets

FFY	2023	2024	2025
Target >=	2.97%	3.14%	3.31%

#### Targets: Description of Stakeholder Input

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendized for January 2025 and did not occur prior to certification of the FFY 2023 APR.

On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be

effective in their early intervention role of working with vulnerable families.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

**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	3,704
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	100,225

**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
3,704	100,225	3.20%	2.97%	3.70%	Met target	No Slippage

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

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

Data for this indicator are gathered through the Nevada Early Intervention Data System (NEIDS) statewide data system and include all children with an active Individualized Family Service Plan (IFSP) on December 1, 2023. This is a point-in-time count.

Nevada count of children served ages birth to three (3) years for this reporting period was 3,704, which is 431 children more than reported for December 1, 2022 (3,273). Nevada's performance at 3.70% met the 2.97% target. The IDEA Part C Office continues to implement strategies to ensure that state and local referral sources are aware of how to access and refer infants and toddlers for whom there is a developmental concern.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	67.10%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	Not Valid and Reliable	99.01%	99.18%	95.86%	96.26%

### 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
2,877	3,645	96.26%	100%	98.82%	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.

725

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

There were a total of 43 (1.18%) records with a delay in the initial IFSP that were not attributed to family exceptions include provider scheduling difficulties, provider illness, and provider shortages. Family exceptions for delay included illness, scheduling difficulties, cancellations, no shows for MDT or for Initial IFSP meetings, and loss of contact with re-opening the child record causing a delay. Program and provider reasons for delay were attributed to 43 delays in the 45-day timeline.

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

State database

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

Data were collected for the full reporting period of July 1, 2023 through June 30, 2024

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

Data reflect one (1) new initial IFSP written in the period for each individual child. Data were deduplicated each quarter throughout the reporting period for ICC and program reporting. At the end of the fiscal year data were deduplicated to reflect the most recent IFSP in FFY 2023 for each individual child. Data were used for program reporting and correction. Deduplication was also conducted for 45-day timeline compliance when the child record data moved from the legacy data system (TRAC) to the new data system (NEIDS) for the quarter two (2) dataset. This aligned TRAC and NEIDS records as well as matched individual child identification numbers to prevent duplication in the datasets.

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

Data were deduplicated in NEIDS before the annual IFSP report was outputted. This deduplication allowed for new IFSPs to only be counted once in each quarter of the period, from December 1, 2023 through June 30, 2024. Statewide, the percentage of 45-day compliant IFSPs increased throughout the reporting period, with eight (8) of ten (10) programs meeting the target of 100% by the end of the fourth quarter of the reporting period.

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

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

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

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

Quarterly data reports for this indicator are generated from the TRAC data system. When a program was found to be at 100% for one (1) quarter based on the new data compiled, the program demonstrated it was implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters as a part of IDEA Part C's monitoring process, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their IFSP in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator are generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing database reporting that IFSPs were initiated for each of the 141 individual children, although late.

**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
FFY 2021	5	5	0

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

The IDEA Part C Office conducted regular reviews of updated Initial IFSP 45-day timeline data to ensure the correction of ongoing noncompliance for each program in the dataset. Three (3) programs subsequently corrected the FFY 2021 findings during FFY 2022.

The two (2) remaining programs with findings of noncompliance in this indicator from FFY 2021 terminated their service agreements in November 2022



and May 2023 before the one-year correction window ended on June 30, 2023. These two (2) programs are no longer in the jurisdiction of the state's EI system. Therefore, correction is noted as verified as result of termination of the programs' service agreements.

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

The IDEA Part C Office pulls a data set for each quarter throughout the year. If all children in that quarter have received their IFSP in a timely manner, then the program is 100% compliant for each individual child record with a new IFSP. Quarterly data reports for this indicator and reporting period were generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding were reviewed. When a program was found to be at 100% for one (1) quarter based on the new data, the program demonstrated it was implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the period to identify the underlying causes leading to noncompliance and to ensure compliance with the 45-day timeline. For the programs that had a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year was used to verify correction. The IDEA Part C Office monitored data to ensure full correction and to ensure processes and policies were in place to ensure ongoing compliance with this indicator.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing database reporting that IFSPs were initiated for each of the 123 individual children, although late. Correction could not be verified for each individual child because the 45-day timeline had already occurred. Of the five (5) programs findings in FFY 2021, two (2) programs with a finding of noncompliance in this indicator terminated their service agreement in November 2022 and May 1, 2023, prior to the end of the timely correction period and all records were distributed across regional programs. These children received their IFSPs, although late. These children are no longer in the jurisdiction of the terminated programs. Child records in the remaining three (3) programs have timely correction of noncompliance.

## **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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining five uncorrected findings of noncompliance identified in FFY 2021 were corrected. 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 findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, 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**

## **7 - OSEP Response**

## **7 - Required Actions**

## Indicator 8A: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

Account for 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	85.71%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	Not Valid and Reliable	93.51%	98.39%	96.77%	100.00%

**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
77	82	100.00%	100%	93.90%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

For the five (5) children whose records were out of compliance in this indicator, the records were missing at least one component of the Transition Plan, or they were not documenting accurately what should have appeared in the plan. One (1) transition plan was left completely blank. For the four (4) remaining child records, included sections of the plans did not contain or address: adequately preparing the parent for transition regarding future placements, adequately preparing the child for transition, preparing the child for change in service delivery, or helping child learn new skills to adapt to a new environment. Additionally, for one (1) of the listed child records the child and family's information was not shared with the school district in a timely manner to ensure continuity of services. One (1) transition plan was completed, although late, before the child exited IDEA Part C services on their 3rd birthday.

In FFY 2023 two (2) new findings were issued. The first program had four (4) noncompliant child records and the second program had one (1) noncompliant child record. One (1) program was not substantially compliant (with 71% of child records reviewed compliant in this indicator) and the second program was considered substantially compliant in this indicator as a result of comprehensive monitoring. Of the five (5) noncompliant child records across the two (2) programs, four (4) child records have been corrected timely. Full correction of child records in this indicator will be reported on in FFY 2024.

Training on transition planning requirements will be revisited throughout the state. Due to sustained critical staff shortages and turnover, new and seasoned staff will receive a refresher training on this indicator to address noncompliance. The statewide system would benefit from ongoing required training and technical assistance in transition compliance indicators, policies, and procedures. The Nevada IDEA Part C Office will provide this TA to all program managers during monthly statewide TA calls. It will be mandatory for managers to then follow-up with their practitioners.

**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.**

Delays on the development of the transition plans for each child record reviewed and considered noncompliant were attributed to at least one missing component in the plan, rendering them incomplete. All delays for the five (5) records in this indicator for the monitoring period were attributable to the EI programs.

