

# STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

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

For reporting on  
FFY 2024

**Alaska**



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

U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202

## Introduction

### Instructions

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

### Intro - Indicator Data

#### Executive Summary

The Alaska Department of Health (DOH), Division of Senior and Disabilities Services (SDS), Early Intervention/Infant Learning Program (EI/ILP) Unit serves as the State Lead Agency responsible for administering and overseeing the statewide system of early intervention services in Alaska. EI/ILP services are available to all families with infants and toddlers, ages birth to three years, who experience developmental delay/disabilities as defined by Alaska Part C Policy. Children are eligible for Early Intervention services in Alaska if they have a qualifying diagnosed condition, a 50% or greater delay in one or more areas of development, or if the evaluation team finds them eligible through the Informed Clinical Opinion process.

The Early Intervention/Infant Learning Program (EI/ILP) Unit maintains a clear line of authority over all aspects of the EI/ILP System in Alaska. Additional support to the EI/ILP Unit is provided by SDS Administrative and Policy teams. The Lead Agency provides fiscal oversight in partnership with several divisions, including:

1. SDS administrative staff, including Administrative Operations Manager
2. Department of Administration, Division of Finance State Single Audit
3. DOH, Audit Section
4. DOH, Division of Healthcare Services (Medicaid)
5. DOH, Grants and Contracts Unit
6. DOH, Finance and Management Services (FMS)
7. DOH, Information and Technology Unit

The Alaska Governor's Council on Disabilities and Special Education Alaska houses the Interagency Coordinating Council (ICC), which advises and assists the lead agency in providing oversight. (<https://health.alaska.gov/en/senior-and-disabilities-services/governors-council-on-disabilities/>)

The State Lead Agency ensures the provision of EI/ILP services across the state through 15 Local EI/ILP Programs. These programs are contracted through a competitive process every 3-5 years. Programs agree to provide all required components for Part C IDEA services in their region with highly qualified program staff who meet requirements and follow evidence-based practices. Programs are responsible for the coordination and delivery of all required activities and services outlined in the EI/ILP Program Goals & Anticipated Outcomes, included in the EI/ILP RFP and Contract. They are required to access all sources of funds for services, including Medicaid and private health insurance.

To address the various challenges in Alaska's vast and sparsely populated geographic regions, the EI/ILP Program allows various service delivery models. Service delivery models must have the following characteristics:

1. Utilize best practices described by the Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Agreed upon mission and key principles for providing early intervention services in natural environments. Retrieved from [http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3\\_11\\_08.pdf](http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)
2. Alaska EI/ILP Policies, State of Alaska regulations and Federal Part C Regulations must be followed.
3. All service disciplines appropriate to a child's needs are represented in a coordinated team planning process, which includes the family, and all services are accessible to families when the team determines that the service is needed.
4. Follow SEED (System for Early Education Development) registry guidelines for provider certification, training and credentials, as outlined in the Alaska EI/ILP Operations Manual and Appendices A-P. This is to ensure only highly qualified staff are providing EI/ILP services.
5. That families have choices related to service delivery methods in a natural environment, including in-person, telehealth, and a hybrid blend.

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

##### General Supervision and Integrated Monitoring

Alaska monitors all Regional EI Programs annually for SPP/APR indicators, provides notification of findings of noncompliance and verification of correction. Alaska's integrated monitoring includes supplementary measurements for results indicators and related requirements, including some fiscal requirements. The monitoring of these measures is integrated into child record reviews, grant and audit review procedures, and annual local determination procedures. These tools ensure that the state has a reasonably designed system of general supervision and oversight that results in compliance with IDEA and improved results for children and families. TA is a part of integrated monitoring to determine whether Regional EI/ILP Programs are correctly implementing requirements for the SPP/APR compliance and results indicators, related requirements, and fiscal measures such as coordination of resources, payor of last resort, and system of payments. Information gathered during general supervision and monitoring activities reflects and impacts the Lead Agency priorities by informing them of the training offered, technical assistance activities with Regional EI Programs, topics addressed in monthly ILP Coordinator teleconferences and biannual ILP Coordinator face-to-face meetings.

Integrated monitoring includes review of activities such as:

1. Data review and verification
2. Child records review
3. Focus groups (families, staff, community partners in a group setting)

4. Complaints (formal and informal)
5. Dispute Resolution activities (if applicable)
6. Fiscal monitoring and review of audit findings
7. Review of contract performance and deliverables
8. Annual database reports
9. Annual self-assessment
10. Staff, family and provider interviews during on-site visits

Comprehensive program monitoring is a process by which selected Regional EI Programs are more intensively monitored by Alaska ILP Part C staff using both off-site and on-site monitoring activities. Each Regional EI Program participates in comprehensive program monitoring at least once every six years. The state Lead Agency conducts record reviews, parent, staff, provider and community partner surveys or interviews, administrative, personnel and fiscal reviews. The process validates data from the ILP data system, evaluates documentation of services, and assesses the Regional EI/ILP Program's performance on quality measures and efforts to improve outcomes for all infants and toddlers with disabilities or developmental delay and their families. Follow-up technical assistance is provided based on need. Comprehensive program monitoring also allows Alaska ILP staff to determine if the Regional EI Program's strategies have resulted in qualitative and quantitative improvements by comparing results and compliance indicators to past performance. It also helps identify root causes of non-compliance, and create specific, tailored activities if improvement has not been achieved or sustained. The Lead Agency may also perform focused monitoring on emergent issues in a specific region if any are discovered through fiscal or programmatic data reviews, technical assistance, or informal and formal dispute resolution processes.

**Fiscal Monitoring and Enforcement:** Each EIS Program submits a quarterly and annual financial report to the Lead Agency that must include information related to the EIS Program's state-approved budget; current quarter and cumulative expenditures; receipts to date; information by budget category; and separate reporting of the expenditure of Part C funds and other funds. If EIS Programs fail to complete required reports, the Lead Agency may delay or withhold a percentage of an EIS Program's funds until all reports have been submitted and approved. EIS Programs receiving funds are required to conduct an audit based on DOH State of Alaska regulation. The authority for the enforcement (i.e., use of sanctions, withholding of funds, injunctions, repayment of funds, etc.) imposed on EIS Programs is as follows: State and Federal law; DOH EI/ILP policies and procedures; and Intra- and interagency agreements. Programs are required to submit policies related to implementation of System of Payment (SOP) policies for state review and to monitor correct implementation of SOP as a component of Annual Program Self-Assessment.

**Dispute Resolution:** The Lead Agency ensures implementation of the procedures for the timely administrative resolution of complaints through state complaint procedures, mediation, and/or due process hearing procedures, which are made available for disputes as defined in 34 CFR §303.430-434. If Alaska DOH Lead Agency receives an informal complaint, the complainant is informed of their rights under Alaska's Dispute Resolution policies and offered assistance in enacting those rights if the party chooses, by filing a formal complaint. The Lead Agency also tracks and reviews both informal and formal complaints about common patterns, agency-specific complaints or complaints that are systemic in nature. This information helps to inform the appropriate next steps in addressing the issue, and work to resolve it with a specific program, or address it systemically.

#### **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.**

Alaska ILP monitors each Regional EI Program annually for the SPP/APR Compliance and Results Indicators, Related Requirements, and Fiscal Measures, and conducts comprehensive program monitoring with data verification and community input, once every six years. Additionally, the Lead Agency can choose to complete focused monitoring with a Regional EI Program at any time emerging issues are identified. The Lead Agency identifies emergent issues using formal and informal dispute resolution processes, information gathered through technical assistance and professional development activities, fiscal reporting, quarterly and annual reporting and other components of the general supervision system.

All EIS programs and providers participate in the following integrated monitoring activities:

#### **Annual Program Monitoring:**

Within 30 days of the close of each state fiscal year, regional programs are required to enter and verify accuracy of each and every child's data in the data system for the entirety of the fiscal year. A comprehensive data report is generated in the data system, documenting levels of program compliance with SPP/APR Indicators 1, 7, 8A, 8B and 8C. The state lead agency utilizes a full year of data for every child referred, enrolled, and exited in each program to determine compliance with these compliance indicators and related requirements.

#### **Annual Program Self-Assessment:**

By June 15th of each fiscal year, regional programs complete child record reviews in the data system for a randomly generated list of children. The number of records to be reviewed is based on program size. Programs evaluate child records on select related requirements and quality indicators. Associated child records are submitted to the lead agency for data validation and review. There are 20 questions on the Self-Assessment. The questions below are validated by the state lead agency by reviewing the IFSP for each selected child. If the state lead agency confirms or identifies non-compliance on these questions, the program will receive a finding of non-compliance in related requirements, as part of the annual local determination process.

#### **Questions:**

2.c. Was parental consent obtained prior to the following: Providing IFSP Services?

4.c. Is there evidence that two or more disciplines or professions were involved in provision of integrated and coordinated services, including each of the following: Development of the IFSP?

11. Was an annual assessment conducted in a timely manner to update the child's present levels of development section of the IFSP, looking at all areas of development, focusing on previous areas of strengths and needs and identifying progress, and documenting the child's continuing eligibility for early intervention services?

14.a. & b. Is there evidence that all services were provided and correctly documented on the IFSP as described below: Were all services provided as specified on the IFSP? Was the correct payor source identified on the IFSP for all services, ensuring that Part C funds were only utilized if no other payor source was available?

#### Annual Desk Audit:

The Alaska ILP uses a desk audit process one time per year, to analyze data and information from a variety of sources that are representative of each Regional EI Program's performance on each Alaska monitoring indicator. This data analysis is completed for the purpose of monitoring each program every year without conducting an on-site visit. Data and information that are reviewed include: 1) Annual Compliance Indicator Data System reports 2) Verification of child data 3) 618 data reports (Child Count and Settings and Exiting Data) 4) Annual self-assessment results 5) Family survey results 6) Child outcome data 7) Complaints (informal and formal) 8) Dispute resolution data 9) Previous monitoring reports including evidence of correction of noncompliance collected through the ILP database 10) Previous CAP(s) and their completion. State lead agency staff analyze information to assess each regional program's performance on monitoring indicators. This is conducted annually August-October. All of this information is taken into consideration to determine whether each program meets requirements annually for local determinations.

#### Comprehensive Program Monitoring:

Selection of EI/ILP Providers and frequency of comprehensive program monitoring: Two to three programs are selected per year for comprehensive program monitoring based on the following criteria: history of longstanding noncompliance; history of low performance; new EIS Coordinator at prior low-performing or challenged agency; no onsite visit in the past 5 years. On-site visits focus on data validation as well as identified areas of need and are structured to uncover and provide technical assistance related to the underlying issues that contribute to programs' low performance and/or noncompliance. Each program participates in comprehensive program monitoring at least once every 6 years. If noncompliance is identified through any of the comprehensive program monitoring activities, the Regional EI Program will be encouraged to correct the noncompliance as soon as possible but are required to correct within one year after the identification of the noncompliance.

#### Fiscal Monitoring:

Alaska ILP integrates fiscal monitoring across several components, which includes review of quarterly and annual fiscal reporting, self-assessment questions related to payor of last resort and systems of payment, comprehensive on-site reviews of billing systems and payments and reviews for appropriate use of funds. The state lead agency monitors how the regional EI Programs coordinate resources at the regional level, how they implement Alaska's payor of last resort and system of payments requirements, and validate whether Regional EI Programs follow:

1. Part C IDEA federal rules and regulations
2. Alaska's Part C regulations and policies
3. Regional EI Program grants/contracts and provider agreements.
4. The State of Alaska Audit Standards and ILP compliance supplement (if applicable) or biannual fiscal audit standards.

IDEA Part C System of Payments regulations allow Alaska to use public benefits or insurance and private insurance to fund ILP early intervention services and does not have family fees.

Integrated Fiscal monitoring includes a review of child records and billing, quarterly revenue and expenditure reporting, program billing policies and evidence related to coordination of resources, payor of last resort, and system of payments. Comprehensive program monitoring may include document and record reviews, interviews, and/or a demonstration of financial processes and systems.

For fiscal findings that are regarding appropriate use of Part C funds or systems of payments, Lead Agency staff will review program level evidence and child level evidence to verify that corrections were made. Data for verification of correction comes from subsequent fiscal reports, additional financial records to include child service remittance and Explanations of Benefits, and other applicable financial documentation. Correction of child records are verified through desk reviews of child records, on-site monitoring of child record review, and database review of child records, and includes pulls of subsequent data to ensure corrections at the program and child levels.

The Alaska ILP General Supervision System uses information from monitoring activities to:

1. Support continuous improvement through technical assistance and professional development
2. Ensure that Regional EI/ILP Programs are compliant with IDEA, SPP/APR indicators, fiscal and state priority areas
3. Identify noncompliance and performance issues on an ongoing basis
4. Correct and verify correction in areas of noncompliance.

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

#### Annual Program Monitoring:

Each year Regional EI Programs enter data into the ILP data system for each and every child referred, enrolled and exited from their program. Every child record is monitored for compliance with SPP/APR indicators 1, 7, 8A, 8B, and 8C.

#### Annual Program Self-Assessment:

The number of files to be reviewed for each program's self-assessment is determined utilizing the Raosoft® Sample Size Calculator with a margin of error of 15% and a confidence interval of 85%. (<http://www.raosoft.com/samplesize.html>) The number of child records to be reviewed will be calculated based on the number of children who were enrolled in the program in the previous year. The number of records to be reviewed is entered into the ILP database, which then randomly selects the indicated number of child records for review.

## Comprehensive Program Monitoring

A set of child identification numbers from the ILP Database is generated as a list of child records to be reviewed during the on-site monitoring period. The number of files to be reviewed is determined utilizing the Raosoft® Sample Size Calculator at <http://www.raosoft.com/samplesize.html>, with a margin of error of 10% and a confidence interval of 90%, based on the program's most recent child count. A randomizer built into Appendix I – Record Selection Form randomly selects the appropriate number of child records for review. An additional set of child identification numbers from the ILP database is generated based on children who have received billable therapy and/or Targeted Case Management services. The same randomizer process is applied to these child records as described above.

While on-site for comprehensive program monitoring, Lead Agency staff review children's records to examine original source documents. They validate whether the data in the child records matches the data the program has entered into the ILP Database utilizing the File Review Form (Appendix J of the General Supervision Manual). Regional EI Programs are responsible for providing selected child records on the first day of the monitoring. After the conclusion of on-site monitoring, Alaska ILP conducts a debrief meeting with the Regional EI Program, provides a summary of the visit, and identifies timelines for post-monitoring activities. A detailed monitoring report describes the program's performance related to data accuracy, data quality and documentation, and also addresses areas in need of improvement and actions that must be taken to make these improvements. A letter identifying any findings from the on-site monitoring is provided along with the monitoring report outlining the required corrections needed from any findings.

To verify correction of non-compliance on the child record level, the TA staff and Data Manager review the database record for the child, request additional information from the program if needed, and check the records to ensure that the non-compliance has been corrected, or that the child had exited and was no longer in the jurisdiction of the program.

To verify correction of non-compliance on the program level, the program must demonstrate one full subsequent quarter of data at 100% compliance. When this is achieved, the program is considered to have corrected program-level noncompliance.

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

The state Lead Agency utilizes a web-based data system that provides detailed information regarding each child in the EI/ILP system. Data related to SPP/APR indicators 1, 2, 3, 5, 6, 7, 8a, 8b and 8c is entered into the database on each child during the year and used by the state to monitor each program once annually on their performance with the SPP/APR required indicators. Data is collected quarterly on referral/enrollment timelines, eligibility determination, IFSP services planned and delivered, child outcomes, and transition activities. All data required for SPP/APR, Child Count and Settings, and Exiting Data are collected in the data system. In addition, programs complete an annual Self-Assessment: Child Record Review in the data system.