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

State monitoring

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

Nevada's Early Intervention (EI) services system is comprised of ten (10) EI programs statewide which must undergo comprehensive monitoring by the IDEA Part C Office. The general supervision process for comprehensive monitoring, which has been utilized and reported by the State since 2015, is to complete a review of half of the EI programs in each federal reporting period and the remaining EI programs in alternating years (biennially). In FFY 2023, the IDEA Part C Office completed comprehensive virtual monitoring for five (5) EI programs relative to this indicator. The remaining five (5) EI programs were previously monitored in FFY 2022 and will continue on the biennial cycle. An equitable selection of records are reviewed based on the service coordinator's caseload at each program. The number of children enrolled in each program was taken into consideration to ensure an equitable breakdown of the number of children served statewide, so the data are representative of all children across the state for each year of the cycle.

Data for this indicator are gathered through child record reviews and are required to include all IFSPs (initial, periodic and annual reviews) within the period. The timeframe covered for the FFY 2023 comprehensive monitoring included all activity between July 1, 2023 and March 31, 2024. Annually, comprehensive monitoring occurs during the last quarter of the fiscal year (April-June).

FFY 2023 comprehensive monitoring, which occurred in April through June of 2024, was modified to accommodate the entire EI services system. Programs and the IDEA Part C Office were adapting to the implementation of NEIDS while continuing to update child records with information from legacy data systems, training and navigating NEIDS challenges. Although some items on the child record review form were removed, the critical areas and items for reporting in the Annual Performance Report (APR) indicators were left unchanged. Only those items individualized for our state were temporarily removed. The messages below appeared on distributed comprehensive monitoring process and procedures documentation, and were provided to and reviewed with, all programs and staff during the monthly TA call in February 2024, prior to the commencement of monitoring.

NOTE: Monitoring this year will be conducted virtually via the various data platforms: NEIDS, TRAC, LYTEC or other legacy data systems. If the full child record cannot be accessed via a data platform, programs will be required to scan records to the IDEA Part C Office for review. The IDEA Part C Office will be conducting a modified Comprehensive Monitoring review as a result of the transition to the NEIDS data system during the course of the monitoring timeframe.

FFY 2024 comprehensive monitoring will be conducted in the same fashion (April through June 2025, for the period of July 2024 through March 2025) for equitability across all programs. FFY 2025 comprehensive monitoring will include all items previously monitored that had been temporarily removed for FFY 2023 and FFY 2024.

The initial criteria used for selection of programs for biennial IDEA Part C Monitoring (focused, data reporting, etc.) included the following: Ongoing noncompliance, level (%) of noncompliance based on previous monitoring activities and/or number of findings (this includes focused monitoring, verifications and complaints); New EIS provider agencies who have completed the first technical assistance (TA) review by the IDEA Part C Office; and Equitable breakdown of the number of children served statewide to ensure representative selection of children for federal and state reporting.

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

The number of records reviewed for Indicator 8A is small in relation to the overall number of records active statewide. Due to the small number of records, one (1) record can remove a program, or the state, from substantial compliance. In FFY20, 61 of 62 records were compliant at 98.39%, whereas in FFY21 there were 90 of 93 records compliant at 96.77%. Those programs which underwent comprehensive monitoring in FFY 2023 were the same programs previously monitored in FFY 2021, with the exception of one (1) program that closed and one (1) program that became active for receiving referrals and implementing IFSP supports and services. The monitored programs in both FFY 2021 and FFY 2023 decreased in compliance percentage across the two reporting years, reflecting slippage (-2.87%) from 96.77% to 93.9%. Those programs monitored in FFY 2020 increased their compliance by 1.61% from 98.39% to 100% in FFY 2022, with 63 of 63 child records compliant for this indicator.

**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
FFY 2021	1	1	0

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

The outstanding finding in this indicator from FFY 2021 was subsequently corrected as a result of comprehensive monitoring in FFY 2023. However, the program was not notified until FFY 2024 due to a missed data point in the IDEA Part C Comprehensive Monitoring Response. The amended Response was sent to and received by the program September 30, 2024.

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

The child was no longer in the jurisdiction of the program or state. The child’s plan was developed, although one section was late. The Developmental Specialist is no longer employed in the EI system either. However, program correction was verified through comprehensive monitoring in FFY 2023. Correction was issued in FFY 2024 as noted above.

**8A - Prior FFY Required Actions**

The State must demonstrate, in the FFY 2023 SPP/APR, that the remaining finding identified in FFY 2021 was corrected. 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 remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, 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.

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

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

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

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	72.73%	54.98%	99.76%

**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
1,160	2,010	99.76%	100%	57.71%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Slippage in LEA/SEA reporting for FFY 2023 was attributable to the NEIDS data base, IDEA Part C Office and program staff. These delays were identified and addressed. LEAs have been notified of all children who exited from IDEA Part C services with an exit type of Part B Eligible or Not Determined. All children have been reported to the LEAs and SEA, although late.

The Nevada IDEA Part C Office shared the notification delay information with ICC, stakeholders, OSEP, and Nevada's 619 Coordinator. No findings have been issued to programs from the IDEA Part C Office in regard to this indicator, as the responsibility lies with the IDEA Part C Office. Currently, data are being reviewed for potential program findings for missing or incomplete data, as well as late notification for children entering the system with late referrals. Discussions for processes for issuing potential findings for the current period will be reported in FFY 2024 APR.

Reporting delays caused slippage between December 2023 and March 2024 due to rollout, reporting, and data gaps in the new data system, NEIDS. During this period data were not reportable for the LEAs and SEA through the new system. Early in calendar year 2024 a pair of queries were built to accommodate the reporting needs of IDEA Part C. These queries are still in use and are in need of refining. As the data system enters its second year of implementation staff have a better grasp of mandatory fields, transition notification timelines, and reporting requirements. Additionally, the IDEA Part C Office has sent lists for child data clean ups within the NEIDS system, although these lists will be sent at more regular intervals.

**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.**

LEA/SEA report delays in FFY 2023 were attributable to the NEIDS data base, IDEA Part C Office and program staff. These delays were identified and addressed. LEAs have been notified of all children who exited from IDEA Part C services with an exit type of Part B Eligible or Not Determined. All children have been reported to the LEAs and SEA, although late. The Nevada IDEA Part C Office has shared the notification delay information with ICC, stakeholders, OSEP, and Nevada's 619 Coordinator. No findings have been issued to programs from the IDEA Part C Office in regard to this indicator, as the responsibility lies with the IDEA Part C Office. Currently, data are being reviewed for potential program findings for missing or incomplete data, as well as late notification for children entering the system with late referrals. Discussions for processes for issuing potential findings for the current period will be reported in FFY 2024 APR.

Reporting delays between December 2023 and March 2024 were due to the rollout, reporting, and data gaps in the new data system, NEIDS. During this period data were not reportable for the LEAs and SEA through the new system. Early in calendar year 2024 a pair of queries were built to accommodate the reporting needs of IDEA Part C. These queries are still in use and are in need of refining. As the data system enters its second year of implementation staff have a better grasp of mandatory fields, transition notification timelines, and reporting requirements. Additionally, the IDEA Part C Office has sent lists for child data clean ups within the NEIDS system, although these lists will be sent at more regular intervals.

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

Nevada does not have an opt-out policy for notifications to the State Education Agency (SEA) and the Local Education Agencies (LEAs).

The compliance percentage for this indicator was derived using the Tracking Resources and Children (TRAC) child data collection system and the Nevada Early Intervention Data System (NEIDS). In completing the 618 Exit Data Report, Nevada used the Exit categories as reported in the Exiting data for FFY 2023 to calculate the number of children exiting Part C on their third birthdate who are eligible or potentially eligible for Part B.

The Nevada IDEA Part C Office retrieved child information from TRAC and NEIDS for all active children with IFSPs and children who exited with IFSPs at or after the beginning of the fiscal year (July 1, 2023) and submitted two (2) quarterly reports to each school district (LEA). The first report included any child active in the system after their second birthdate, notifying the LEAs and SEA of children that will turn three (3) within the next 12 months. This is done to prevent any gap in notification, as children may exit and re-enter less than 90 days before their third birthday. The second report, issued simultaneously, contains the notification information for each child that has turned three (3) from the reporting date back to the beginning of the fiscal

year who are potentially eligible for Part B services. This allows Nevada to notify for all children, including those that entered IDEA Part C services late.

Historically, the IDEA Part C Office issued monthly or quarterly email notifications to each LEA and to the SEA. An email was sent to each county school district with an attached file. If an email was returned undeliverable, the 619 Coordinator and the county were contacted to determine the reason and correct the contact information to ensure timely and accurate notification. School districts where there were no children potentially eligible received notifications that stated there were no children in their district who were potentially eligible for Part B during the reporting period. Beginning in October 2023, during the reporting period, IDEA Part C staff gained access to the Secure File Transfer Portal (SFTP) Big Horn used by the Nevada SEA and LEAs to securely transfer child data. Now, IDEA Part C uses Big Horn regularly to send the data files for active children and exited children (with the same standards stated above) to the LEAs and to the SEA. The notifications, without attached files, are still sent to LEAs and the SEA as soon as data are available each month.

Children who were referred less than 90 days prior to their third birthday are not included in this calculation, though the LEA/SEA were notified late.

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

NO

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

State database

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

Full reporting period data were used July 1, 2023 through June 30, 2024

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

Data include all children who exited IDEA Part C services on their third birthdate with Part B Eligible or Part B Eligibility Not Determined. These data are linked with Exit and Transition Conference (8c) data.

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

Data include all children who exited IDEA Part C services on their third birthdate with Part B Eligible or Part B Eligibility Not Determined. These data are linked with Exit and Transition Conference (C-8c) data.

The IDEA Part C Office continued improvements for the LEA process with purchase and implementation of a new customizable off the shelf data system, NEIDS. Vendor selection occurred during March 2022 and Nevada launched the new data system during October 2023 (FFY 2023). The new data system has the capacity to improve tracking, notification, and alert IDEA Part C and program staff when new or late referrals are in the system indicating the need to notify LEA/SEA. Nevada has included in the data system an internal manual date tracking and reporting for the initial time that official notification is sent to the LEA and SEA, reducing the time needed for annual year-end reporting to programs, school districts and the state education agency.

The IDEA Part C Office is now utilizing the Nevada Department of Education secure file transfer portal (SFTP) site, Big Horn, to distribute the confidential information to the LEAs and SEA. This removes any issues caused by personnel changes at the school districts, as appropriate district staff are able to download the data directly from the SFTP site.

Transition training will be provided to all staff in the coming year.

**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

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

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

**8B - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

**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	71.40%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	97.49%	99.92%	97.96%	94.56%	99.59%

**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
1,496	1,897	99.59%	100%	97.15%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Reasons for statewide slippage include the following: provider scheduling difficulties, lack of time management, lack of timely assignment of families to the DS/SC, mislabeling of children who are not considered a late referral, miscommunication of the transition conference process timelines, Child Find cancellations by the LEA, provider cancellations and illnesses.

IDEA Part C Office liaisons and program management "drilled down" into their transition conference data as a part of their CAP to find root causes for the slippage in programs. One (1) program discovered that an individual staff member was overusing the "Child Find unavailable" and "Child Find cancelled" dropdown in the delay reasons menu for transition due to a lack of planning and miscommunication with the LEA.

One (1) program was found to be holding a 24-month transition preparation meeting during which families were consistently documented as declining the transition conference. As children and families moved into and through the appropriate transition period, they instead wanted to take part in the Transition Conference with the LEA. The under-documentation and lack of preparation left this particular agency in a consistent bind of scheduling late transition conferences as children approached their third birthdates. Though this has been addressed with the program the data continue to show this pattern into FFY 2024.

It has been brought to the attention of the IDEA Part C Office that one (1) LEA has a history of canceling transition conferences last minute. As a result, programs were missing these timelines. Staff have been trained and directed to conduct the IDEA Part C required transition conference meeting with families in the event LEA representatives are not available.

**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.

72

**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.

277

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

Reasons for statewide slippage include the following: provider scheduling difficulties, lack of time management, lack of timely assignment of families to the DS/SC, mislabeling of children who are not considered a late referral, miscommunication of the transition conference process timelines, child find cancellations by the LEA, provider cancellations and illnesses.

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

State database

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

Data are collected for the full reporting period of July 1, 2023 through June 30, 2024.

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

These data cover all children who exited on the third birthday within the fiscal reporting period and cover the full reporting year July 1, 2023 – June 30, 2024.

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

Programs have the option of cross-training those staff struggling with timely Transition Conferences with those staff who have a strong history of timely Transition Conferences.

IDEA Part C looks to better support staff supervisors with increased use of tracking tools available in the NEIDS. This points to supervisory staff needing to be included on CAPs at the program level.

The IDEA Part C Office meets monthly with the Nevada 619 Coordinator to improve transition between Part C and Part B statewide.

The Nevada PD Center provides training on transition conferences through the DS Series of courses.

**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	3	0	1

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

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

During FFY 2022, four (4) programs were issued new findings for this indicator and three (3) programs had timely correction that was verified by the IDEA Part C Office. One (1) program did not have verified correction of noncompliance within one (1) year from the time of issuance and correction has not been verified as of FFY 2023.

The IDEA Part C Office continues to review subsequent quarterly data and will continue monitoring this program with desk audits for the remaining one (1) program to identify progress made and any continuous training needs. Data reports for all EI programs for this indicator were generated on a quarterly basis from the TRAC data system. Data are individualized by each program to include the total number of required transition conferences including: the number of children exiting IDEA Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The IDEA Part C Office reviews these data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their transition conference in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator were generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the findings are reviewed. When a program was found to be at 100% compliance for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided with written notification of correction for the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with transition conference timelines. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

Each child in this dataset is outside of the jurisdiction of the EI System. Therefore, individual cases of noncompliance are verified through ongoing data monitoring.

**FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The remaining program without verified correction from new findings issued in FFY 2022 is on a CAP, which includes training of both individual staff members and all staff in Transition Conferences, and more frequent supervision of the program through meetings with the assigned liaison.