During 4th quarter, programs also complete an annual Self-Assessment: Child Record Review in the data system, in which they review randomly selected records of children enrolled at any time during the whole fiscal year on related requirements. Child record reviews cover the time period from the first day of the fiscal year to the date of review. These are reviewed by State TA staff as a component of annual local determinations.

Data validation occurs as a component of comprehensive program monitoring, at least once every six years for each regional program, as well as during annual program self-assessments.

Programs submit their self-assessment data, and verify point-in-time child count, exiting data, and child outcomes data annually. On a quarterly basis, programs are required to ensure that their data is up to date and correct in the web-based data system and are provided with feedback and assistance from Technical Assistant staff to identify any training or procedural updates that may be needed. Annual monitoring data is used to track compliance with SPP indicators, including the SSIP and SiMR, to develop the APR, and to update the SSIP.

### **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.**

Noncompliance is identified for each compliance indicator or related requirement where the program does not meet the target or compliance requirement. Programs are issued a separate, formal letter of finding when noncompliance is identified, within 90 days of identifying noncompliance, stating the required actions the EIS program must take to correct the noncompliance on both the program and the child level and that it must be corrected no later than one year from the date of the letter. Findings may be issued as a result of a program's annual review of compliance indicators, on or off-site comprehensive program monitoring, or at any time the state lead agency becomes aware of noncompliance.

Findings are issued by EIS Program and not by EIS Provider and are issued as a single finding for a compliance issue, not by the number of instances. The Lead Agency groups individual instances involving the same indicator or related requirement as one finding. Findings identified through dispute resolution are not grouped with other findings and are counted as individual findings. For example, if 7 records did not meet the requirements for compliance with Indicator 1 at a specific regional agency it would be identified as one finding for the agency.

### **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).**

Alaska does not allow pre-finding corrections.

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.

Enforcement of correction of non-compliance is done in a systematic, graduated manner to address areas of non-compliance. Alaska EI/ILP reserves the right to use any appropriate enforcement actions to correct persistent deficiencies related to compliance indicators and IDEA requirements. Persistent deficiencies are defined as substantial non-compliance identified by the state either through data reports, on-site review, corrective actions taken, previous monitoring reports, unique characteristics of the Regional EI Program, the program's efforts and capacity to correct the identified problem and other quality assurance activities that have continued without significant improvement for six months or when noncompliance is not corrected within one year. The following describes the progressive nature of enforcement of non-compliance corrections.

When a program is identified as having non-compliance, the following sanctions are implemented:

1. Submit a Corrective Action Plan (CAP) for any SPP/APR indicator or IDEA related requirement which is found to have systemic non-compliance, which contains the following components:
  - a. Identification of the root cause of non-compliance and contributing factors.

- b. Activities for implementation so that the program will correct non-compliance no later than 1 year from the date of the finding's notification letter from the Lead Agency to the local program. Examples of CAP activities include changes to policies and procedures, development of internal tracking protocols, provision of training to staff and providers, and other actions to address the factors that led to the noncompliance.
  - c. Timelines for completion of activities and corrections.
  - d. Signature of program coordinator, Lead Agency Technical Assistant, and Part C Coordinator
2. Submit all requested documentation to the Lead Agency to confirm successful implementation of corrective action plan activities.
  3. Submit all required data in the EI/ILP database to confirm correction of child-specific noncompliance.
  4. Quarterly, submit all required data in the EI/ILP database to confirm correction of systemic programmatic noncompliance by achieving 100% compliance in a subsequent quarter.

The state verifies child-level corrections by reviewing submitted data and uploaded documentation in the EI/ILP data system and confirms the correction for each individual child. The state confirms programmatic correction by reviewing data submitted each quarter until the program has achieved 100% compliance in a subsequent quarter. Once the Lead Agency has confirmation that the agency has fully corrected noncompliance (e.g., that the program is implementing the requirements in accordance with IDEA at 100% and has corrected each individual instance of noncompliance) it then sends a letter to the program documenting that they are now correctly implementing the requirement.

When a program does not demonstrate corrections within one year of notification, the following sanctions are implemented:

1. Submit an updated Corrective Action Plan (CAP) for any SPP/APR indicator or IDEA related requirement which is found to have uncorrected systemic non-compliance, which contains the following components:
  - a. Identification of the root cause of non-compliance and contributing factors.
  - b. Activities for implementation that the program will correct non-compliance no later than 1 year from the date of the finding's notification letter from the Lead Agency to the local program. Examples of CAP activities include changes to policies and procedures, development of internal tracking protocols, provision of training to staff and providers, and other actions to address the factors that led to the noncompliance.
  - c. Timelines for completion of activities and corrections.
  - d. Signature of program coordinator, Lead Agency Technical Assistant, and Part C Coordinator, and other program/agency officials as identified by the Lead Agency.
2. Submit all required documentation to the Lead Agency to confirm successful implementation of corrective action plan activities.
3. Submit all required data in the EI/ILP database to confirm correction of child-specific noncompliance.
4. Quarterly, submit all required data in the EI/ILP database to d confirm correction of systemic programmatic noncompliance by achieving 100% compliance in a quarter.
5. Participate in intensive technical assistance by meeting weekly, with Lead Agency Technical Assistant.
6. Participate in on-site visit with Lead Agency Technical Assistant to confirm corrections

At any time that the Lead Agency determines that an EI/ILP Program needs substantial intervention in implementing the requirements of Part C of IDEA or that there is a substantial failure to comply with any requirement under Part C of IDEA by the EIS Program, the Lead Agency takes one or more of the following actions:

1. Seeks to recover funds under section 452 of GEPA, 20 U.S.C. 1234a.
2. Withholds, in whole or in part, any further payments to the EIS Program under Part C of IDEA.
3. Refers the matter for appropriate enforcement action. Enforcement actions may include:
  - a) Directing the use of funds to correct the noncompliance;
  - b) Directing the use of TA and/or training;
  - c) Imposing special conditions on the Regional EI Program contract;
  - d) Denying or recouping payment for services for which noncompliance is documented; and/or
  - e) Terminating or not renewing the Regional EI Program contract. The Alaska ILP provides written notification of impending enforcement action including timelines.

The program has the opportunity to meet with state staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be necessary to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

**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.**

Components of the annual Local Determinations scoring process include information from the desk audit and information, general requirements, and performance on SPP/APR compliance indicators, self-assessment data and related IDEA requirements

The Lead Agency annually determines, in accordance with 34 CFR §§303.700 - 303.703, whether each EIS Program:

1. Meets the requirements and purposes of Part C of IDEA;
2. Needs assistance in implementing the requirements of Part C of IDEA;
3. Needs intervention in implementing the requirements of Part C of IDEA; or
4. Needs substantial intervention in implementing the requirements of Part C of IDEA.

A Local Determination letter is sent to each Regional EI Program, by October 30th of each year, explaining the reasons for their determination and any steps that need to be taken as a result of the determination. The program's data and scoresheet accompany the letter. The letter provides a summary of each program's performance on each Alaska monitoring indicator and related requirements. Regional EI Programs are requested to confirm the data or provide copies of documentation that substantiate that data entry was not correct if the program does not agree with the data as reported. This

information must be submitted within 30 days of receiving the determination from the state lead agency. Following confirmation or correction of the Regional EI Program data, the state lead agency uses the data to:

1. Make status determinations of regional program performance
2. Select programs for on-site monitoring visits
3. Identify areas of noncompliance and low performance
4. Notify programs of these findings and decisions
5. Use this data to respond to the SPP/APR in the subsequent year
6. Identify areas for technical assistance

By compiling and reviewing all the relevant data at one point in time annually, Lead Agency staff ensures the consistency in their use and application to each Regional EI Program.

Notice and opportunity for a hearing:

1. The Lead Agency provides reasonable notice and an opportunity to appeal local determinations.
2. In order to appeal, the program must submit a written statement of appeal to the Part C Coordinator within 14 days.
3. Review of appeal consists of a review of the written statement of appeal and any documentation submitted with the appeal that demonstrates why the Lead Agency should not make the determination described.
4. The Part C Coordinator will make a final determination and inform the Regional EI Program.

The following criteria are used to make annual program local determinations:

General Requirements (Compliance) – 0 to 4 points each

1. Meet EDGAR requirements with no significant audit findings
2. Correct noncompliance within one year, with no uncorrected noncompliance
3. Submit timely, complete, and accurate data in quarterly narrative and revenue reports, cumulative fiscal reports, self-assessment, and child count, and annual reports

Indicator Requirement (Compliance) - 0 to 4 points each

1. Indicator 1: Timely Services
2. Indicator 7: 45-Day Timeline
3. Indicator 8A: Steps and services
4. Indicator 8B: LEA Notification
5. Indicator 8C: Transition conference

Quality and Related Requirement (Compliance) – 0 to 4 points each

1. Prior Written Notice
2. Parental Consent
3. Family Native Language
4. Multidisciplinary Service Providers
5. Parent Observations in Assessment Reports
6. Quality Child Outcome Ratings
7. Family Assessment Completed or Declined
8. Evaluation Diagnosis and ICO
9. All Domains Evaluated
10. IFSP - Social Emotional Goals Met (SSIP)
11. Annual Assessment Focuses on Strengths & Needs
12. Quality IFSP Goals
13. Appropriate IFSP Services and Outcomes
14. All IFSP Services Provided and Billed
15. Activity Notes Reflect Routines Based Interventions
16. Missed services Rescheduled
17. Primary Provider Supports Family
18. Evidence Based Practices Implemented
19. Timely Transition Conference Scheduling
20. System of Payment Consent Signed - Public/Private

Results Requirements – 0 to 4 points each

1. Indicator 2 Services in Natural Environments
2. Percent COS entry/exit ratings completed
3. Indicator 5 - % of enrolled birth to 1
4. Indicator 6 - % of enrolled birth to 3

## 5. Indicator 3 – Meets COS targets

Scores for each element are weighted and calculated into a percentage score, used below.

Local Determination Scoring Rubric:

Meets Requirements (MR) 80% or higher and meets conditions below:

1. Agency has no significant audit findings
2. Agency has no uncorrected noncompliance
3. Agency has score of 3 or higher for timely, complete and accurate data
4. Agency has no special conditions on grant

Needs Assistance (NA) 60% to 80% OR above 80% and meets any condition below:

1. Agency has significant audit findings
2. Agency has uncorrected noncompliance
3. Agency has score below 3 for timely, complete and accurate data

Needs Intervention (NI) below 60% OR meets any conditions below:

1. Agency was in NA the previous year and has uncorrected noncompliance

Needs Substantial Intervention (NSI) Below 60% OR meets any condition below:

1. Agency has significant audit findings 2 years or more
2. Agency has uncorrected noncompliance of 3 years
3. Agency has score below 2.5 for timely, complete and accurate data

\* Each of the above factors will be considered in determining agency status. Factors such as program size related to data percentages, persistence of noncompliance over time, and significance of findings will be considered by the state lead agency. Final determination will be made by the state Part C Coordinator.

Sanctions related to Local Determination categories include:

Needs assistance: If the Lead Agency determines, for two consecutive years, that an EIS Program needs assistance in implementing the requirements of Part C of IDEA, it takes one or more of the following actions:

- a. Requires the EI/ILP Program to prepare a corrective action plan or improvement plan
- b. Advises the EIS Program of available sources of technical assistance that may help the EIS Program address the areas in which the EIS Program needs assistance, which may include technical assistance from the Lead Agency and federal technical assistance providers and requires the EI/ILP Program to work with appropriate entities.
- c. Identifies the EI/ILP Program as a high-risk grantee and imposes special conditions on the EI/ILP Program's grant under Part C of IDEA.

Needs intervention: If the Lead Agency determines, for three or more consecutive years, that an EI/ILP Program needs intervention in implementing the requirements of Part C of IDEA, the following apply:

- a. The Lead Agency may take any of the actions described in paragraph (1) of this section.
- b. The Lead Agency takes one or more of the following actions:
  - i. Requires the EI/ILP Program to prepare a corrective action plan or improvement plan if DOH EI/ILP determines that the EIS Program should be able to correct the problem within one year.
  - ii. Seeks to recover funds under section 452 of GEPA, 20 U.S.C. 1234a.
  - iii. Withholds, in whole or in part, any further payments to the EIS Program under Part C of IDEA.
- c. Refers the matter for appropriate enforcement action.

Needs substantial intervention:

Notwithstanding (1) or (2) above, at any time that the Lead Agency determines that an EI/ILP Program needs substantial intervention in implementing the requirements of Part C of IDEA or that there is a substantial failure to comply with any requirement under Part C of IDEA by the EIS Program, the Lead Agency takes one or more of the following actions:

- a. Recovers funds under section 452 of GEPA, 20 U.S.C. 1234a.
- b. Withholds, in whole or in part, any further payments to the provider agency under Part C of IDEA.
- c. Refers the matter for appropriate enforcement action.

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

<https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

**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.**

Alaska's technical assistance system is designed to support identification of state and regional challenges/strengths related to implementing IDEA. The goals of this system are high quality service delivery, prevention of non-compliance and timely identification and correction of non-compliance, and improved child and family outcomes. Lead Agency Health Program Managers provide technical assistance (TA) to the 15 regional EI/ILP Programs.

Each year, the Lead Agency informs and provides TA to Regional EI Program administrators and staff regarding expectations, procedures and tools that will be used for:

1. Collecting timely and accurate data
2. Monitoring programs,
3. Correcting noncompliance, and
4. Providing TA during the next fiscal year.

#### Statewide Technical Assistance:

Monthly virtual, and biennial in-person EI/ILP Coordinator meetings are hosted and recorded, exploring topics related to Part C requirements such as timely services, parental consent, System of Payment, 45-day timeline, transition, accurate and timely data. Other training topics may relate to evidence-based practice, home visiting practices, database use, systems improvements and training, eligibility and service guidelines updates, natural environment specifics, Child Outcome Summary rating process improvement, regional transition successes and challenges, maintaining highly qualified staff, fiscal system design and compliance data trends, or other service delivery practices. Information and resources are emailed to ILP Coordinators regularly and stored in our Learning Management System, including webinar announcements and training resources to support program improvement. Part C staff provide written guidance to clarify procedural and service delivery requirements.

#### General Technical Assistance:

Technical Assistance with Regional EI Programs is an important source of information for TA staff when they consider what procedural training and resources to provide programs each year, as well as to inform the selection of professional development topics for state-hosted training. TA staff meet with each program at least monthly by phone or videoconferencing to discuss program successes, challenges and needs, review and clean program data and provide regulatory guidance when questions arise. They assist with the orientation of new program coordinators, support programs in implementing quality improvement plans and corrective action plans and oversee program monitoring on the regional level. Program Coordinators work with TA staff to ensure the quality and accuracy of quarterly data submittals, facilitate work with the grants and contracts unit, and plan for personnel development. In preparation for local determinations, TA staff work closely with programs to review and ensure accuracy of data in the state data system. Regional EI/ILP providers are supported to implement recommended practices, identify internal quality assurance concerns, and utilize their program data to ensure IDEA compliance and improved child and family outcomes. TA staff provide training to ILP Coordinators on the ILP data system, data cleaning, and oversight of program data entry. TA staff will provide program-specific database training upon request. These trainings support programs in the submission of timely and accurate child data.

#### Targeted Technical Assistance:

TA staff assist with the orientation of new program coordinators. When regional EI/ILP Programs have findings of noncompliance they complete and submit a corrective action plan and work closely with their Technical Assistant for support in implementing their corrective action plans. ILP Coordinators meet regularly with TA staff to complete activities identified on the plan. TA staff review evidence submitted by the program that demonstrates correction of noncompliance and ensures that findings of noncompliance are corrected within one year. TA staff support programs in ensuring that correction of noncompliance is corrected at a child level as soon as possible upon identification of noncompliance. Programs who have areas of need related to timely and accurate data will receive TA specific to their program's identified areas for data improvement. Technical Assistance is provided for each monitored program if they enter a Corrective Action Plan (CAP) and for the duration of the CAP, until it is demonstrated that the identified noncompliance has been corrected, and no later than one year following the post-monitoring letter. TA staff also provide guidance and technical assistance before, during and after a program on-site monitoring visit. TA is focused on areas of non-compliance identified during the visit and/or any areas of program improvement noted in the post-monitor letter.

#### Technical Assistance Portal:

TA staff have developed a Technical Assistance Portal in the Learning Management System. Organized by topic area, regional Program Coordinators and providers can access policies, guidance documents, meeting notes, monthly coordinator emails, current program forms, program resources, and links to outside resources in one central place.

#### Fiscal Technical Oversight:

TA staff, along with administrators from the Grants and Contracts unit, provide technical assistance to programs on budgeting and budget revisions, quarterly and annual fiscal reports, billing and revenue reporting, project deliverables, correct use of Part C funds, audit requirements, and fulfillment of their contractual obligations. Programs are also given guidance in the allowable use of funds to ensure appropriate expenditures. This year programs received additional training on budgeting, Line-Item Budget Revisions (LIBR) and other fiscal areas from the Grants and Contracts unit.

#### EI/ILP Committee Structure:

Part C staff coordinate an EI/ILP committee structure, which includes ILP Coordinators and other stakeholders to ensure effective continuous quality improvement in the EI/ILP system. Committees work to include representation of different sized programs, geographic locations and tenure in the state EI/ILP system (i.e., perspectives from both new and experienced staff). Current committees include Finance, Professional Development, Service Delivery, Policy, and Data. Additional work groups meet ad hoc, including Database, SEED Career Ladder, and Low Incidence Disabilities. In addition, a member of each committee, along with state lead agency staff, forms the Leadership committee. Individual committees give input on, and complete activities related to their identified systems area and may make recommendations to the Leadership committee. The Leadership committee makes recommendations to the Part C Coordinator and state lead agency staff, who ultimately make decisions regarding program practices and policies.

#### Federal Technical Assistance:

The Alaska state lead agency staff also participate in specialized technical assistance projects and activities from national experts. Alaska has a standing TA meeting with Anne Lucas of ECTA/DaSy/CIFR, who facilitates our access to other Technical Assistants with expertise in specific aspects of IDEA implementation. Part C staff are active participants in a standing monthly meeting with OSEP, and regularly scheduled meetings with the DaSy Center, the ECTA Center, and ITCA as needed. Topics discussed in Federal meetings and webinars may be related to the SPP/APR and SSIP, Systems of Payment, Federal monitoring, and Child Outcome Summary ratings.

#### **Professional Development System:**

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

The Alaska EI/ILP system develops, implements, and maintains a comprehensive system of personnel development for early intervention practitioners, addressing both in-service and pre-service training, personnel qualifications, and recruitment and retention. This system includes scholarships to obtain degrees in the early childhood field. It also includes the implementation of the Part C Credential and Alaska System for Early Education Development (SEED) Registry process to train Early Intervention Service Providers in the basic program requirements and ensure they are fully and appropriately qualified to provide early intervention services in the Part C Program. Statewide training and conferences are designed to support SSIP goals. The state lead agency technical assistance staff work with the Professional Development committee to support personnel development activities, including:

**Part C Credential Modules:**

Providers working a minimum of 20 hours per week or serving as a Family Service Coordinator must complete the Part C Credential within 6 months of hire. The credential is a multi-step process and includes online learning modules, a study guide and demonstration of nine competencies. The nine online modules contain general information about early intervention practices in Alaska, approaches to working with families, and a detailed explanation of the Early Intervention process. The first four modules cover general topics in the field, modules five through nine address procedures and processes while working with family. Understanding is evaluated through successful completion of evaluations scored in the online system. Once the online modules are completed with passing grades, a highly qualified supervisor must sign off on the provider's competency in each of the nine areas, as well as review a completed IFSP and two visit notes for quality. Upon completion of these steps, with supervisor recommendation, Alaska will award the candidate a Part C Credential.

**SEED Registry:**

Providers must register with the Alaska System for Early Education Development (SEED) Registry, within 30 days of hire. The SEED career ladder outlines a list of accepted education and credentials for each SEED level which correlates to the EI/ILP Roles and Responsibilities chart, which describes the activities that provider is authorized to provide within the Part C System. This past year, the Professional Development Committee conducted a review and revision of the SEED career ladder to ensure staff are highly qualified and appropriately aligned with defined roles and responsibilities. Providers can be assigned to a training level on the SEED registry while completing the Part C Credential online modules, completing activities outlined on a training plan, and gradually obtain authorization to perform early intervention activities as they demonstrate competency. This process can take up to 2 years as providers gain experience through practical application in real-world practice. Providers will move up to a professional Early Intervention SEED level at the conclusion of their training.

**Child Outcome Summary Process Modules:**

Alaska has integrated the ECTA Center and DaSy Center COS Process online learning module into our Learning Management System (LMS). This provides key information about the COS process, and the practices that contribute to consistent and meaningful COS decision-making. Over the course of multiple sessions, participants learn about the following topics: Why child outcomes data are collected; The key features of the COS process; The essential knowledge needed to complete the COS process; How the three child outcomes are measured through the process; How to identify accurate COS ratings using a team-based process; The importance of comparing children's current functional performance to age-expected functioning; When and how to measure progress in the three child outcome areas; and how to document ratings and evidence to support those ratings in COS documentation. When a participant completes the COS Process Modules, they are directed to the COS:KC for a final check of their knowledge and must pass the test with 80% or higher in order to be a part of the COS multidisciplinary team.

**Universal Online Early Intervention Curriculum:**

Alaska has added this curriculum to its Learning Management System (LMS) and it is being utilized to train new regional Program Coordinators and direct service staff.

**Topical Trainings:**

These trainings expand access for providers from related disciplines to a variety of in-service and/or certification training opportunities necessary to maintain their licensure and support quality services. Topics for professional development are selected based on several contributing factors: patterns and/or trends amongst program local determinations and findings of noncompliance, patterns and/or trends identified in the informal and/or formal dispute resolution system, areas of training requested by EI providers, evidenced-based practices identified on the SSIP, Anchor Tools selected to support Indicator 3 COS ratings, and/or other areas identified as needing additional training through program technical assistance. Ongoing participation by TA staff in collaborative planning efforts with partner programs support cross-sector professional development with partners in other home visiting programs. Additionally, evidence-based practice training helps support the goals and activities outlined in the SSIP. Reflective supervision and FAN supervisor training are offered to regional program coordinators to support them in their capacity as supervisors. Statewide training in evidence-based practice is available for both ILP Program Coordinators and direct service providers.

**Pre-service training:**

The state lead agency provides annual funding to support recruitment and retention of highly qualified professionals to the field of Early Intervention. Priority is given to specific types of pre-service degrees, individuals working in the field of Early Intervention, activities which help individuals to meet highly qualified requirements of IDEA and state regulations. The goal of this program is to increase the capacity of the EI/ILP system to provide high-quality, evidence-based services to infants/ toddlers and their families. Continuing education in fields related to the practice of Early Intervention will be considered, including Early Childhood Education, Special Education, Early Childhood Special Education, Child and Family Studies, Speech-Language Pathology, Occupational Therapy, Teacher of the Deaf/Hard of Hearing, Teacher of the Visually Impaired, Social Work, Psychology, Infant and Early Childhood Mental Health, and other related fields.

**Statewide training and conferences:**

The EI/ILP Program partners with other providers in the state to provide training and conferences for attendees across service delivery systems. Examples this year included the annual Infant Children and Youth Conference, and a Virtual Home Visiting Conference with the Maternal and Infant Early Childhood Home Visiting program (MIECHV), Parents as Teachers (PAT), and Head Start.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

#### Recruitment Challenges and Planned Steps

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- Coalescing Around Issues: Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- Ensuring Authentic Engagement: Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- Building Capacity: Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

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

YES

#### **Number of Parent Members:**

5

#### **Parent Members Engagement:**

#### **Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The state lead agency used a variety of mechanisms to reach out to and engage parent stakeholders in setting targets, analyzing data, developing improvement strategies and evaluating progress this fiscal year. Virtual stakeholder meetings continue to be the best way to engage stakeholders in our extremely rural state. This provides the opportunity to participate both online and by calling in. Alaska hosted two public stakeholder meetings designed to fit the needs of parents and community members who may not be familiar with SPP/APR and SSIP terminology and content. The state lead agency staff were introduced, Part C system described, and links made to regional EI/ILP Programs which would be familiar to parents. The presentation defined acronyms and terminology, and presented data in straightforward, manageable sections which were easy to follow. The meeting facilitators actively solicited questions and comments, both verbally and in the chat. Links were provided for more information, including previous SPP/APR and SSIP reporting, and contact information was provided for follow-up discussions or private comments.

Other partners include representatives from the Interagency Coordinating Council, the Governor's Council on Disabilities and Special Education, Stone Soup Group Parent Training and Information Center (SSG), Early Hearing Detection and Intervention (EHDI), Early Intervention Providers, and other partners. These groups have members who are parents of children with disabilities who previously or currently access EI/ILP services. Several of these program staff are parents of children who experience disabilities, including children under age 7 years. Staff from the Stone Soup Group (SSG) work

closely with parents of children who experience disabilities around the state and support parents to advocate and find solutions to challenges within state service systems. They are tuned in to the specific concerns and needs of parents in our state.

All required positions were filled on the ICC this year. An ICC member orientation has been developed and conducted to ensure that new members have foundational understanding of EI/ILP that supports their participation in activities designed to improve outcomes for infants and toddlers with disabilities and their families. Throughout the year, parent members of the ICC are included in ICC meetings in which we discuss and solicit feedback on decisions related to the operation of the ILP program. ILP presents data and information related to the ILP system and current issues that it faces. ICC members use their experience as parents of children with disabilities and participants in ILP, as well as knowledge they bring from other aspects of their lives, to provide an important and unique perspective on ILP decisions.

#### **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.**

Regional Early Intervention/Infant Learning Programs (EI/ILP) often have the best opportunities to successfully engage families in opportunities to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. Regional programs often offer playgroups and training for enrolled families, as well as infant massage sessions, parent education workshops, child find events, hearing and vision screenings, community events, and resource fairs to connect with and engage families. Through these relationships, regional programs invite and encourage families to attend stakeholder engagement opportunities offered by the state lead agency. The Lead Agency works with regional programs to increase connection with families. Working with regional programs to expand their awareness of the importance of diversity is an important step in increasing our ability to connect with diverse groups. In addition, regional programs assist the Part C Interagency Coordinating Council (ICC) in recruiting members.

Alaska works with community partners and regional EI/ILP Programs to engage with families who currently or previously have received services from ILP, to encourage families to participate in activities designed to improve outcomes for infants and toddlers with disabilities and their families. The Parent and Training Information Center (Stone Soup Group), has an employee who is a member of the Interagency Coordinator Council. Through this work, we are connecting with more parents of children with disabilities and building an understanding of their knowledge of the EI/ILP Program. The Governor's Council on Disabilities and Special Education (GCDSE), which houses the ICC in Alaska, has implemented systems to ensure we have information about the representativeness of members of the ICC. Information collected through a voluntary survey has assisted the ICC in targeting recruitment of members who are representative of diverse racial and ethnic groups, regions, communities, and other groups in our state. This information is now collected on each new member.

All required positions are filled on the ICC. An ICC member orientation has been developed and conducted to ensure that new members have foundational understanding of EI/ILP that supports their participation in activities designed to improve outcomes for infants and toddlers with disabilities and their families.

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

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

Alaska uses a variety of strategies to solicit public input for setting targets, analyze data, develop improvement strategies, and evaluate progress. These include regular monthly meetings with community partners throughout the year to collaborate on related activities, monthly meetings with EI/ILP Data, Finance, Service Delivery, Policy, and Professional Development committees, and quarterly EI/ILP Leadership committee meetings. Specific public input was solicited at the meetings of the Interagency Coordinating Council. Additional public stakeholder meetings were held with broad representation from community partners, parents and EI/ILP service providers. EI/ILP leadership solicited input from Senior and Disabilities Services leadership. The draft SPP/APR and SSIP was distributed for review and feedback to the EI/ILP Leadership team in January, along with the Interagency Coordinating Council and SDS Leadership.

#### **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 final submitted SPP/APR, including the SSIP, are made available to the public and to OSEP on the state lead agency website after the submission due date of February 1, for review by OSEP, the public and stakeholders. In addition, updates to the SSIP Theory of Action, Logic Model and Action Plan are made available for public review on the EI/ILP website. The SSIP Action Plan outlines the SSIP Leadership Team, the State Identified Measurable Result (SIMR) Statement, SSIP Improvement Strategies, identification of Infrastructure and/or practice strategies, intended outcomes, improvement plan activities, and evaluation of both improvement strategies and intended outcomes.

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

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

In accordance with federal requirements, the Alaska EI/ILP annually reports both state and regional program performance data (e.g., 618 and SPP/APR data) to the public. At a minimum the SPP/APR and each regional program's performance on SPP/APR indicators 1 through 8 (timely services, natural environments, child outcomes, family outcomes, children serviced birth to age one and birth to age three, 45-day timeline and transition steps, notification, conference) are publicly reported on the web. The report on program performance includes state targets and each regional program's percentage (and numbers) in comparison to the targets. The Alaska ILP makes every effort to ensure the data is understandable to a wide variety of audiences (e.g., parents, advocates, administrators, state policy makers, service providers).

Alaska ILP/Part C Early Intervention regional program performance on SPP/APR indicators 1-8 is available on Alaska Department of Health website, within 120 days of submitting the state's SPP/APR to OSEP each year, at: <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

A complete copy of the State's SPP/APR can be found under the reporting section of the state's website at: <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

**Intro - Prior FFY Required Actions**

None

**Intro - OSEP Response**

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

**Intro - Required Actions**

# Indicator 1: Timely Provision of Services

## Instructions and Measurement

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

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

### Data Source

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

### Measurement

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

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

### Instructions

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

Targets must be 100%.

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

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

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

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

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

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

## 1 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	84.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	100.00%	100.00%	98.18%	98.82%	99.16%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
971	1,093	99.16%	100%	99.09%	Did not meet target	No Slippage

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

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

112

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

10 children had late start of services across 4 programs due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: (3) lack of provider availability to meet timeline, (4) provider training needed on selection of appropriate start dates, (3) program not utilizing data system correctly to track start dates.

112 children had documented delays attributed to exceptional family circumstances. Review of child records shows that exceptional family circumstances included the family exiting the program before the service start date, the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit for the service prior to the service start date. These circumstances were due to family schedules, travel, extreme weather, illness, preferences, or other reasons related to the family. Family circumstances are documented in notes in the statewide ILP data system and in the child record.

**Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

The data compiled for Indicator 1 compares the service start date documented on the signed IFSP and the date that service was first provided. Alaska's criteria for "timely receipt of early intervention services" is intended to reflect the requirement that all IFSP services are started before or on the IFSP service start date listed within the IFSP.

**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).**

July 1, 2024 to June 30, 2025

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

Indicator 1 data is collected through the use of a database, in which all data is entered regarding each and every child referred and enrolled into regional programs under Part C. Each IFSP is entered for each enrolled child, indicating the start and end date of each service, and each service delivered is entered into the state data system to demonstrate timely provision of the service.