**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
FFY 2021	4	2	2
FFY 2020	2	1	1

**FFY 2021**

**Findings of Noncompliance Verified as Corrected**

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

Of the new findings that had been issued in FFY 2021, four (4) programs had unresolved ongoing findings of noncompliance in this indicator in the reporting of the FFY 2022 APR. Of those four (4), two (2) programs had subsequent correction that was verified by the IDEA Part C Office. These two (2) programs terminated their service agreements in FFY 2022 prior to the end of their one (1) year correction period. Neither the programs nor the children transitioned are within the jurisdiction of the state early intervention system. Two (2) programs remain with findings not yet verified for correction by the IDEA Part C Office.

One (1) program did not have verified correction of noncompliance within one (1) year from the time of issuance and correction has not been verified as of FFY 2023.

The IDEA Part C Office continues to review subsequent quarterly data and will continue monitoring this program with desk audits for the remaining one (1) program to identify progress made and any continuous training needs. Data reports for all EI programs for this indicator were generated on a quarterly basis from the TRAC data system. Data are individualized by each program to include the total number of required transition conferences including: the number of children exiting IDEA Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The IDEA Part C Office reviews these data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their transition conference in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator were generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the findings are reviewed. When a program was found to be at 100% compliance for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided with written notification of correction for the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with transition conference timelines. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

Each child in this dataset is outside of the jurisdiction of the EI System. Therefore, individual cases of noncompliance are verified through ongoing data monitoring.

**FFY 2021**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The IDEA Part C Office conducted the Part C Action Series which covered the importance of Transition, tracking transition timelines, and how to be proactive in planning for the Transition Conference to ensure children and families are transitioned timely. The training encouraged specialists to reach out to the LEA representative in a timely manner to get the transition conferences scheduled. Additionally, this training covered the responsibilities of the SC to conduct the IDEA Part C required transition conference with families in the event LEA representatives are not available.

The IDEA Part C Office seeks to work directly with the programs with data reviews covering smaller periods of time (e.g. monthly instead of quarterly). The longstanding noncompliance requires a focused effort from program management and staff to identify and address the root cause of the missed timelines for transition and correction of the noncompliance.

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

The IDEA Part C Office continues to review subsequent quarterly data and will continue monitoring this program with desk audits for the remaining one (1) program to identify progress made and any continuous training needs. Data reports for all EI programs for this indicator were generated on a quarterly basis from the TRAC data system. Data are individualized by each program to include the total number of required transition conferences including: the number of children exiting IDEA Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The IDEA Part C Office reviews these data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their transition conference in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator were generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the findings are reviewed. When a program was found to be at 100% compliance for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided with written notification of correction for the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with transition conference timelines. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

Each child in this dataset is outside of the jurisdiction of the EI System. Therefore, individual cases of noncompliance are verified through ongoing data monitoring.

**FFY 2020**

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The IDEA Part C Office conducted the Part C Action Series which covered the importance of Transition, tracking transition timelines, and how to be proactive in planning for the Transition Conference to ensure children and families are transitioned timely. The training encouraged specialists to reach out to the LEA representative in a timely manner to get the transition conferences scheduled. Additionally, this training covered the responsibilities of the SC to conduct the IDEA Part C required transition conference with families in the event LEA representatives are not available.

The IDEA Part C Office seeks to work directly with the programs with data reviews covering smaller periods of time (e.g. monthly instead of quarterly). The longstanding noncompliance requires a focused effort from program management and staff to address the root cause of the missed timelines for transition and correction of the noncompliance. This IDEA Part C Office and the program have worked to identify the root cause of the ongoing noncompliance as: an individual staff member was overusing the "child find unavailable" and "child find cancelled" dropdown in the delay reasons menu for transition; lack of planning and preparation; lack of follow-up and miscommunication with the LEA; provider shortage; and provider illness (coverage unavailable).

### **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. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining four uncorrected findings of noncompliance identified in FFY 2021 and the remaining two uncorrected findings of noncompliance identified in FFY 2020 were corrected. 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 findings of noncompliance identified in FFY 2022 and each EIS program or provider with remaining noncompliance identified in FFY 2021 and FFY 2020: (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**

### **8C - OSEP Response**

### **8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

**Data Source**

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	1
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	1

**Targets: Description of Stakeholder Input**

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendaized for January 2025 and did not occur prior to certification of the FFY 2023 APR.

On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their

experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

**Historical Data**

Baseline Year	Baseline Data

FFY	2018	2019	2020	2021	2022
Target>=	0.00%	.00%			
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
1	1			100.00%	N/A	N/A

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

The State reported fewer than ten dispute resolutions held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held. The IDEA Part C Office does report de-identified complaint information to both the Interagency Coordinating Council and to the Nevada Early Intervention Services system programs during monthly technical assistance calls as standing agenda items.

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

**9 - Required Actions**

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	1
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

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCFP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendaized for January 2025 and did not occur prior to certification of the FFY 2023 APR.

On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.



The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

**Historical Data**

Baseline Year	Baseline Data
2005	0.00%

FFY	2018	2019	2020	2021	2022
Target>=	0.00%	.00%			
Data					

**Targets**

FFY	2023	2024	2025
Target>=			

**FFY 2023 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
0	0	1			0.00%	N/A	N/A

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

The State reported fewer than ten dispute resolutions held in FFY 2023. The State is not required to provide targets until any fiscal year in which ten or more mediations were held. The IDEA Part C Office does report de-identified complaint information to both the Interagency Coordinating Council and to the Nevada Early Intervention Services system programs during monthly technical assistance calls as standing agenda items.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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)?**

Infants and toddlers exiting early intervention services will demonstrate a significant increased rate of growth in positive social-emotional skills (including social relationships).

**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)**

NO

**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://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/Theory%20of%20Action\\_SSiP\\_1.5.22.pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/Theory%20of%20Action_SSiP_1.5.22.pdf)

**Progress toward the SiMR**

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

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

NO

**Historical Data**

Baseline Year	Baseline Data
2013	65.25%

**Targets**

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	70.02%	70.55%	71.08%

**FFY 2023 SPP/APR Data**

3A1. (numerator) The number who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	3A1. (denominator) The number of those children who entered or exited the program below age expectations in Outcome A	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,608	2,112	79.62%	70.02%	76.14%	Met target	No Slippage

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

Child outcome summary (COS) has been used for Indicator 11 State Systemic Improvement Plan (SSIP) annually since 2013, and continues to be used for FFY 2023 reporting. The COS data pertain to infants and toddlers at entry and exit for those children who have received at least 6 months of early

intervention services.