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

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

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

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

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

Four programs had instances of noncompliance on this indicator- timely start of services and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. Each of these 4 programs with findings received targeted Technical Assistance (TA) to ensure that the ILP Coordinator and program staff understand that services must be provided by the date listed on the IFSP, have program infrastructure and procedures in place to support this, and are successfully starting IFSP services by the date listed on the IFSP.

To verify that each of these 4 programs is now correctly providing timely start of services, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the start date of the service on the IFSP with the date the service was first provided. Technical Assistants required one program with a history of noncompliance to upload documentation to the child's database record and reviewed it to confirm correction. Programs were confirmed to be correctly implementing the regulatory requirements related to timely start of services when they demonstrated that every child with a new service start date in a subsequent quarter had received that service by the date listed on the IFSP. After it was confirmed that each program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, all 4 of the programs were confirmed to have suitably addressed their non-compliance for the indicator. All 4 programs met requirements for timely correction within the 365-day timeline, including the State's verification of correction.

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

The state lead agency completed a review of correction of noncompliance related to timely start of services for each of the 12 individual instances of non-compliance identified. To verify that each child who did not have timely start of services was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that the child had either

received the services listed on the IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In all instances, the IFSP service was not provided by the date listed on the IFSP but was completed late. Each of these 12 children were confirmed to be corrected.

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

Alaska does not allow pre-finding corrections.

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

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

**1 - Prior FFY Required Actions**

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

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

The state verified through review of updated data from the data system that each of the 4 programs issued findings of noncompliance in FFY 2023 were correctly implementing the timely service requirement and that each of the 12 instances of noncompliance were corrected, although late. This description is included above in the section: Correction of Findings of Noncompliance Identified in FFY 2023

**1 - OSEP Response**

**1 - Required Actions**

## Indicator 2: Services in Natural Environments

### Instructions and Measurement

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

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	94.50%

FFY	2019	2020	2021	2022	2023
Target >=	97.00%	97.00%	97.00%	97.00%	97.00%
Data	99.46%	99.88%	99.32%	99.43%	99.57%

### Targets

FFY	2024	2025
Target >=	97.00%	97.00%

### Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

**Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

**Prepopulated Data**

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	893
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Total number of infants and toddlers with IFSPs	897

**FFY 2024 SPP/APR Data**

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
893	897	99.57%	97.00%	99.55%	Met target	No Slippage

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

4 children received services in "Other" settings. For each child, this setting was the ILP program facility, in a playroom setting. This setting was selected by the IFSP team, including the parents, as the best setting for the child to make progress in meeting the established IFSP goals. Programs are required to include strategies on the IFSP for moving services into a natural environment.

**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**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

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Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

#### **Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

#### **Historical Data**

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2019	Target>=	65.10%	52.61%	53.53%	54.45%	55.36%
A1	51.69%	Data	51.69%	56.57%	57.57%	65.37%	65.42%
A2	2019	Target>=	54.00%	40.80%	41.60%	42.40%	43.20%
A2	40.00%	Data	40.00%	44.76%	40.21%	45.45%	49.46%
B1	2019	Target>=	67.40%	55.87%	56.71%	57.56%	58.41%
B1	55.02%	Data	55.02%	59.10%	63.41%	67.78%	69.45%
B2	2019	Target>=	54.00%	29.91%	30.67%	31.43%	32.18%
B2	29.15%	Data	29.15%	35.45%	32.16%	34.04%	37.67%
C1	2019	Target>=	67.90%	62.15%	63.00%	63.85%	64.70%
C1	61.30%	Data	61.30%	62.62%	63.07%	68.87%	68.13%
C2	2019	Target>=	48.90%	43.77%	44.57%	45.38%	46.19%
C2	42.96%	Data	42.96%	44.56%	38.56%	42.75%	44.03%

#### Targets

FFY	2024	2025
Target A1>=	56.28%	57.20%
Target A2>=	44.00%	44.80%
Target B1>=	59.25%	60.10%
Target B2>=	32.94%	33.70%
Target C1>=	65.55%	66.40%
Target C2>=	46.99%	47.80%

#### 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	2	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	198	30.94%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	149	23.28%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	149	23.28%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	142	22.19%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	298	498	65.42%	56.28%	59.84%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in	291	640	49.46%	44.00%	45.47%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
Outcome A by the time they turned 3 years of age or exited the program							

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	2	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	191	29.84%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	214	33.44%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	178	27.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	55	8.59%

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	392	585	69.45%	59.25%	67.01%	Met 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	233	640	37.67%	32.94%	36.41%	Met 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	2	0.31%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	175	27.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	180	28.13%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	201	31.41%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	82	12.81%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	381	558	68.13%	65.55%	68.28%	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	283	640	44.03%	46.99%	44.22%	Did not meet target	No Slippage

**FFY 2024 SPP/APR Data**

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

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data.	965
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.	271
Number of infants and toddlers with IFSPs assessed.	640

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 Alaska Part C System utilizes the Early Childhood Outcomes (ECO) Center COS process, collecting COS information from the 15 Local Early Intervention programs. Local programs submit demographic and assessment information at child entry and exit in the ILP Database. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Every child is rated on each of the three child-outcome functional areas using the COS seven-point rating scale.

Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile, Infant Toddler Developmental Assessment, Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).

Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), Koontz Child Development Program, Vineland Adaptive Behavior Scales and Walker Problem Behavior Identification Checklist. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.

Impact measurement is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. In completing the exit rating, the rating team not only rates the child on the seven-point rating scale but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, the progress category data and results will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, the entry and exit ratings and answer to the progress question for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he or she entered and exited EI/ILP.

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

The online COS Process Modules are integrated into our Learning Management System. Each provider who participates in COS ratings is required to take the modules. After completion of the COS Process Modules, they are required to pass the COS Knowledge Check.

**3 - Prior FFY Required Actions**

None

**3 - OSEP Response**

**3 - Required Actions**

## Indicator 4: Family Involvement

### Instructions and Measurement

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

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

## 4 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2024	Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
A	87.36%	Data	91.25%	91.14%	89.09%	93.75%	83.78%
B	2024	Target>=	98.00%	98.00%	98.00%	98.00%	98.00%
B	92.94%	Data	93.75%	92.41%	90.91%	95.83%	89.19%
C	2024	Target>=	96.25%	96.25%	96.25%	96.25%	96.25%
C	89.22%	Data	90.00%	92.41%	90.91%	95.83%	89.19%

## Targets

FFY	2024	2025
Target A>=	100.00%	100.00%
Target B>=	92.94%	93.27%
Target C>=	89.22%	89.66%

### Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

### Recruitment Challenges and Planned Steps

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- Coalescing Around Issues: Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- Ensuring Authentic Engagement: Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- Building Capacity: Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

Specific stakeholder meetings were held with the Interagency Coordinating Council and regional ILP Program Coordinators to solicit input on changes to the Family Outcome Survey. Changes to the FOS methodology were reviewed, results presented, and options for selection of new baselines and targets were discussed. Participants agreed that the significant changes to the Family Outcome Survey questions and methodology were significant and warranted establishing new baselines. This year's results were determined to be appropriate to use as new baselines. With new baselines established, several target-setting methodologies were presented to stakeholders. For Indicator 4 A: Percent of families participating in Part C who report that early intervention services have helped the family know their rights, the target is required by OSEP to be set at 100%. For indicators 4B: Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs and 4C: Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn we discussed the option of keeping the current targets, which have been in place for many years, or using the meaningful differences calculator to set gradually increasing targets for the remainder of this SPP/APR cycle and for the upcoming SPP/APR cycle. Due to the significant changes in our FOS process, participants expressed that they would like to see gradual meaningful differences in targets over the rest of this SPP/APR cycle and the upcoming cycle.

Feedback was that this would allow realistic and achievable meaningful changes from year to year. These recommended baselines and targets were adopted by the lead agency and are included in this report.

To develop strategies to address nonresponse bias increase representativeness, we gathered input from stakeholders, including the ICC and local programs. This included a survey of regional ILP program coordinators. Based on stakeholder feedback and our knowledge of Alaskan families, we developed strategies to address non-response bias and improve the response patterns observed.

**FFY 2024 SPP/APR Data**

The number of families to whom surveys were distributed	865
Number of respondent families participating in Part C	269
Survey Response Rate	31.10%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	235
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	269
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	250
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	269
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	240
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	269

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	83.78%	100.00%	87.36%	N/A	N/A
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)	89.19%	92.94%	92.94%	N/A	N/A
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)	89.19%	89.22%	89.22%	N/A	N/A

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?	YES
If your collection tool has changed, upload it here.	FOS-Revised FY2025Alaska

**Response Rate**

FFY	2023	2024
Survey Response Rate	30.71%	31.10%

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

To analyze whether the demographics of the infants and toddlers for whom families responded to the survey are representative of the demographics of infants and toddlers receiving services in Alaska's Part C program, we used the Representativeness Calculator developed by the DaSy and ECTA Centers. This product is an Excel-based calculator that uses statistical formulas to determine if the overall distribution of survey responses across subgroups is similar to the distribution of those subgroups in the population. This tool helps answer the question: "Do the families who responded to the survey reflect the population we're trying to study?"

The calculator compares the distribution of survey responses across demographic subgroups (e.g., race, ethnicity) to the distribution of infants and toddlers receiving services in the Part C Program. It first runs a Chi-square test to see if the overall distribution is statistically different. If it is, the tool then uses z-tests to identify which specific subgroups are over- or underrepresented. To ensure accuracy when testing multiple subgroups, the calculator applies the Bonferroni correction, which adjusts the significance level to reduce the chance of false positives. If no significant differences are found, the data are considered representative. If differences were found, the tool would highlight which subgroups differ meaningfully from the infants and toddlers receiving services in the Part C program.

**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.**

Alaska used the Representativeness Calculator developed by the DaSy Center for IDEA Data and the Early Childhood Technical Assistance (ECTA) Center to test for representativeness. This product is an Excel-based calculator that uses statistical formulas to determine if the overall distribution of survey responses across subgroups is similar to the distribution of those subgroups in the population. This tool helps answer the question: "Do the families who responded to the survey reflect the population we're trying to study?"

The calculator compares the distribution of survey responses across demographic subgroups (e.g., race, ethnicity) to the distribution of infants and toddlers receiving services in the Part C Program. It first runs a Chi-square test to see if the overall distribution is statistically different. If it is, the tool then uses z-tests to identify which specific subgroups are over- or underrepresented. To ensure accuracy when testing multiple subgroups, the calculator applies the Bonferroni correction, which adjusts the significance level to reduce the chance of false positives. If no significant differences are found, the data are considered representative. If differences are found, the tool highlights which subgroups differ meaningfully from the infants and toddlers receiving services in the Part C program.

#### Race and ethnicity

Representativeness was analyzed by comparing the number of surveys received by race and ethnicity to the number of surveys distributed by race and ethnicity. The representativeness calculator determined that the survey responses received were representative of the families eligible to take the survey by race and ethnicity, including Hispanic families.

Race/Ethnicity Category - % Enrolled - % Surveys Received - Representative? Yes/No

African American or Black - 2% - 4% - Yes, representative

American Indian or Alaska Native - 31% - 25% - Yes, representative

Asian - 4% - 3% - Yes, representative

Native Hawaiian or Pacific Islander - 2% - 2% - Yes, representative

White - 39% - 46% - Yes, representative

More than one race - 18% - 16% - Yes, representative

Hispanic - 4% - 4% - Yes, representative.

#### Regional Differences

Representativeness was analyzed by comparing the percentage of surveys received by urban and rural regions to the percentage of infants and toddlers receiving services in Part C by urban and rural regions. The representativeness calculator determined that the survey responses received were representative of the survey population by urban and rural residence.

Urban/Rural Category - % Enrolled - % Surveys Received - Representative? Yes/No

Urban - 66% - 66% - Yes, representative

Rural - 34% - 34% - Yes, representative

Overall, when looking at the families who responded to the survey, we found that the families who responded were a good reflection of the racial diversity of children enrolled in Part C services. In addition, we found that the responses were reflective of both urban and rural families who participated in Part C, meaning that urban and rural families were equally likely to complete the survey.

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

**YES**

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

Strategies that will be implemented which are expected to increase the response rate year over year, and to help ensure that representativeness continues. Some of the strategies that have been implemented and will continue to implement include:

- Utilizing several survey methods, including mail, email, texting and QR code.
- Multiple follow-ups throughout the survey period by email, postcards, and provider outreach.
- Sending the survey earlier in the year, beginning in February.
- Scheduling follow-up contacts will be closer together, at a minimum monthly.
- Providing additional outreach materials for local programs to use to encourage family participation.

- Educating stakeholders about the survey, results from the previous year, and how survey information is used for reporting, planning, and program oversight.

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

The response rate for the survey was slightly higher than the previous year. The mean response rate nationally for Part C Family Outcome Surveys in FFY22 was 33%, with a range of response rates from 3% to 100% across 56 states and territories. (Early Childhood Technical Assistance Center (2025), IDEA Part C Early Intervention Family Survey Data FFY 2022). Alaska's response rate of 31.1% is close to the mean.

Analysis of response bias was utilized to determine whether the demographics of families who responded differ significantly from the demographics of families who didn't respond in terms of race/ethnicity and geographic region (urban vs. rural). While this looks at demographic differences among these groups, this does not reflect differences in the groups' answers to the survey questions themselves. Detecting such differences is critical because nonresponse bias can affect the representativeness and validity of survey results. Analysis of nonresponse bias helps answer the question "Are the people who didn't respond different in ways that would change the survey results?"

How did we test for non-response bias?

Nonresponse bias was assessed using the Chi-square test of independence, which compares observed counts of respondents and nonrespondents across categories to expected counts under the assumption of no difference.

- Null Hypothesis (H0): The distribution of respondents and nonrespondents is the same across categories (race or region).
- Alternative Hypothesis (H1): The distribution differs significantly, indicating potential nonresponse bias.

A p-value less than 0.05 was considered evidence of statistically significant bias. Additionally, standardized residuals were calculated for race categories to identify which groups contributed most to any observed bias. Residuals greater than  $\pm 2$  indicate a strong contribution.

#### Race and ethnicity

The analysis revealed a statistically significant difference between respondents and nonrespondents across racial groups, indicating that there was bias in the results. Analysis of standardized residuals shows that American Indian/Alaska Native families had more nonrespondents than expected. If more American Indian/Alaska Native families had responded to the survey, the survey results may have been different. Conversely, White/Caucasian families had fewer nonrespondents than expected. If fewer White/Caucasian families responded to the survey, the survey results may have been different. Other racial groups (Asian, Black/African American, Hispanic/Latino, Pacific Islander) contributed less to the nonresponse bias.

#### Strategies for Improved Representativeness and Decreasing Non-response Bias

To develop strategies to address nonresponse bias increase representativeness, we gathered input from stakeholders, including the ICC and local programs. Based on stakeholder feedback and our knowledge of Alaskan families, we developed hypotheses for non-response bias and response patterns observed. The primary concern related to non-response bias is a higher-than-expected number of Alaska Native families who did not respond to the survey.

We hypothesize that Alaska Native families:

- Move around the state more often and so may have less accurate contact information.
- Have less reliable phone, cell phone, internet and mail services.
- Have cultural norm of nonresponse, as it is a part of the culture to not complain or go against perceived government authority.

The steps we will take to reduce identified bias and promote response from a broad cross section of families and Alaska Native families in particular are the following:

- Continue to implement a mixed mode method, providing several methods for responding to the survey, including mail, email, texting and QR code.
- Provide access to the survey in multiple languages.
- Work with local programs and trusted community partners to encourage family participation, update family contact information, and encourage participation from Alaska native families.
- Distribute surveys earlier in the year and leave the survey open for a longer period in order to avoid periods of heavy subsistence activities.

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

#### Strategies for Improved Results

It is important that we focus strategies for improved results on how we deliver services to families, not just on getting better answers to survey questions. Understanding how families experience early intervention services is essential for ensuring those services are truly effective, equitable, and responsive to family needs.

To ensure families are well-informed about their rights and the services available to them, we are encouraging local programs to simplify legal language and use visual aids to help families understand their rights at the time decisions are being made. We are working to provide families with concise, user-friendly handouts that summarize their rights and available services. Dispute resolution processes and materials are currently being strengthened and updated to make them easier for families to access.

Supporting families in effectively communicating their child's needs begins by listening to parents during meetings and visits, validating family concerns and preferences, and fostering a collaborative environment. A strength-based approach that highlights the child's abilities alongside their needs boosts family confidence and engagement. Involving families in setting goals and making decisions ensures that their voices are central to the planning process, reinforcing their role as key advocates for their child.

Helping families support their child's development involves providing coaching with families in their natural environments. Local program staff model strategies during visits, showing families how to incorporate learning into everyday routines. When providers align strategies with each family's culture and lifestyle, they are more likely to use them. Celebrating a child's progress builds family confidence and reinforces the value of their involvement in their child's growth and learning.

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

None

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

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

The State revised its FFY 2024 and FFY 2025 targets for this indicator, and OSEP accepts those targets.

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

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 5 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	0.90%

FFY	2019	2020	2021	2022	2023
Target >=	1.89%	1.89%	1.89%	1.89%	1.89%
Data	1.73%	1.61%	1.84%	2.03%	2.11%

### Targets

FFY	2024	2025
Target >=	1.89%	1.89%

### Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

**Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

**Prepopulated Data**

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 1 with IFSPs	229
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 1	9,004

**FFY 2024 SPP/APR Data**

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
229	9,004	2.11%	1.89%	2.54%	Met target	No Slippage

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

Alaska has met our Indicator 5 target. Child find identification and enrollment rates for Indicator 5 were considered in program local determinations and presented to programs. Programs who did not meet the state targets are reviewing the questions below with their TA staff in order to better understand and improve referral and enrollment processes of children below age 1 in their regions.

**Root Cause Program Questions:**

1. Was a service coordinator assigned as soon as possible after receiving the referral?
2. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?
3. What are referral sources most likely to refer the youngest children?
4. How frequently and appropriately do they refer infants?
5. Looking at the data on numbers of children under 1 referred to your agency, it appears you are not able to identify infants as are other agencies in your state. What are the reasons?
6. Describe any strategies you've tried that have improved appropriate referrals from various sources.
7. How are professionals educated about referral, screening and eligibility in your area?
8. What child find/public awareness materials and strategies are specifically designed for finding the youngest children under 1 year?
9. Do you feel that the public awareness materials are effective? Why or why not?
10. Tell me how you and others from your agency participate in screenings for children.
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?
15. What factors affect your ability to identify the youngest children? Do you have suggestions for how the program might improve the identification process?

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

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

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

### Instructions and Measurement

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

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

## 6 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	2.10%

FFY	2019	2020	2021	2022	2023
Target >=	2.70%	2.70%	2.70%	2.70%	2.70%
Data	3.06%	2.75%	2.59%	3.12%	3.39%

#### Targets

FFY	2024	2025
Target >=	2.70%	2.70%

#### Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

**Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

**Prepopulated Data**

Source	Date	Description	Data
SY 2024-25 IDEA Part C Child Count - Infants and Toddlers with Disabilities (EDFacts file spec FS902; Data group 5023)	07/30/2025	Number of infants and toddlers birth to 3 with IFSPs	897
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2020 to July 1, 2024	06/03/2025	Population of infants and toddlers birth to 3	27,141

**FFY 2024 SPP/APR Data**

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
897	27,141	3.39%	2.70%	3.30%	Met target	No Slippage

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

Alaska has met our Indicator 6 target. Child find identification and enrollment rates for Indicator 6 were considered in program local determinations and presented to programs. Programs who did not meet the state targets are reviewing the questions below with their TA staff in order to better understand and improve referral and enrollment processes of children ages birth to 3 years in their regions.

**Root Cause Questions:**

1. Was a service coordinator assigned as soon as possible after receiving the referral?
2. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?
3. What are referral sources most likely to refer children?
4. How frequently and appropriately do they refer children?
5. Looking at your agency data compared to other agencies in the state, it appears that you are not identifying as many children as other agencies in your state. What barriers or challenges do you see to identification?
6. Describe any strategies you've tried that have improved appropriate referrals from various sources.
7. How are professionals educated about referral, screening and eligibility in your area?
8. What child find/public awareness materials and strategies are designed for finding young children birth to age 3?
9. Tell me how you and others from your agency participate in screenings for children.
10. Do you feel that the public awareness materials are effective? Why or why not?
11. Tell me about the screening process -- Which agencies are involved? Is it timely? Have you received any feedback on effectiveness?
12. Do you feel that the screening process in this area is truly interagency? Why or why not? What suggestions would you have for improvement?
13. How are you and others from your agency educated about eligibility requirements and keep abreast of any new developments or changes?
14. Tell me about the referral process. Who are the most important sources of referrals of infants? How appropriate are the referrals you receive? Are most infants eligible? What happens after a referral is made? How is the process documented?
15. What factors affect your ability to identify young children? Do you have suggestions for how the program might improve the identification process?

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

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

**6 - Required Actions**

## Indicator 7: 45-Day Timeline

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

Targets must be 100%.

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

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

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

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

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

## 7 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	88.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.67%	100.00%	99.46%	98.93%	98.56%

### Targets

FFY	2024	2025
Target	100%	100%

### FFY 2024 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
755	1,018	98.56%	100%	98.43%	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.

247

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

16 children in 5 programs had late initial evaluation and assessment and initial IFSP meeting due to provider issues which were not related to exceptional family circumstances. Reasons visits were late: poor enrollment activity timeline tracking (1), provider/family scheduling issues (2), lack of provider availability due to high caseloads (12), provider accidents or emergencies (1).

247 infants and toddlers had documented delays attributable to exceptional family circumstances. Review of these child records show that exceptional family circumstances included the family not responding to repeated contact attempts for intake and evaluation, the family not attending, cancelling, or choosing not to schedule a timely evaluation visit, the family not attending, cancelling, or choosing not to schedule a timely visit to participate in an initial IFSP meeting prior to the 45-day timeline. These circumstances were due to family schedules, travel, extreme weather, illness, preferences, or other reasons related to the family. These family circumstances are documented in notes in the provider chart and the statewide ILP data system.

**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).**

July 1, 2024 to June 30, 2025

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

This data represents all eligible Part C children for the reporting period described. Alaska Part C uses a statewide data system that calculates initial non-compliance based on the actual number of days from the time a referral was received to the time an initial IFSP meeting occurred. The data reflects all newly referred and enrolled children in the reporting period. Contact records are compared with the ILP database to ensure enrollment for eligible children is timely and compliant.

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

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

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	0	1

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

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

Five programs had instances of noncompliance on this indicator - 45-day timeline and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. All 5 programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that an initial evaluation, assessment and IFSP must be provided within Part C's 45-day timeline, have program procedures in place to support this, and four programs are confirmed to be successfully providing these services for children within 45 days of referral. One program has made improvement in meeting the 45-day timeline but has not yet demonstrated correction.

To verify that each of these 5 programs is correctly meeting the 45-day timeline, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the referral date for the child with the dates of initial evaluation, assessment and initial IFSP meeting. Four of these 5 programs were confirmed to be correctly implementing the regulatory requirements related to 45-day timeline when they demonstrated that every child with a new IFSP in a subsequent quarter had received their initial evaluation, assessment and IFSP within 45 days of the documented date of referral. After it was confirmed that these programs had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, these 4 programs were confirmed to have suitably addressed their non-compliance for the indicator. Four programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

One program failed to demonstrate that every child with a new IFSP in a subsequent quarter had received their initial evaluation, assessment and IFSP within 45 days of the documented date of referral. This program did not reach 100% compliance in a subsequent quarter, however the Lead Agency confirmed that compliance was corrected for each previously non-compliant child. This one program was identified as NOT YET having suitably corrected their non-compliance for the indicator.

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

The Alaska Part C office completed a review of correction of noncompliance related to 45-day timeline for each of the 15 individual instances of non-compliance identified. To verify that each child who did not have their initial evaluation, assessment and IFSP within 45 days of the referral date was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that the child had either received initial evaluation, assessment and IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In all 15 instances, the initial evaluation, assessment and IFSP were completed, but were outside of the appropriate timeline. Each of these 15 children was confirmed to be corrected.

**FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One program did not demonstrate correction within the required one year from the date of the finding. The program continues to address noncompliance through an updated Corrective Action Plan (CAP). They have entered data and documentation in the EI/ILP data system related to correction of noncompliance for specific children who were noncompliant. The Lead Agency TA provider and Data Manager will continue to conduct quarterly review of data system reports that compare the referral date for children with the dates of initial evaluation, assessment and IFSP development until the

program demonstrates correction, with 100% of children compliant during a quarter. The Lead Agency TA provider assigned to the program is meeting with the program coordinator weekly and will conduct an on-site visit to provide additional technical assistance this year.

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

Alaska does not allow pre-finding corrections.

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

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

**7 - Prior FFY Required Actions**

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

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

The state confirmed through review of updated data from the data system that 4 of the programs issued findings of noncompliance in FFY 2023 were now correctly implementing the 45-day timeline requirement and that each of the 15 individual child instances of noncompliance were corrected, although late. A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2023.

One program continues to have uncorrected noncompliance from FFY23. This program has been required to complete an updated Corrective Action Plan (CAP) and is required to receive weekly targeted technical assistance and an on-site visit this year. A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2023.

**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 =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right]$  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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 8A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	94.00%

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

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
328	328	100.00%	100%	100.00%	Met target	No Slippage

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

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

0

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

Not applicable

**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).**

July 1, 2024 to June 30, 2025

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that the transition plan for eligible children was timely and compliant.

The number of children exiting Part C who have an IFSP with transition steps and services field includes all toddlers with disabilities who exited Part C services at age 3 who had 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 during the reporting period.

The number of toddlers with disabilities exiting Part C field includes all children who exited Part C services at age 3 who should have had an IFSP with transition steps and services developed between 2 years and 3 months and 2 years and 9 months. Children referred and found eligible fewer than 90 days before the child's third birthday are not included in the data.

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

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

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

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

Alaska does not allow pre-finding corrections.

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

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

**8A - Prior FFY Required Actions**

None

**8A - OSEP Response**

**8A - Required Actions**

## Indicator 8B: Early Childhood Transition

### Instructions and Measurement

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

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

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

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

#### Data Source

Data to be taken from monitoring or State data system.

#### Measurement

- A. Percent =  $\left[ \frac{\text{(\# of toddlers with disabilities exiting Part C at age 3 who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C at age 3)}} \right]$  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 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

## 8B - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	86.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	98.76%	96.00%	0.00%	90.98%	98.63%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
483	515	98.63%	100%	99.18%	Did not meet target	No Slippage

**Number of parents who opted out**

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

28

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

Three EIS Programs had a total of 4 instances of noncompliance with SEA/LEA Notifications. Reasons for late SEA/LEA notification include (3) children who had late notification due to staff who need training on requirements related to SEA/LEA notification, and (1) child who was enrolled 7 days before the SEA/LEA notification due date and the program was unable to complete timely notification due to the tight timeline.

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

The SEA notification data represents automated notification from the Part C data system to a shared secure server for all toddlers with disabilities exiting Part C where notification to the SEA occurred at least 90 days prior to their third birthday for those toddlers potentially eligible for Part B services. The date this automated notification occurs is recorded in each child's database record and is aggregated for reporting. Alaska Part B can access this data which is updated weekly once Part C children turn 30 months of age unless a parent opts out of notification.

The LEA notification data represents the date a local program provided notification to the LEA, which is entered into the Part C data system by EIS Programs. The data system is utilized to create a report of child notifications for children potentially eligible for Part B. Local EIS providers send the notification report, and/or the child notification letters to the LEA unless the parent opted out. EIS Programs enter the date the notification was provided for each individual child into the child's record in the statewide EI/ILP database. Reminders are provided in the database to distribute LEA notifications in a timely way.

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

YES

**If yes, is the policy on file with the Department? (yes/no)**

YES

**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).**

July 1, 2024 to June 30, 2025

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that notification for eligible children was timely and compliant.

The number of toddlers with disabilities exiting Part C who were potentially eligible for Part B includes all Part C children who exited Part C services at age 3 but subtracts those children whose families opted out of notification. Children referred and found eligible fewer than 90 days before the child's third birthday are not included in the data.

The number of toddlers with disabilities exiting Part C where notification to the SEA/LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services includes all Part C children who were age 33 months or less when referred and determined eligible and who were potentially eligible for Part B. The data counts infants and toddlers exiting Part C where both SEA/LEA notification were sent at least 90 days,

and at the discretion of all parties, not more than nine months prior to their third birthday during the reporting period. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

Children included in the count had exit reasons of Attempts to contact unsuccessful, Completion of IFSP prior to age 3, Withdrawal by parent/guardian, Moved out of State, Part B eligible, Not Part B eligible - exit to other program, Not Part B eligible - exit with no referrals, or Part B eligibility not determined (referred to Part B but determination of eligibility not met by third birthday).

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

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

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

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

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

Four programs had noncompliance with SEA/LEA notification requirements, for a total of 8 children. All programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that SEA/LEA Notification must be provided for each potentially eligible child 33 months of age, that programs have procedures in place to support this, and that they are successfully providing timely SEA/LEA notifications per requirements.

To verify that each of these 4 program is correctly meeting the SEA/LEA notification requirements, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the birthdate of the child with the date of SEA/LEA notification and determined whether both SEA/LEA notifications occurred prior to 33 months of age. Programs were confirmed to be correctly implementing the regulatory requirements related to SEA/LEA Notification when they demonstrated that the program provided both SEA and LEA notification prior to age 33 months for every child who transitioned in a subsequent quarter. After it was confirmed that each program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was confirmed to have suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to SEA/LEA notification for each of the 8 children who were identified as noncompliant with SEA/LEA Notification. To verify that each child who did not have SEA/LEA notification by age 33 months was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that either SEA/LEA notification was provided, although late, or that the child had exited and was no longer in the jurisdiction of the program. In 7 instances, the SEA/LEA notifications were completed but outside of the appropriate timeline. In 1 instance, the SEA/LEA notification was never provided, but the child had exited and was out of the jurisdiction of the program. Each of these 8 children was confirmed to be corrected.

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

Alaska does not allow pre-finding corrections.

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

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

**8B - Prior FFY Required Actions**

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

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

The state confirmed through review of updated data from the data system that each of the 4 programs issued findings of noncompliance in FFY 2023 were correctly implementing the SEA and LEA Notification requirement and that each of the 8 instances of individual child noncompliance were corrected, although late.

A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2023.

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

#### Instructions

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

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

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

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

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

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

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

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

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

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

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

## 8C - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	85.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	99.73%	100.00%	99.56%	99.60%	98.79%

**Targets**

FFY	2024	2025
Target	100%	100%

**FFY 2024 SPP/APR Data**

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

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
420	441	98.79%	100%	99.54%	Did not meet target	No Slippage

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

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

2

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.

17

Provide reasons for delay, if applicable.

2 EIS Programs had 1 child each with 90-day transition conferences that were late due to issues which were not related to exceptional family circumstances. Program reasons transition conference was late: (1) program had 1 child who enrolled in services 7 days before the transition conference was due and the provider was unable to schedule with the family and school district before the due date. (1) program did not schedule a timely transition conference due to staff error and need for training.