Results from Indicator 3. Child Outcomes are specific to Indicator C3A1: 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 FFY 2023 Target 70.02%, FFY 2023 Data: 76.14% (Met target; No slippage)

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

COS data are collected from all children at entry and exit for children with at least 6 months of services. FFY 2022 data was 79.62%. FFY 2023 Target of 70.02% was 76.14% Met target; No slippage). The data collected for infants and toddlers who received six (6) months or longer of early intervention services for FFY 2023 were collected using the Child Outcome Summary Form (COSF) 7-point rating scale. The rating scale was developed by the Early Childhood Outcome (ECO) Center to support criteria for defining how NV's infants and toddlers are compared to same-aged peers. NV also uses the decision tree to support practitioners in determining an appropriate child outcome rating for infants and toddlers. The criterion to determine "comparable to same-aged peers" is defined as a child who has been assigned a score of 6 or 7 on the COS (Child Outcome Summary).

Social emotional/Pyramid Practices e-modules continue to be available to programs through a link from the Pyramid Model Consortium. Data on completion of the e-modules by EI professionals is provided by Pyramid Model Consortium to reflect practitioners' progress in knowledge on social emotional topics. Practitioners are required to take these modules upon hire and are required to retake the modules every two (2) years as a refresher.

Family survey data shared for this indicator are obtained from families via mail in survey or emailed electronic survey. Data is compiled by IDEA Part C Office staff, with information categorized per EI program in terms of qualitative data that include individualized open responses for EI experiences. The data are analyzed in comparison to previous years of responses.

**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.**

IDEA Part C receives data on personnel who have successfully completed the Pyramid Practices e-modules through Pyramid Model Consortium, which are the e-modules that were paid for through OSEP grant funding. The data reflect the numbers of staff who have taken and passed the knowledge checks and quizzes within the e-modules.

Data from the FFY 2023 Family survey

These data are based on responses to Question 5 of FFY 2023 Family Survey: "I have meaningful conversations with our service providers about my child's social-emotional development (positive interactions with others, learning to control emotions and behaviors, understanding and following rules and being able to effectively communicate needs)." Of the 167 respondents, 163 agreed (47) or strongly agreed (116) with this statement (163/167 = 97.60%). Two (2) families (2/167 = 1.20%) responded that they disagreed (1) or strongly disagreed (1) with the statement. Two (2) families (2/167 = 1.20%) indicated Undecided in regard to this statement. No families left this question blank.

These data are based on responses to Question 16 of FFY 2023 Family Survey: "Early intervention services help me feel comfortable in supporting my child in developing positive relationships with other children and adults." Of the 167 respondents, 156 agreed (51) or strongly agreed (105) with this statement (156/167 = 93.41%). Five (5) families (5/167 = 2.99%) responded that they disagreed (4) or strongly disagreed (1) with the statement. Six (6) families (6/167 = 3.59%) indicated Undecided in regard to this statement. No families left this question blank.

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

NO

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

NO

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

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

[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/\(link%20for%20website\)%20SSIP%20Evaluation%20and%20Action%20Plans%20Combined%20updated%201.23.2023\(1\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/(link%20for%20website)%20SSIP%20Evaluation%20and%20Action%20Plans%20Combined%20updated%201.23.2023(1).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 professional development infrastructure improvement strategy reported during the FFY 2022 APR/SPP within Indicator 11 remains, with continuation of retention initiatives to bolster the EI workforce in order to have personnel who may support and promote social emotional development for all of Nevada's children and families enrolled in EI. Cohort 1 of the DS Series, which began in April 2023 with 29 Learners, was completed with 20 graduates during April 2024. Cohort 2, which began in August 2023 with 27 Learners, completed with 20 graduates during September 2024. These graduates earned their IDEA Part C Alternative Certification which allowed them to remain in their positions, and for the families on their caseloads to have continuity of services. Notably, the coursework in the DS Series included social emotional content, strategies, assignments, guest speakers, case studies and capstone work which promoted knowledge and competency in social emotional best practices.

**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.**

Outcomes are related to a Professional Development framework while the system continues to bolster its workforce to address critical personnel shortages: Outcomes for this past reporting period coincide with the immediate challenges of a critical personnel shortage and retention/professional development initiatives to:

a) Promote continuity of services for families;

b) Promote the numbers of staff needed to sustain improvement efforts such as succession of staff and the transference of knowledge to new staff; and,

Staff are reporting that they are struggling to keep up with the demands of heavy caseloads, dealing with new data system billing issues, completing required coursework to maintain positions (even at no cost), and taking on more assignments from their management. The EI system in Nevada is still recovering from the Great Resignation of 2021-2022 which resulted from the COVID-19 pandemic, and turnover continues to be a concern for some EI programs.

Therefore, while the EI workforce pipeline is opened for more personnel to enter the field and then be trained, in the meantime, existing supports and services may be enhanced for families through their existing IFSP teams. All direct service providers, regardless of whether a program was, is or still is a Pyramid Model implementation site, must still receive professional development on social-emotional development and Pyramid Practices such as through the e-modules developed by the Pyramid Model Consortium and paid for by OSEP funding. This requirement ensures that all programs receive the proper trainings in Pyramid Model and that there does not need to be a wait for a program to become an implementation site prior to staff becoming more knowledgeable on Pyramid Practices.

Short term outcomes include retaining personnel within their positions through the first year from hire.

Intermediate outcomes include utilizing the PD Center to assist new Developmental Specialist personnel with options for academic coursework that will meet comparable licensure certification requirements at no cost to the Learner.

Longer term outcomes include the promotion of trained and qualified EI personnel such that these personnel are confident and competent to maintain and provide services to their caseloads.

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

NO

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

Pyramid Model efforts slowed while programs experienced turnover and worked to address personnel shortages, as it is essential that the system train, onboard and retain new personnel in order to carry out Pyramid Model and other social-emotional initiatives. The Pyramid Model e-modules remain as a required PD course for all new hires within one year of employment, and ongoing are required every two years. All other Pyramid Model initiatives remain optional for programs, such as Pyramid Model scale up, and enrolling in infant/early childhood mental health trainings.

Next steps include:

Continued SLT action planning meetings.

Continue Pyramid Practices e-modules access for all EI personnel.

Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines.

Continue researching and providing as possible early childhood mental health trainings and certifications within Nevada programs.

Short term outcomes include supporting personnel within their positions during their first year of employment in order to increase retention rates.

Intermediate outcomes include utilizing the PD Center to assist new Developmental Specialist personnel with options for academic coursework that will meet comparable licensure/certification requirements at no cost to the Learner.

Longer term outcomes include the promotion of trained and qualified EI personnel; fostering confidence and competence to maintain and provide services to the children and families on their EI caseloads.

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

The evidence-based practices (EBPs) that were implemented in Nevada during the FFY 2023 reporting period continued to be implemented as previously reported, in addition to best practices to address system retention issues due to critical staff shortages.

From the Division for Early Childhood (DEC) Recommended Practices on Leadership in reference to Nevada IDEA Part C securing funding, seeking TA and planning to implement a new professional development center as a strategic retention initiative:

Leadership. L8. Leaders work across levels and sectors to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices.

Leadership. L9. Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Recommended Practices.

Leadership. L10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision.

Leadership. L11. Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC, Council for Exceptional Children (CEC), and other national professional standards.