17 children had documented delays attributable to exceptional family circumstances. These families participated in a transition conference that was delayed due to exceptional family circumstances which included the family not attending a scheduled visit, cancelling a visit, or choosing not to schedule a visit to develop the transition plan due to family schedules, travel, extreme weather, illness, preferences, or other reasons related to family circumstances. These family circumstances are documented in notes in the statewide ILP data system and in the child record.

**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).**

July 1, 2024 to June 30, 2025

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

This data represents each applicable child for the entirety of the reporting period and is complete and accurate. Contact records are compared with the ILP database as a component of monitoring to ensure that notification for eligible children was timely and compliant.

This data represents all eligible Part C children who were age 33 months or less when referred and determined eligible that exited the program during the reporting period and were potentially eligible for Part B services. Children referred and found eligible less than 90 days before the child's third birthday are not included in the data.

From the pool of exiting children who are potentially eligible for Part B services, the data counts all infants and toddlers exiting Part C who had a 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. It is important to note that children who exited due to having a status of deceased, moved, out of contact or parent withdrawal were not included in the denominator because they were no longer within the jurisdiction of the program.

Children included in the count had exit reasons of Part B eligible, Not Part B eligible, exit to other program, Not Part B eligible, exit with no referrals, or Part B eligibility not determined (referred to Part B but determination of eligibility not met by third birthday).

Provide additional information about this indicator (optional).

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

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

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

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

Four programs had instances of noncompliance on this indicator - early childhood transition conference - and each was issued a letter of finding within 90 days of the identification of noncompliance. The letter required each of these 4 programs to correct noncompliance as soon as possible, but no longer than one year from the date of the finding. Corrective activities were required of these 4 programs in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. The 4 programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that the transition conference must be held at least 90 days prior to the third birthday and have program procedures in place to support this. Each of these 4 programs is now confirmed to be holding transition conferences by the deadline.

In order to verify that each of the four noncompliant programs were now correctly providing timely early childhood transition conferences, the TA staff and Data Manager conducted a review of data system reports comparing the date of birth of the child with the date of the child's transition conference during each subsequent quarter. Each of the 4 programs was confirmed to be correctly implementing the regulatory requirements related to early childhood transition conferences when they demonstrated that every child who transitioned out of the program in a subsequent quarter (100%) had an early childhood transition conference prior to age 33 months. At that time, the program was confirmed to be suitably addressing their non-compliance for the indicator. All 4 programs were confirmed to have corrected within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to early childhood transition conferences for each of the 6 individual instances of non-compliance identified. To verify that each of the 6 children who did not have a timely transition conference was corrected, the TA staff and Data Manager reviewed the database record for each child, requested additional information from the program if needed, and checked the records to confirm that the transition conference for the child had either been held late, or that the child had exited and was no longer in the jurisdiction of the program. In all instances, the transition conference was held but was late. Each of these 6 children was confirmed to be corrected.

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

Alaska does not allow pre-finding corrections.

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

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

**8C - Prior FFY Required Actions**

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

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

The state verified through review of updated data from the data system that each of the 4 programs issued findings of noncompliance in FFY 2023 were correctly implementing the early childhood transition conference requirement and that each of the 6 instances of noncompliance were corrected, either late or out of jurisdiction of the program.

A description of noncompliance and timely correction of these findings are described above in the section: Correction of Findings of Noncompliance Identified in FFY 2023.

**8C - OSEP Response**

**8C - Required Actions**

## Indicator 9: Resolution Sessions

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

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

### 9 - Indicator Data

#### Not Applicable

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

YES

**Provide an explanation of why it is not applicable below.**

Alaska does not use Part B Due Process procedures, but instead uses Part C due process procedures, therefore this indicator is not applicable.

### 9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

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

### 9 - OSEP Response

### 9 - Required Actions

## Indicator 10: Mediation

### Instructions and Measurement

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

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

#### Data Source

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

#### Measurement

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

#### Instructions

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

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

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

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

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

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

### 10 - Indicator Data

#### Select yes to use target ranges

Target Range not used

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

NO

#### Prepopulated Data

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

#### Targets: Description of Stakeholder Input

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Group Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

**Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
  - **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
  - **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.
- These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

**Historical Data**

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

**Targets**

FFY	2024	2025
Target>=		

**FFY 2024 SPP/APR Data**

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

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

Because Alaska had no mediation requests, we did not provide targets for this indicator.

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

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

**10 - Required Actions**

# Indicator 11: State Systemic Improvement Plan

## Instructions and Measurement

**Monitoring Priority:** General Supervision

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

### Measurement

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

### Instructions

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

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

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

### Overview of the Three Phases of the SSIP

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

#### Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

### Specific Content of Each Phase of the SSIP

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

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

#### Phase III: Implementation and Evaluation

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

##### A. Data Analysis

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

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

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

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

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

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

**C. Stakeholder Engagement**

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

**Additional Implementation Activities**

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

**11 - Indicator Data**

**Section A: Data Analysis**

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

“Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from baseline of 51.69% to 57.20% by Federal Fiscal Year 2025.”

**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://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

**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
2019	51.69%

**Targets**

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	56.28%	57.20%

**FFY 2024 SPP/APR Data**

Of those children who entered the program below age expectations in the Social-Emotional Outcome Area, the number who substantially increased their rate of growth by the time they exit the program.	The number of children who entered the program below age expectations in the Social-Emotional Outcome Area and had both entry and exit COS ratings completed.	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
298	498	65.42%	56.28%	59.84%	Met target	No Slippage

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

Child Outcome Summary rating data is collected from local ILP Program data entered into the Alaska EI/ILP Database.

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

Alaska's State Identified Measurable Result (SiMR) is "Of the Alaska Part C infants and toddlers who entered the program below age expectations in Social-Emotional, the percent who substantially increased their rate of growth by the time they exited the program will increase from baseline of 51.69% to 57.20% by Federal Fiscal Year 2025." The measurement for the SiMR is the same measure as for the Indicator 3 - Child Outcomes - Social Emotional - Summary Statement 1 reported in a previous section of this report. This indicator measures children who entered the program below age expectations in the area of social emotional who substantially increased their rate of growth by the time they exited the program.

To measure this indicator, the Alaska Part C System utilizes the Early Childhood Outcomes Center Child Outcome Summary (COS) process, collecting COS information from the 15 Local Early Intervention programs. Local programs submit demographic, assessment, and rating information at child entry, annually and at exit in the ILP Database. The COS is a standardized method of reporting a child's developmental status using the seven-point COS rating scale. Every child is rated on each of the three child outcome functional areas using the COS seven-point rating scale.

Multiple sources of information, such as assessments, IFSPs, and parent input are collected to help determine the child's functioning across the three outcomes to determine the COS ratings. The following domains must be assessed using a state-approved anchor tool in the evaluation of child outcomes upon entry and exit: adaptive, cognitive, expressive, fine motor, gross motor, receptive and social emotional. These Anchor Tools were selected by the Personnel Development Committee based on characteristics which support the age-anchoring component of the COS rating process. Approved Anchor tools include: Assessment, Evaluation and Programming System (AEPS), Carolina Curriculum for Infants and Toddlers with Special Needs, Hawaii Early Learning Profile (HELP), Infant Toddler Developmental Assessment (IDA-2), Oregon Project, The Ounce Scale, Transdisciplinary Play Based Assessment (TPBA2).

Additional tools commonly used in Alaska to support understanding of COS Ratings include: Batelle Development Inventory (BDI), Bayley (BSID-III), Brigance Inventory of Early Development, Child Behavior Checklist, Child Development Inventory (CDI), Early Intervention Developmental Profile, Early Learning Accomplishment Profile (ELAP), and Vineland Adaptive Behavior Scales. Beyond the use of standard evaluation tools specific to each licensed professional, informed clinical judgment is one of several key principles employed for determining functional levels and, therefore, child progress/outcomes. EI/ILP Providers also use formal assessment techniques and instruments, direct informal observations of the child, review of all pertinent records and parent/caregiver interview or discussion.

Impact measurement is based upon the child's progress by comparing his/her developmental status between the entry (collected within 90 days of the referral date or at 6 months of age, whichever is later) and the exit ratings (collected within 90 days prior or after the exit date and after at least six months of continuous service). Rating differences between the two data points measure change or progress. At exit, the service team not only rates the child on the seven-point rating scale, but also answer the question with a "yes" or "no" about whether the child acquired any new skills or behaviors. Entry ratings, exit ratings, and answers to the "new skill" questions are all required. If the child's record is missing any of this information, the progress data will not be available for this child. Using the Early Childhood Outcomes (ECO) Center Calculator, progress for each child is then converted into one of the five OSEP categories (A-E), indicating the degree to which the child's status has changed between the time he or she entered and exited EI/ILP.

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

NO

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

NO

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

NO

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

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

<https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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

YES

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

The State's evaluation plan is a comprehensive Action Plan which includes Intended Outcomes, Improvement Plan, and Evaluation Plan and Evaluation of Intended Outcomes for each Improvement Strand. Strands include Professional Development/Technical Assistance (PD/TA) and Data and Accountability (DA). Updates were made to completion dates, status and evidence, barriers, actions and adjustments, and evaluation data in the improvement plan sections; completion dates, status and data, data quality issues/actions and performance status in the evaluation plan sections; and status and evaluation notes in the evaluation of intended outcomes sections for each strand.

Examples of updates include reporting the completion of training in Child Outcomes, participation in evidence-based practice trainings, updates on the Learning Management System, updates on use of the Pyramid model, and results of data analysis of C3A children who have not made progress.

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

These annual updates allow the state team and stakeholders to track progress toward SSIP outcomes and activities and make necessary changes to move the plan forward.

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

#### Professional Development and Technical Assistance (PD/TA) Summary:

Professional development and TA activities focused on ensuring the quality of COS ratings for children exiting the program and on supporting local programs and providers in gaining the skills needed to support children with social emotional skills that are below age level. New providers continue completion of Child Outcome Process modules, with quizzes to accompany each module. Our LMS then links to the COS: Knowledge Check and providers take this as a final test. We have continued analysis of patterns of development related to lack of improvement in COS entry and outcome ratings in Outcome Area 1, looking at statewide and regional data. This has given us new insights into the needs of children who are not making progress. This year we focused analysis on whether children were enrolled with a Part C Diagnosis, Developmental Delay, or Informed Clinical Opinion. We looked at the list of diagnoses children experienced when eligible by diagnosis. We were able to see which specific diagnoses were most common for children who did not make progress in S/E. The top diagnoses last year were Autism, Cerebral Palsy, Deaf/Hard of Hearing, Blind/Visually Impaired, and congenital heart disease. This year's top diagnoses were Autism and Down Syndrome. In addition, there were a number of medically fragile children with an array of specific diagnoses. We are using this information, along with surveys and local program input, to inform our PD planning for the year.

Professional development activities continue to be both virtual and in-person. EI/ILP was again a partner in organizing the Infant, Child and Youth (ICY) Conference, which was in person this year, and supported attendance of 43 ILP Providers statewide.

Scholarships were also provided to support continuing education for 6 current ILP Providers to expand their provider roles in ILP and for 1 provider from a difficult to recruit therapy discipline. These included SLP, Special Education - Early Childhood, Early Childhood Education, Counseling, Social Work, and Early Intervention. The Learning Management System (LMS) work continued, with the Alaska Part C Credential, Child Outcomes Process Online Modules (linking to the COS:KC), Universal Online Part C Curriculum, and ILP TA Portal fully implemented.

#### Data and Accountability (DA) Summary:

The ILP Database is fully functional and capable of providing all necessary data for federal reporting. Program Training and Technical Assistance continues to focus on supporting high quality, timely data from local programs through training and data analysis. The required Quarterly Data Cleaning Report has been updated with new data cleaning instructions, new narrative reporting categories, and streamlined requests for Technical Assistants. Individualized training has been provided to several programs with new staff and Coordinator, answering questions and concerns specific to the program. The ILP Data committee has been an active group of stakeholders engaged in guiding data collection and analysis focus and its role in local determinations, funding distribution, and assurance of quality service delivery. The Database Workgroup continues to meet quarterly to discuss system functionalities.

ILP stakeholder committees are fully engaged. State staff have worked with committees and workgroups including Service Delivery, Finance, Policy, Professional Development, and Data, as well as Data and Low Incidence workgroups to improve the ILP system statewide. The SPP/APR and the SSIP have informed the committee work, integrating SSIP activities and data driven decision making. The ICC is strongly engaged, representative, and knowledgeable about ILP Data, the SPP/APR, and the SSIP. Annual analysis of data related to the SiMR continues to allow us to better identify groups of children who are less likely to make progress in the area of Social Emotional and target PD activities to support programs and families. In addition, the ICC Fiscal Subcommittee utilizes data from the SSIP and SiMR as they discuss the prospect of expanding eligibility categories for Part C services in Alaska.

Stakeholder meetings confirmed that work on the Data and Accountability section is now integrated into normal program operations and that this strand can be closed out in the SSIP.

**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.**

Progress toward short and intermediate term outcomes for Professional Development/Technical Assistance (PD/TA) and Data/Accountability (DA) infrastructure improvement strategies were reviewed, with a summary of achievements, evaluation measures and consideration of future steps during the revision of the SSIP Action Plan.

#### Professional Development/Technical Assistance (PD/TA) progress:

Understanding COS: ILP providers understand the COS rating process; 13 ILP Providers completed the COS Process Modules on the ILP Learning Management System (LMS) this year, with passing scores of 80% or higher on all quizzes. The LMS links providers directly to the COS: Knowledge Check, and 13 providers received a passing score on the online quiz. Technical Assistant staff are working with programs to ensure that all providers taking the COS Process Modules pass the COS-KC.

Strong PD System: Continued progress was made in understanding developmental patterns of children who did not make progress in Child Outcome A. A statewide analysis was conducted looking at differences in outcomes for children eligible based on Diagnosis, Developmental Delay of 50%, and Informed Clinical Opinion. Part C Diagnoses occurring in the highest numbers last year included Autism and Down Syndrome, along with several diagnoses for medically fragile children. We have focused on supports for children on the Autism Spectrum, and our established conditions list is currently in final phases of review which will expand the list of established conditions which lead to eligibility.

Social Emotional Practices: This year, 8 ILP supervisors participated in a reflective supervision group. 43 ILP providers attended the in-person Infant, Child, and Youth (ICY) Mental Health Conference and 28 participated in the Virtual Home Visitor Conference. 4 Occupational and Physical therapists received advanced training in the General Movement Assessment, a tool aimed at early identification of very young medically fragile infants who may need motor supports and are at risk of Cerebral Palsy. 7 ILP providers received scholarships in the fields of SLP, Counseling, Early Intervention, Early Childhood Education, Social Work and Special Education. Other specific professional development supports provided by the Part C Program this year include Online Part C Credential Modules and COS-KC, the Universal Early Intervention Curriculum, and Online Child Outcome Summary Process Modules. 48 providers participated in the Hanen Centre's 4 I's to Socialize training for young children with social communication differences, and 20 participated in First Steps for Babies.

COS Implementation Standards: These outcomes related to Professional Development and Technical Assistance are moving our system forward with accurate COS ratings, improved COS data, and training activities that are effectively implemented to target the needs of specific children who are not making progress, impacting our achievement of the SiMR. We continue to utilize expanded questions on our annual program Self-Assessment to loo- more in-depth at best practice ratings. Alaska is an early adopter of the COS-Knowledge Check, which was completed by 13 ILP Providers who have completed the COS Process Modules.

Meeting IFSP Goals: This outcome was measured as a question in our annual program self-assessment in June 2025. This year, results show that all children who had Social Emotional IFSP goals met them.

Data and Accountability (DA) progress:

ILP Database: The ILP database is fully functional and provides all data needed for federal reporting, compliance monitoring and data analysis. The ILP Database manual is available for program reference and ILP Database training is available for new coordinators, providers and local programs. The ILP Quarterly Data Cleaning report has been updated, with clear instructions on quarterly data cleaning, streamlined procedures for requesting Technical Assistance, and new sections for quarterly narrative reporting.

Data Entry: All programs enter program data in real time. Data is cleaned quarterly, with TA provider assistance and training provided as needed. The Data Manager and TA providers conduct additional quarterly reviews of data quality utilizing built-in data reports. The annual program self-assessment is completed in the database, and data is used to help inform Local Determinations.

SSIP Measures and Program Performance: The Program Self-Assessment process was updated last year, with Technical Assistants reviewing IFSPs for each child who was part of the self-assessment and confirming or changing program self-ratings based on findings.

Stakeholder Engagement and Coordinated Stakeholder System: The ICC is fully functioning, and all positions are filled. The ICC is continuing to help with work with stakeholder groups. This year, several stakeholder meetings were held to gather input on the potential of expanding eligibility for ILP services in Alaska. Several presentations were made this year to stakeholder groups, including SPP/APR data, Family Outcome Survey data and potential changes, and a general overview of EI/ILP Data.

Responsive Database and ILP Program Data Use: The ILP database is currently responsive to the needs of the ILP Program. All quarterly reports and self-assessments are submitted via the database. There is new functionality for programs to upload child records in the database. Through work with the ILP Database Workgroup and the ILP Data Committee, we continue to develop additional local reporting capacity.

**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.**

Professional Development and Technical Assistance (PD/TA):

The COS Process training modules became a required component for all providers who participated in the COS process last year. Technical Assistants have entered provider training data into the ILP data system in order to provide easy state and program tracking. This year we will add an automated reminder for programs who have new providers who need to complete the training. Programs will continue to complete questions related to high quality COS processes on their annual program Self-Assessment. This year, Alaska will move to a COS quiz that is integrated into our LMS system.

Ensure that Alaska has a coordinated, high quality professional development system that is responsive to training needs related to Outcome Area 1: Positive Social Emotional Skills: We will continue to utilize SSIP data to give input into the trainings the state offers, along with program surveys. The following Pyramid Model trainings are available to providers this year. We will especially encourage programs to support providers in completion of the Pyramid Model Practices in Early Intervention module.

- Pyramid Model Practices in Early Intervention
- Pyramid Model for Family Child Care
- Pyramid Model for Family Child Care – Spanish
- Targeted Strategies for Successful Inclusion of Children with Disabilities
- Prevent-Teach-Reinforce for Young Children
- Prevent-Teach-Reinforce for Families
- Practice-Based Coaching
- Trauma-Informed Care and the Pyramid Model
- Wellness: Taking Care of Yourself
- Culturally Responsive Practices to Reduce Implicit Bias, Disproportionality, Suspension & Expulsion

Support Early Intervention provider's learning and implementation of evidence-based practices: Professional development training will continue to focus on Autism with the Hanen 4 I's to Socialize training made available for 25 additional state providers, for 75 total providers trained. In addition, the Hanen SPARK Communication training will be offered. Other training will include the Advanced General Movement Assessment to support documentation of eligibility for very young medically fragile children. Also to assist with earlier identification of young children with Autism, we are providing training for 35 providers in the Screening Tool for Autism in Toddlers and Young Children (STAT). To support quality COS ratings with use of an Anchor Tool, we are providing training on the Infant-Toddler Developmental Assessment (IDA-2). We will once again partner with the Alaska Home Visiting network to sponsor a virtual Home Visiting Conference, as well as continuing our partnership to develop and support the Alaska Infant, Youth, and Child (ICY) Conference.

These next steps will allow us to meet our PD/TA outcomes related to improving COS ratings, implementing a high-quality professional development system, and ensuring ILP Providers use evidence-based practices with fidelity to support infants and toddlers and their families.

#### Data and Accountability (DA):

The data and accountability strand goals have been met. Practices and resources are integrated into ongoing practices, and this strand is being closed out.

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

Circle of Security® Parenting™

Conscious Discipline®

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model

Facilitating Attuned Interactions (FAN)

4 "I"s to Socialize™ (Coaching parents of young autistic children to play a leading role in their child's intervention)

SPARK Communication™: Coaching Parents to Use Hanen Strategies (Coaching parents of children with language delays to play a leading role in their child's intervention)

Neurorelational Framework (NRF)

WONDERbabies (Ways of Nurturing Development through Enhancing Relationships)

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

ILP Providers are trained to deliver the following evidence-based practices to families who are enrolled in Early Intervention services.

Circle of Security® Parenting™ – ILP Programs with providers trained in this model provide this 8-week parenting program to ILP enrolled families. This program is founded on the core elements of secure attachment to parents and professionals. The Circle of Security® protocol is based upon the following principles: 1. The quality of parent/child relationship shapes child behavior 2. Parents have innate wisdom and a desire for their children to be secure 3. Parents struggle without a coherent roadmap of their children's needs. 4. Supporting parent reflection on their strengths and struggles, allows them to make new choices in the direction of security. ILP Programs who provide this parenting program work with families in their home and community settings to implement principles of Circle of Security® in ways which help children meet their IFSP goals and improve social emotional outcomes.

Conscious Discipline® – ILP Providers trained in this model provide this social-emotional learning program to families enrolled in ILP during their home and community-based visits. Strategies from this program support first teaching parents about their own self-control and self-regulation, and then helping them teach self-regulation to their children. In helping parents see how they respond to upset and understand their emotions, providers support them in learning how to regulate themselves when they are triggered. In short, providers trained in this evidence-based practice teach parents how to be conscious as adults of what they are saying to children, and what behaviors they are modeling. ILP Providers use this evidence-based practice to improve social emotional outcomes and achieve IFSP goals.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – ILP Providers trained in this model utilize this evidence-based intervention framework to support families in addressing the unique challenges and strengths of children with autism spectrum disorders (ASD) and similar developmental challenges. The DIR®/Floortime™ framework helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the child's unique needs. Utilizing DIR®/Floortime™ practices, providers teach families evidence based strategies for interacting with their child to build healthy foundations for social, emotional, and intellectual capacities. Strategies implemented are linked to IFSP goals and individual child social emotional needs.

Facilitating Attuned Interactions (FAN) – This model was developed by the Erikson Institute. ILP Providers trained in this model utilize this evidence-based intervention with ILP families to enhance the "attunement" between providers and parents on home and community-based visits. Providers who can model attunement on visits with families are able to strengthen the provider-parent relationship. In doing so, FAN practices allow providers to experience and reflect on attunement, leading to parents who are attuned to their children and ready to try new ways of relating to them. By supporting parent-child attunement through FAN practices on visit, providers help address IFSP goals and improve social emotional outcomes.

4 "I"s to Socialize™ (Coaching parents of young autistic children to play a leading role in their child's intervention) This program was developed by the Hanen Centre as a clear and practical framework for extending social communication support into the everyday routines and interactions that are most meaningful to the child. A research-based protocol for evaluating children's social communication and determining next steps is utilized, in the form of a comprehensive checklist helps zeroes in on a child's stage of social communication and identify what his or her next target may be. A set of responsive interaction strategies are shared with parents so they can facilitate their child's ability to engage in extended, enjoyable interactions within everyday activities and routines.

SPARK Communication™: Coaching Parents to Use Hanen Strategies (Coaching parents of children with language delays to play a leading role in their child's intervention) - This program is a clear and practical framework for transforming early language intervention into a natural, enjoyable and ongoing process. In this program, providers help parents better understand their child's communication and coach them to use evidence-based responsive interactions strategies during everyday interactions with their child. They use set of responsive interaction strategies and share them with parents so they can facilitate their child's communication development during everyday activities and routines.

Neurorelational Framework (NRF) – This model was developed by Dr. Connie Lillas, PhD, MFT, RN. ILP Providers trained in this model implement NRF strategies with enrolled ILP families to assist caregivers in supporting healthy early development in their child. Based upon the architecture of the brain, NRF provides assessment strategies and practices which support healthy development. NRF is based on three relevant features of brain development and growth influenced by early lived experiences: 1. Stress and stress recovery thresholds 2. Early onset of what is referred to as "procedural memories" that refer to the quality of experiences 3. Early expansion of brain networks and circuits that are experience dependent. ILP Providers utilize NRF strategies on home and community-based visits with families to work toward improved social emotional outcomes.

WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) – This model was developed by Dr. Joy Brown, PhD, PCNS-BC, IMH-E®. ILP Providers trained in this model use this evidence-based framework designed to support newborns and young infants with health care

needs, developmental disabilities and with those babies who have been deemed categorically eligible for Part C services. Components of WONDERbabies include the Presteps Model and the Babies Adaptive Behavior Inventory (BABI). ILP Providers use the BABI Observation Template to develop a comprehensive view of the adaptive functioning of the newborn and young infant. They apply practices from this evidence-based model in early intervention sessions with families to support the progression of the caregiver-infant relationship as the infant develops. Supporting these early relationships helps parents and their infants make progress toward IFSP goals and improved social emotional outcomes.

**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 following Evidence Based Practices are implemented in various local ILP Programs in Alaska and are intended to impact the SiMR by changing provider practices utilized during the delivery of early intervention services, resulting in changes in parenting behaviors and improvements in the social emotional outcomes of infants and toddlers.

The state Part C system has supported programs in accessing introductory and advanced trainings in these models, in order to improve child outcomes. As a result of these trainings, ILP Providers have changed their practices in ways which support positive parent-child relationships, increase parents' capacity to respond to their child's social emotional and developmental needs, and result in improved Child Outcome Area 1: Positive Social Emotional Skills progress for children.

ILP Providers in local programs draw on their individual and varied disciplines, backgrounds and training when providing Early Intervention services to families. Interventions are selected for individual families based on provider capacity, family preferences and child developmental needs. Providers' ability to support children's social emotional development is measured through the Social Emotional Practices Rating Scale (SEPRS), which has been developed to assess an ILP Provider's capacity to support infant and toddlers' social emotional development through a variety of evidence-based models.

Circle of Security® Parenting™ - ILP Providers trained in this model learn to facilitate the participation of parents and other caregivers in 8 weeks of group learning sessions which systematically leads parents to learn and reflect on the principles of the Circle of Security®. Providers work with parents in class and during early intervention home visits to support the parent's capacity to respond to their child's social emotional needs. Principles and practices of this model are also taught to parents directly in a home visiting setting. This program results in changes in the parent-child relationship, impacting both parent and child outcomes and supporting improved social emotional outcomes for infants and toddlers.

Conscious Discipline® - Training in this model teaches ILP Providers to provide Conscious Discipline® strategies to parents and caregivers on early intervention home visits and/or in group classes with parents. Providers use strategies they learned through the Conscious Discipline® framework to support parents' reflective capacity, improve parenting knowledge and skills, increase parents' ability to manage their own emotions and respond to children's challenging behaviors. By supporting the parent-child relationship and teaching parents concrete skills, providers impact both parent and child outcomes, resulting in improved social emotional outcomes for children.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model – Providers trained in this model learn to assess the functional emotional capacities of young children across 6 areas. They learn to look at the whole child and all of their individual differences. Providers work closely with the parents and other team members to develop a Floortime™ program which is individualized to the child and family's needs and capacity. Providers utilize parent coaching strategies to help parents strategically promote their child's development. This comprehensive approach addresses the unique challenges and strengths of children with autism spectrum disorders (ASD) and other developmental challenges. The objectives are to build healthy foundations for social, emotional, and intellectual capacities, resulting in improved social emotional outcomes for children.

Facilitating Attuned Interactions (FAN) – Providers trained in the FAN model learn to facilitate attuned interactions utilizing the strategies of self-regulation, empathic listening, collaborative exploration, capacity building and reflection. They are able to move through these strategies on any home visit to support increased parental confidence, strengthen the parent/child relationship and promote health development of the parent and child. FAN model interventions work by strengthening the provider-parent relationship. This creates a foundation for parents to be attuned to their child, support the child's self-regulation and social emotional learning, and improve social emotional outcomes. This model lays a foundation for effective home visits which result in improved parent and child outcomes.

4 "I"s to Socialize™ (Coaching parents of young autistic children to play a leading role in their child's intervention) In this model, providers foster mutual understanding between the parent and child, help them have more fun together, and coach parents to incorporate evidence-based responsive interactions strategies into enjoyable moments with their child. It utilizes a structured one-to-one parent coaching framework that's based on principles of adult learning. This consists of a clear, 4-step coaching model that can be used during individual consultations and therapy sessions. This framework considers the needs of adult learners and effectively supports parents' application and generalization of strategies.

SPARK Communication™: Coaching Parents to Use Hanen Strategies (Coaching parents of children with language delays to play a leading role in their child's intervention) - This program is a clear and practical framework for transforming early language intervention into a natural, enjoyable and ongoing process. In this program, providers help parents better understand their child's communication and coach them to use evidence-based responsive interactions strategies during everyday interactions with their child. They use set of responsive interaction strategies and share them with parents so they can facilitate their child's communication development during everyday activities and routines. This practice uses a clear, 4-step coaching model that can be used during individual consultations and therapy sessions. Providers utilize an action plan for applying the framework and strategies with children and their families and are provided handouts to use in 1-1 sessions.

Neurorelational Framework (NRF) –ILP Providers trained in NRF framework learn to view early childhood development through a new framework of understanding. Through the concepts of stress and stress recovery thresholds, procedural memories, and experience-dependent brain development, providers trained in this model are able to assess stress and recovery responses, observe the quality of parent-child engagement, and support parent and child regulation. Providers help caregivers learn to recognize and respond to stressors, engage with their child in supportive ways, and individualize supports for their child's sensory and self-regulation needs. These targeted strategies support parent and child outcomes and lead to improved social emotional skills in children.

WONDERbabies (Ways of Nurturing Development through Enhancing Relationships) Model – Training in this model gives ILP Providers the skills to assess and support the adaptive functioning of newborns and young infants. Providers learn to train parents to understand and respond to the unique developmental needs of premature, medically fragile, developmentally disabled, or other high-risk newborns and young infants. First, caregivers learn to observe body functions, arousal and sleep, interactions, eating and soothing behaviors, then they learn to support their child by providing predictability, sleep organization, timing and pacing, environmental modifications, positioning, and soothing supports. When ILP Providers support parents in caring for their infant, they build responsive attachment relationships which support positive social emotional outcomes.

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

This year, Alaska has looked at other evidence-based practice systems and fidelity assessments which would provide training that is accessible to all programs and data that is reliable in assessing the fidelity of practices across the state. We have identified the Pyramid Model as a program that could meet this need and the Early Intervention Pyramid Practice Fidelity Instrument (EIPFFI) as a tool. Stakeholder engagement continues to move forward with implementation of this change, as we have found funding to purchase Pyramid training modules and are rolling these out with programs around the state.

**Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

N/A

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

The state ILP office and local programs plan to continue to provide training and implementation of these evidence-based practice models and frameworks during the next reporting period. The evidence-based practices highlighted here have been selected to increase provider's knowledge of practices which support children's development related to Child Outcome Area 1 and to support providers in implementing those practices with fidelity. Skills providers implement from these evidence-based practices will support their ability to help us achieve PD/TA outcomes of increasing providers knowledge of practices which support social emotional development and implementing these practices with fidelity, so that we can increase the rate of growth of infants and toddler's social emotional skill by the time they exit EI/ILP.

Evidence Based Practice Models implemented:

Circle of Security® Parenting™ - Local ILP Programs who have been trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. Additional providers will continue to receive training on a local level with funding from their approved budgets. One local program has completed fidelity coaching with Circle of Security® developers. The state is considering further training in this model if it can be focused on use in home settings. Meetings with Circle of Security® Parenting™ trainers indicated they are still considering development of a home-visiting based model.