Listed below for reference are the evidence-based practices listed in previous reporting of SPP/APR SSIP:

- 1) Division for Early Childhood's Recommended Practices (2014, <http://www.dec-sped.org/recommendedpractices>) and
- 2) OSEP Technical Assistance Community of Practice Workgroup on Principles and Practices in Natural Environments (2008,

Ongoing evidence-based practices in NV IDEA Part C include, but are not limited to:

Building partnerships with families: Practitioner identifies and uses the caregiver's individual preferences, priorities, and needs when providing supports. (DEC F-3, F-4; EI Key Principle 4)

DEC Family F3. Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.

DEC Family 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.

Key principle 4: The early intervention process from initial contacts through transition must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.

Social emotional development: Practitioner supports caregivers in promoting their child's social emotional competence by scaffolding and expanding on their child's expressions, interactions, play, communication, and autonomy. (DEC F-5, F- 6, INT1-5; EI Key Principle 3)

DEC Family F5. Practitioners support family functioning, promote family confidence and competence, and strengthen family- child relationships by acting in ways that recognize and build on family strengths and capacities.

DEC Family F6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized, and tailored to the family's preferences.

DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self-regulation.

DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.

Key Principle 3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

Family Centered Coaching: Practitioner collaborates with the caregiver to identify opportunities to practice new skills during daily routines and activities in between visits. (DEC INS-13; EI key principle 3, 4 already listed above)

DEC Instruction 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.

Dyadic Relationships: Practitioner coaches the caregiver in responding to challenging behaviors in ways that reduce the efficacy and efficiency of the challenging behavior. (INS 7, INS 9, INS 13, INT5. EI key principle 2, 3).

DEC Instruction I7. Practitioners use explicit feedback and consequences to increase child engagement, play, and skills.

DEC Instruction I9. Practitioners use peer mediated intervention to teach skills and to promote child engagement and learning.

DEC Instruction INS13. Already listed above

DEC Interaction INT5. Practitioners promote the child's problem-solving behavior by observing, interpreting, and scaffolding in response to the child's growing level of autonomy and self- regulation.

Key principle 2. All families, with the necessary supports and resources, can enhance their children's learning and development.

Challenging behavior: Practitioners collaborate with caregivers and other professionals to create a contextual and relevant behavior support plan. (DEC F3, F4, previously listed; EI key principle 2-4 listed, 5, 6, 7).

Principle 5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.

Principle 6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Principle 7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

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

DEC RP L9. speaks to our PD workgroup that is endeavoring to remove barriers for professionals to meet their licensure requirements for our DS Series program which will be comparable to certification programs through institutions of higher education. Competencies will be measured through class participation (virtual classroom via Microsoft Teams meetings), reflective journaling, literature reviews and ongoing capstone project work.

DEC RP L11 reinforces that our Nevada IDEA Part C Office's collaborations are going in right direction in that we have collaborated with, as well as sought out feedback from, entities internal and external to Nevada, including the Nevada Department of Education Office of Licensure, institutions of higher education (University of Nevada, Reno and University of Nevada, Las Vegas), Early Childhood Personnel Center, University of Illinois, Early Childhood Technical Assistance Center and WestEd.

Here below for reference are the summaries for the evidence-based practices in previous reporting of APR/SPP SSIP:

DEC Recommended practices and Early Intervention Key Principles used in Nevada's Pyramid Model include: Building partnerships with families, SE development, Family-centered coaching, Dyadic relationships and Challenging behavior:

Examples of how Nevada IFSP teams promote SE outcomes for families with the use of evidence-based practices include:

DEC Recommended Practice Family F 6. Practitioners engage the family in opportunities that support and strengthen parenting knowledge and skills and parenting competence and confidence in ways that are flexible, individualized and tailored to the family's preferences.

Use the caregiver's preferred language

Ask caregiver to share information or ideas on which strategies to implement

Observe and bring attention to child responses or initiations (e.g. facial expressions, eye contact, gestures) to caregiver behaviors during caregiver-child interactions

Support caregiver in identifying specific routines the caregiver and child already do to practice skills throughout the day

Model or suggest ways for the caregiver to support the child's communication attempts during caregiver-child interactions

Provide supportive and specific feedback to caregivers when attempting new strategies to expand on child's communication

Affirm caregiver competence and confidence in caregiver-child interactions

NCPMI Family Centered Coaching: Practitioner engages the caregiver in collaborative problem-solving regarding caregiver child interactions and their child's social emotional competence; DEC Teaming and Collaboration TC DEC Teaming and Collaboration TC2. Practitioners and families work together systematically and regularly exchange expertise, knowledge and information to build team capacity, and jointly solve problems, plan and implement interventions.

Ask reflective questions in response to caregiver comments, questions, or concerns.  
Actively listens to family's suggestions and offers additional suggestions when appropriate.

DEC Assessment A3. Practitioners use assessment materials and strategies that are appropriate for the child's age and level of development and accommodate the child's sensory, physical, communication, cultural, linguistic, social and emotional characteristics, and DEC Assessment A8. Practitioners use clinical reasoning in addition to assessment results to identify the child's current level of functioning and to determine the child's eligibility and plan for instruction:

Collaborates with the caregiver to create social emotional goals based on the caregiver's preferences, priorities, and needs.  
Writes goals using language the caregiver can understand.

By implementing Pyramid Model and selected DEC RPs and EI Key Principles, practitioners will be better able to coach families to respond to their children's social-emotional needs, and families will be better able to support their children's social-emotional 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 IDEA Part C Office is collaborating with stakeholders to continue providing Leadership for retention initiatives designed to support early interventionist Developmental Specialists (DSs) who would like to remain working in the EI field. Having a diverse, capable and knowledgeable workforce is essential to meet the needs of children with disabilities and their families. Having this workforce that can meet their professional qualifications will in a huge way promote caseload coverage as personnel are able to serve their caseload of families, support the child's social emotional development and promote the achievement of the child's outcomes.

The summary of information below continues to be applicable for Nevada IDEA Part C:

Nevada IDEA Part C will require that all staff complete the upcoming E-modules, which Nevada IDEA Part C purchased with ARP funds. Also, the IDEA Part C Office is planning to purchase more SE screeners, ASQ SE, SEAM, Piccolo, DECA; with every program already trained for these, with options for programs to choose the tool that works best with each family. (DEC Recommended Practice Leadership L 10. Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision and DEC Recommended Practice Instruction I 13. Practitioners use coaching or consultative strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development). These practices along with those listed in sections throughout this SSIP/Indicator 11 and related activities support the SiMR by equipping practitioners to be trained on social emotional development within the field of early intervention for children ages birth to 3 years with disabilities and their families, and on using the most appropriate social emotional screening or assessment tool with their families. These efforts will in turn promote practitioner confidence and competence in identifying areas potentially in need of instruction for improvement regarding social emotional development. Therefore, efforts with practitioners growing in their competence and confidence to support families in social emotional development, combined with families growing in their trust in working with their IFSP teams, will move these practices toward fidelity, and will then promote families in achieving their social emotional outcomes. Further, increased statewide results for infants and toddlers making progress in their social emotional development will continue to move the needle forward for Nevada's Early Intervention services system in consistently meeting targets for the State SiMR. And finally, the effective cycle will be expected to successfully and sustainably continue through to 2026 with thoughtful and intentional collaborations occurring from the 'grass tops to grass roots,' i.e., state leadership team levels of support and options to programs, coaches, practitioners and families with our youngest and most vulnerable population in Nevada. Options for PD may include pyramid/social emotional related topics such as Reflective Leadership in EI, infant and early childhood mental health, adverse childhood experiences and trauma informed practices.

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

Evaluation is in progress at this time following each PD Center class, with an evaluation link for Learners to provide feedback.  
The IDEA Part C Office is working with Trifolia-Pyramid Model Consortium for data collection on the numbers of personnel who have successfully completed the pyramid e-practices knowledge checks and quizzes.

**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.**

No additional data were collected regarding the ongoing use of each EBP.

**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 includes the following, which were also described above:

Continued SLT action planning approximately 3 times a year.  
Continue Pyramid Practices e-modules access for all EI personnel.  
Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines.  
Continued early childhood mental health trainings and certifications within Nevada programs.

**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.**

During 2020 to 2022, the Nevada Early Intervention Services (NEIS) system of services and supports for children with disabilities ages birth to 3 years and their families experienced critical workforce shortages that became very pronounced during the COVID-19 pandemic. Challenges to workforce

retention included many factors, including:

Turnover: 10% (16 of 160) Developmental Specialist (DS) statewide workforce resigned  
27% (24 of 86) personnel surveyed in Fall 2022 considered leaving due to licensure reasons  
Difficult economy (skyrocketing housing, food, gas, tuition)  
Impacted health, including mental health due to loss of loved ones and hardship experienced during the pandemic  
Geographical considerations, with limited support for rural and frontier regions.

The Nevada Early Intervention Professional Development Center (PD Center) began development in October 2022 by the State of Nevada IDEA Part C Office and a PD Work Group of statewide stakeholders, instructors and volunteers. The IDEA Part C Office received invaluable technical assistance from national, state and local sources, including the Early Childhood Personnel Center (ECPC) and Early Childhood Intervention Personnel Center for Equity (ECIPCE) infrastructure and curriculum development. The PD Center is funded by State of Nevada Governor Finance Office (GFO) American Rescue Plan Act funds, beginning in October 2022 through June 2026. Thereafter, funding for the PD Center will be covered by annual formula grant funding to the IDEA Part C Office.

For more information on the historical work of the PD Center, please see:  
Website: Nevada Early Intervention Professional Development Center link at:  
[https://dhhs.nv.gov/Programs/IDEA/Nevada\\_Early\\_Intervention\\_Professional\\_Development\\_Center/](https://dhhs.nv.gov/Programs/IDEA/Nevada_Early_Intervention_Professional_Development_Center/)

The following data for the PD Center's first program, the Developmental Specialist (DS) Series, was prepared for the international Division for Early Childhood (DEC) conference during September 2024. As shared during the conference, the PD Center endeavors to improve quality programming, representativeness and PD opportunities for families, early intervention personnel and external stakeholders. The IDEA Part C Office and the PD Center are grateful for all who have supported this retention initiative.

Total Number of DSs as of June 2024: 201  
Total Number of DS Series Graduates to date: 40 Graduates

This has resulted in 19.1% of DSs who have met their position licensure requirements with a Nevada IDEA Part C Alternative Certification through successful completion of the DS Series.

With an average caseload of approximately 25 children per DS, the estimated impact of continuity of services is for 1,000 families who did not need to be reassigned or placed on a wait list to continue their early intervention services.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

Nevada's performance status is reported numerically and by percentage for each indicator compared to established and re-established targets. Stakeholders last updated targets for the FFY 2023 annual performance report during December 2024. The ICC began review of the FFY 2023 SPP/APR during the December 2024 quarterly meeting and approved it in January 2025.

Throughout the course of FFY 2023, the IDEA Part C Office presented data and other key early intervention (EI) system information, as well as gained feedback and advising from the following groups: the Department of Health and Human Services (DHHS) Administration, DHHS Aging and Disability Services Division (ADSD), ADSD Quality Assurance for Children's Services, Nevada's Interagency Coordinating Council (ICC), state EI and community partner EI programs, federal, state, and local community agencies such as Nevada Division of Health Care Financing and Policy (DHCNP Nevada Medicaid and Nevada Check Up) representative; northern region early childhood mental health program representative, the Nevada System of Higher Education, Nevada Department of Education Part B/619, family and legal advocacy groups, and the Legislative Counsel Bureau (LCB).

Key stakeholder involvement activities included:

ICC Meetings occurred on a quarterly basis. During October 2023, an in person, 2-day ICC retreat took place in Reno, Nevada in the first face to face meeting since the March 2022 COVID-19 pandemic. ICC meetings follow Nevada's Open Meeting Law, and include review of minutes, community program or agency presentations/trainings, Part C EI system updates and data reports including any formal complaints, subcommittee reports, and strategic planning to improve Nevada's system and to promote improved outcomes for families with infants and toddlers with disabilities. Quarterly meetings typically occur during the months of July, October, January and April. If quorum is not met, the ICC will inquire among the ICC members for availability to meet again within the same month or next month. ICC meetings that successfully met quorum within the last year occurred during October 2023, January 2024 and April 2024.

As shared, a target setting stakeholder meeting occurred during December 2024 with the ICC. No decisions were made at this meeting to alter the targets. Discussion was agendaized for January 2025 and did not occur prior to certification of the FFY 2023 APR. On January 27, 2025, the ICC voted to certify the current FFY 2023 SPP/APR submission due February 3, 2025 to OSEP.

Parent participation was a highlight in our statewide professional development. The Nevada Early Intervention Professional Development Center (PD Center) included families, who had or were receiving EI services, as guest speakers during the Partnering with Families Developmental Specialist (DS) Series coursework during June – July 2023, October-November 2023 and May 2024. The DS Series serves as a retention initiative for early intervention personnel at no cost to participants. During this coursework, parents added to the available knowledge of DS practitioners by sharing about their experiences in early intervention and the impact of services upon their children's development, with the goal of promoting best practices for DSs to be effective in their early intervention role of working with vulnerable families.

The IDEA Part C Office is grateful for this past year's increased stakeholder engagement for SPP/APR reporting and overall advising for Nevada's Early Intervention Services system.

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

Continued PD Workgroup meetings and work with the ICC, EI programs and EI system.  
Continue pyramid practice e-modules access for all EI personnel.



Continued PD courses to bolster EI workforce retention for Developmental Specialists, with more course options for additional disciplines having occurred during Fall 2024.  
Continued early childhood mental health trainings and certifications. within Nevada programs.

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

NO

**Additional Implementation Activities**

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

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

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

Barriers continue to include critical personnel shortages among some EI programs which are being addressed and mitigated through ongoing retention initiatives as described above.

**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
2022	90.91%

### 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	0	2	0	0

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

There were no differences.

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

As a result of NV IDEA Part C Office Focused Monitoring and Comprehensive Monitoring, it was identified that two (2) programs did not meet the 100% target for this indicator in FFY 2022. One (1) of these programs underwent both Focused Monitoring and Comprehensive Monitoring within FFY 2022 where noncompliance was identified during each monitoring. Each of these two (2) programs were notified and issued a new finding and/or ongoing finding of noncompliance. These programs were required to analyze root causes to address program issues through CAPs. Since the programs who were issued a finding of noncompliance in FFY 2022 were not scheduled for comprehensive monitoring in FFY 2023, the IDEA Part C Office conducted verification audits for the two (2) programs. A selection of records was audited for each of the programs. The data reflected that both programs were performing at 100% and implementing services timely to meet the regulatory requirements. As a result, the IDEA Part C Office verified timely correction of noncompliance for these two (2) programs and issued letters of correction on November 21, 2023 and March 29, 2024.

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

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing program reporting demonstrating that services were initiated for each individual child, although late, unless the child was no longer in the jurisdiction of the EI program/EI system and verified as corrected no later than one (1) year from the date of notification of noncompliance. This is verified and documented through the utilization of a standard individual child correction form that is utilized as a part of the state's monitoring process and procedures. When appropriate (depending on the length of the delay), a remedy for the delay was offered to the family in order to compensate for the delay in initiation of the child and families' services. For the two (2) programs that corrected each individual case of noncompliance: eight (8) child records were reviewed and verified for one (1) program and for the second program ten (10) child records were reviewed and verified for full correction, including all applicable compensatory services. The programs also underwent training in the requirements for Timely Initiation of Services to ensure continued compliance is sustained.

**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
5	0	5	0	0

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

There were no differences.

**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:**

Quarterly data reports for this indicator are generated from the TRAC data system. When a program was found to be at 100% for one (1) quarter based on the new data compiled, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters as a part of IDEA Part C's monitoring process, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their IFSP in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator are generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided written notification of correction of the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with the 45-day timeline. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

The IDEA Part C Office verified individual cases of noncompliance through desk audits and ongoing database reporting that IFSPs were initiated for each of the 141 individual children, although late.

**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
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 8A due to various factors (e.g., additional findings related to other IDEA requirements).

There were no differences.

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*:

All five (5) programs who were monitored were verified as implementing the requirement of timely transition planning at 100%. As a result, no findings were issued.

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

All five (5) programs were compliant for transition planning.

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

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 differences. Nevada IDEA Part C has not historically given findings in this area.

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 IDEA Part C Office continues to report to LEAs and SEA all of the children who have active IFSPs to their assigned LEA (county of residence) according to the child's NEIDS record. The IDEA Part C Office is implementing a tighter timeline and new processes for identifying and reporting children to the LEAs and SEA in a timely manner. Each child who was at least two years old and actively receiving IFSP services was reported to the LEA, although late.

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

The IDEA Part C Office continues to report the children who have active IFSPs to their assigned LEA (county of residence) according to the child's NEIDS record. The IDEA Part C Office is implementing a tighter timeline and new processes for identifying and reporting children to the LEAs and SEA in a timely manner. Each child who was at least two years old and actively receiving IFSP services was reported to the LEA, although late. In addition, each child who exited on their third birthday (with Part B Eligible or Not Determined) during the reporting period and who started services more than 90 days prior to their third birthday was reported to the LEA, although late.

There are instances where a child is referred to IDEA Part C and becomes eligible for EI services with an IFSP in place less than 135 days prior to their third birthday. The LEA is notified by the program in these cases. These instances are not shared in this report as timely as the SEA is not notified at the same time.

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	0	3	0	1

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).

There are no differences.

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:

During FFY 2022, four (4) programs were issued new findings for this indicator and three (3) programs had timely correction that was verified by the IDEA Part C Office. One (1) program did not have verified correction of noncompliance within one (1) year from the time of issuance and correction has not been verified as of FFY 2023.

The IDEA Part C Office continues to review subsequent quarterly data and will continue monitoring this program with desk audits for the remaining one (1) program to identify progress made and any continuous training needs. Data reports for all EI programs for this indicator were generated on a quarterly basis from the TRAC data system. Data are individualized by each program to include the total number of required transition conferences including: the number of children exiting IDEA Part C services, transition conferences completed within the required timeline, conferences not completed due to family exception and program exception. From that information, the percentage of compliance is calculated for each program. The IDEA Part C Office reviews these data each quarter for compliance. All data reports generated in quarters subsequent to the issuing of the finding are reviewed. When a program was found to be at 100% for one (1) quarter it was determined the program had met the requirements for all children enrolled and the program was provided with written notification of correction of the noncompliance.

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

The IDEA Part C Office pulls a data set for each quarter. If all children in that quarter have received their transition conference in a timely manner, then the program is 100% compliant. Quarterly data reports for this indicator were generated from the TRAC data system. New data reports generated in quarters subsequent to the issuing of the findings are reviewed. When a program was found to be at 100% compliance for one (1) quarter based on the new data, the program demonstrated it is implementing the requirements of this indicator for all children enrolled, and the program was provided with written notification of correction for the identified noncompliance. Each program that was issued new findings were required to review their tracking processes for the eligible timeline to identify the underlying causes leading to noncompliance and to ensure compliance with transition conference timelines. For the programs that have a finding of noncompliance for this indicator based on data for the first three (3) quarters, the agency's TRAC data for the fourth quarter of the year is used to verify correction.

Each child in this dataset is outside of the jurisdiction of the EI System. Therefore, individual cases of noncompliance are verified through ongoing data monitoring.

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
		0

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
11	0	10	0	1

**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
10	11		100%	90.91%	Did not meet target	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	9.09%
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**Provide additional information about this indicator (optional)**

The Nevada IDEA Part C Office opted not to include the optional "Other Areas of Findings" in the FFY 2023 APR. All findings issued to programs in the state are reflected in the APR for FFY 2022 and prior.

**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).	11
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)	10
3. Number of findings <u>not</u> verified as corrected within one year	1

**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	1
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	1

**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.

The remaining program without verified correction from new findings issued in FFY 2022 is on a CAP, which includes training of both individual staff members and all staff in Transition Conferences, and more frequent supervision of the program through meetings with the assigned liaison. The IDEA Part C Office seeks to work directly with the program with data reviews covering smaller periods of time (e.g. monthly instead of quarterly). The ongoing noncompliance requires a focused effort from program management and staff to identify and address the root cause of the missed timelines for transition and correction of the noncompliance.

## **12 - OSEP Response**

## **12 - Required Actions**

## Certification

### Instructions

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

#### Certify

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

#### Select the certifier's role

Designated by the Lead Agency Director to Certify

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

**Name:**

Melissa Slayden

**Title:**

NV IDEA Part C Data Manager, Management Analyst III

**Email:**

m1slayden@dhhs.nv.gov

**Phone:**

7756870533

**Submitted on:**

02/03/25 2:51:09 PM