Conscious Discipline® - Local ILP Programs who have providers trained in this model will continue to provide online and face to face classes and utilize concepts when providing virtual and in-person home visits. One local program implements this model across their organization and plans to train any new providers on a local level. No state sponsored training is planned in this model.

Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. Two local ILP Programs have staff who have progressed into the DIR Floortime Advanced Certificate program and will continue this work. No state sponsored training is planned in this model.

Facilitating Attuned Interactions (FAN) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. This year, we successfully provided FAN Supervisor training to assist ILP Program managers in supporting their staff who use the FAN Model. We will continue to provide FAN Core Training for ILP staff. We have 2 providers who are in final stages of training as official FAN trainers and are considering the applications of 2 additional trainers to ensure the continuance of our network of FAN training within the state ILP system. Our partners in the MIECVH home visiting program have agreed to continue to allow ILP Providers attend their training this year.

4 "I"s to Socialize™ (Coaching parents of young autistic children to play a leading role in their child's intervention) Local ILP Programs who have been trained in this model will continue to utilize the 4 "I"s to Socialize™ concepts when providing virtual and in-person home visits. The state plans to continue to make this training available to interested program statewide. The state will provide training for 25 participants in this model next year.

SPARK Communication™: Coaching Parents to Use Hanen Strategies (Coaching parents of children with language delays to play a leading role in their child's intervention) - Local ILP Programs who have been trained in this model will continue to utilize the SPARK Communication™ concepts when providing virtual and in-person home visits. The state plans to continue to make this training available to interested program statewide. The state will provide training for 25 participants in this model next year.

Neurorelational Framework (NRF) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. No further state sponsored training is planned in this model.

WONDERbabies (Ways Of Nurturing Development through Enhancing Relationships) - Local ILP Programs who have been trained in this model will continue to utilize concepts when providing virtual and in-person home visits. State sponsored training is not being offered this year, but it will return next year.

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

NO

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

The state is closing out the Data section of the SSIP as of this year. as goals have been met.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

The Alaska Part C System has mechanisms in place for engaging with a broad array of stakeholders to make decisions related to baselines, targets, progress measures, and activities related to the SPP/APR Indicators and Indicator 11 (SSIP). During this fiscal year, the following community partner organizations participated in ongoing meetings: Governor's Council on Disabilities and Special Education (GCDSE); Part C Interagency Coordinating Council (ICC); ICC Fiscal Subcommittee; Regional EI/ILP Program Providers; Alaska Infant Learning Program Association (AILPA); Department of Education and Early Development Part B 619 (DEED); Alaska Early Childhood Coordinating Council (AECCC); Alaska Mental Health Trust Authority (AMHTA); Universal Developmental Screening Advisory Committee (UDSAC); Pyramid Model Leadership Team; Early Hearing Detection and Intervention (EDHI), Office of Children's Services (OCS); Division of Public Health/Women's Children's and Family Health..

Throughout this fiscal year, the Lead Agency worked with community partners to collaborate on activities related to EI/ILP services and the SSIP, analyzing regional and statewide needs of infants and toddlers and their families, and plan and execute shared efforts to address those needs. State training and meetings with stakeholders focused on providing foundational knowledge of Part C regulations, compliance, and results, in order to support participants in understanding and engaging in decision-making. During meetings with stakeholders, information was presented on data and provided opportunities for feedback. Stakeholders reflected on the effectiveness of improvement strategies and outcomes. Progress toward completion of activities and achievement of outcomes were reviewed, and next steps were chosen with stakeholders as partners in decision-making.

Specific meetings held to discuss this fiscal year's SPP/APR and SSIP included: ICC Leadership Team; Public stakeholder meetings via Zoom; Division of Senior and Disabilities Services leadership meeting. In addition to these ongoing collaborative meetings, specific stakeholder meetings were held for in-depth review of the EI/ILP SPP/APR and SSIP. The community partners listed above participated and assisted the Lead Agency in inviting community member participation. The stakeholder meeting presented an overview of the Part C System in Alaska, descriptions of the SPP/APR Indicators, and a review of our progress. For each indicator we reviewed and discussed performance results for this fiscal year, trends over time, and gave clear information about whether targets were met and shared that there was slippage in Indicators this year. Indicators where targets were not met were discussed in greater depth, and decisions made about next steps to address how to obtain targets. Participants asked clarifying questions and provided information on community factors which may have impacted results.

Representation on the ICC includes stakeholders from the close community partners listed above, as well as: Parents of children who experience disabilities; Self-advocates; Early Intervention Service Providers; Senior and Disabilities Services, Stone Soup Parent Training and Information Center (SSG); Early Hearing Detection and Intervention Program; Southcentral Foundation; Help Me Grow; Child Care Program Office; Child Care Assistance; Child Care Quality Rating Improvement System; Alaska Mental Health Trust Authority; University of Alaska; Public Health; Child Protection; DEED 619 Coordinator; Health Insurance; Head Start.

The ICC has taken an active role in advising and assisting the Lead Agency in addressing fiscal and child find related improvements. A subcommittee focused on finance has contributed to a report on recommendations to expand eligibility and funding for the Alaska Infant Learning Program.

### **Recruitment Challenges and Planned Steps**

The Lead Agency acknowledges ongoing challenges in recruiting individuals representing Alaska's diverse regions and parents of children with disabilities to participate in stakeholder engagement activities. These challenges include geographic isolation, limited access to technology, and competing family priorities. To address these barriers, the Lead Agency is implementing strategies aligned with the Leading by Convening framework to ensure authentic engagement and build capacity among underrepresented voices. Planned steps include:

- **Coalescing Around Issues:** Identifying shared priorities with families and regional partners to create meaningful opportunities for input that reflect local contexts.
- **Ensuring Authentic Engagement:** Expanding outreach through trusted community organizations, offering flexible meeting formats (virtual and in-person), and providing stipends or support for participation.
- **Building Capacity:** Developing targeted training and resources for parents and regional representatives to strengthen their understanding of Part C regulations, data analysis, and improvement planning, enabling them to participate as equal partners in decision-making.

These efforts aim to broaden representation and ensure that stakeholder input informs target setting, data analysis, improvement strategies, and evaluation of progress in ways that reflect the diversity of Alaska's families and communities.

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

The Alaska Part C System works on an ongoing basis with community partners to collaborate on the development and implementation of key improvement activities related to the SSIP. During ongoing meetings with key partners including the ILP Service Delivery Committee, ILP Coordinators, ILP Leadership Team, Alaska Early Childhood Coordinating Council, MIECVH, and the ICY Conference Planning Committee, we engage in work supporting the SSIP Action plan and provide updates on our progress in completing them. Partners provided information about the regional and statewide needs of infants and toddlers and their families. Conversations and feedback from stakeholders were considered in the revision of the Theory of Action, Logic Model and SSIP Action Plan for the current 6-year cycle. Ongoing, continuous feedback and communication occurs in meetings through our committee structure and monthly ILP Coordinator meetings.

### **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.**

Alaska's focus this year will be on improving Learning Management System integration of training activities related to Child Outcome ratings, consideration of additional Anchor Tools, and rolling out evidence-based Pyramid model training.

See the Alaska SSIP Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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

Alaska will collect data throughout the year related to provider participation in COS and evidence-based practice training activities. Analysis of COS data from ILP database will be completed by January 30, 2026, and results utilized to begin planning training activities for next year. The annual program and provider training survey will be completed by May 30, 2026. Training activities will continue to be implemented throughout the fiscal year.

See Action Plan for detailed information regarding all activities, data collection and analysis, evaluation plan measures and timelines related to activities and outcomes. <https://health.alaska.gov/en/senior-and-disabilities-services/early-intervention-infant-learning/ilp-public-reporting/>

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

None

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

**11 - Required Actions**

## Indicator 12: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

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

#### Data Source

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

#### Measurement

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

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

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

#### Instructions

Targets must be 100%.

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

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

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

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

## 12 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2024	94.12%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					Not Valid and Reliable

### Targets

FFY	2024	2025
Target	100%	100%

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4		4		0

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

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*:

Four programs had instances of noncompliance on this indicator- timely start of services and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. Each of these 4 programs with findings received targeted Technical Assistance (TA) to confirm that the ILP Coordinator and program staff understand that services must be provided by the date listed on the IFSP, have program infrastructure and procedures in place to support this, and are successfully starting IFSP services by the date listed on the IFSP.

To verify that each of these 4 programs is now correctly providing timely start of services, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the start date of the service on the IFSP with the date the service was first provided. Technical Assistants required one program with a history of noncompliance to upload documentation to the child's database record and reviewed it to confirm correction. Programs were confirmed to be correctly implementing the regulatory requirements related to timely start of services when they demonstrated that every child with a new service start date in a subsequent quarter had received that service by the date listed on the IFSP. After it was found that each program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, all 4 of the programs were confirmed to have suitably addressed their non-compliance for the indicator. All 4 programs met requirements for timely correction within the 365-day timeline, including the State's verification of correction.

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

The state lead agency completed a review of correction of noncompliance related to timely start of services for each of the 12 individual instances of non-compliance identified. To verify that each child who did not have timely start of services was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that the child had either received the services listed on the IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In all instances, the IFSP service was not provided by the date listed on the IFSP but was completed late. Each of these 12 children was confirmed to be corrected.

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5		4		1

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

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*:

Five programs had instances of noncompliance on this indicator- 45-day timeline and were issued a letter of finding requiring correction of noncompliance as soon as possible but no later than one year from the date of the finding. Corrective activities were required in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. All 5 programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that an initial evaluation, assessment and IFSP must be provided within Part C's 45-day timeline, have program procedures in place to support this, and four programs are successfully providing these services for children within 45 days of referral.

One program has made improvement in meeting the 45-day timeline but has not yet demonstrated complete correction.

To verify that each of these 5 programs is correctly meeting the 45-day timeline, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the referral date for the child with the dates of initial evaluation, assessment and initial IFSP meeting. Four of these 5 programs were confirmed to be correctly implementing the regulatory requirements related to 45-day timeline when they demonstrated that every child with a new IFSP in a subsequent quarter had received their initial evaluation, assessment and IFSP within 45 days of the documented date of referral. After it was confirmed that these programs had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, these 4 programs were confirmed to have suitably addressed their non-compliance for the indicator. Four programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

One program failed to demonstrate that every child with a new IFSP in a subsequent quarter had received their initial evaluation, assessment and IFSP within 45 days of the documented date of referral. This program did not reach 100% compliance in a subsequent quarter, however the Lead Agency confirmed that compliance was corrected for each previously non-compliant child. This one program was identified as NOT YET having suitably corrected their non-compliance for the indicator.

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

The State Lead Agency completed a review of correction of noncompliance related to 45-day timeline for each of the 15 individual instances of non-compliance identified. To verify that each child who did not have their initial evaluation, assessment and IFSP within 45 days of the referral date was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that the child had either received initial evaluation, assessment and IFSP, although late, or had exited and was no longer in the jurisdiction of the program. In all 15 instances, the initial evaluation, assessment and IFSP were completed, but were outside of the appropriate timeline. Each of these 15 children was confirmed to be corrected.

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

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

**Findings of Noncompliance Identified in FFY 2023**

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

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

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

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

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

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4		4		0

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

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:

Four programs had noncompliance with SEA/LEA notification requirements, for a total of 8 children. All programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that SEA/LEA Notification must be provided for each potentially

eligible child 33 months of age, that programs have procedures in place to support this, and that they are successfully providing timely SEA/LEA notifications per requirements.

To verify that each of these 4 program is correctly meeting the SEA/LEA notification requirements, the TA staff and Data Manager conducted a quarterly review of data system reports that compare the birthdate of the child with the date of SEA/LEA notification and determined whether both SEA/LEA notifications occurred prior to 33 months of age. Programs were confirmed to be correctly implementing the regulatory requirements related to SEA/LEA Notification when they demonstrated that the program provided both SEA and LEA notification prior to age 33 months for every child who transitioned in a subsequent quarter. After it was confirmed that each program had reached 100% compliance in a subsequent quarter and that compliance was corrected for each previously non-compliant child, the program was confirmed to have suitably addressed their non-compliance for the indicator. All programs made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to SEA/LEA notification for each of the 8 children who were identified as noncompliant with SEA/LEA Notification. To verify that each child who did not have SEA/LEA notification by age 33 months was corrected, the TA staff and Data Manager reviewed the database record for the child, requested additional information from the program if needed, and checked the records to confirm that either SEA/LEA notification was provided, although late, or that the child had exited and was no longer in the jurisdiction of the program. In 7 instances, the SEA/LEA notifications were completed but outside of the appropriate timeline. In 1 instance, the SEA/LEA notification was never provided, but the child had exited and was out of the jurisdiction of the program. Each of these 8 children was confirmed to be corrected.

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

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

**Findings of Noncompliance Identified in FFY 2023**

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4		4		0

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

**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:**

Four programs had instances of noncompliance on this indicator - early childhood transition conference - and each was issued a letter of finding within 90 days of the identification of noncompliance. The letter required each of these 4 programs to correct noncompliance as soon as possible, but no longer than one year from the date of the finding. Corrective activities were required of these 4 programs in accordance with our General Supervision policies, including completion of a Corrective Action Plan when appropriate. The 4 programs with findings received targeted Technical Assistance to confirm that the ILP Coordinator and program staff understand that the transition conference must be held at least 90 days prior to the third birthday and have program procedures in place to support this. Each of these 4 programs is now confirmed to be holding transition conferences by the deadline.

In order to verify that each of the four noncompliant programs were now correctly providing timely early childhood transition conferences, the TA staff and Data Manager conducted a review of data system reports comparing the date of birth of the child with the date of the child's transition conference during each subsequent quarter. Each of the 4 programs was confirmed to be correctly implementing the regulatory requirements related to early childhood transition conferences when they demonstrated that every child who transitioned out of the program in a subsequent quarter (100%) had an early childhood transition conference prior to age 33 months. At that time, the program was confirmed to be suitably addressing their non-compliance for the indicator. All 4 programs were confirmed to have corrected within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

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

The Alaska Part C office completed a review of correction of noncompliance related to early childhood transition conferences for each of the 6 individual instances of non-compliance identified. To verify that each of the 6 children who did not have a timely transition conference was corrected, the TA staff and Data Manager reviewed the database record for each child, requested additional information from the program if needed, and checked the records to confirm that the transition conference for the child had either been held late, or that the child had exited and was no longer in the jurisdiction of the program. In all instances, the transition conference was held but was late. Each of these 6 children was confirmed to be corrected.

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

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

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

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

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

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

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

Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24)	Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
17		16		1

FFY 2024 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified in FFY 2023	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
16	17	Not Valid and Reliable	100%	94.12%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	5.88%
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Provide additional information about this indicator (optional)

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

1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024).	17
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)	16
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 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	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.

Indicator 7 data reflects one program that did not demonstrate correction within the required one year from the date of the finding. They continue to have children who are not enrolled within the 45-day timeline. Appropriate increased reporting and technical assistance sanctions have been implemented. The program continues to address noncompliance through an updated Corrective Action Plan (CAP). The TA staff and Data Manager will continue to conduct quarterly review of data system reports that compare the referral date for the child with the dates of initial evaluation, assessment and initial IFSP meeting until the program demonstrates correction. The TA staff assigned to the program will conduct an on-site visit to provide additional technical assistance this year. The program has been notified that continued noncompliance will result in further sanctions.

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

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

**12 - Prior FFY Required Actions**

The State must provide valid and reliable data for FFY 2024 in the FFY 2024 SPP/APR.

The State must establish baseline for this indicator in the FFY 2024 SPP/APR.

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

The state has provided valid and reliable data for FFY2024 in the FFY 2024 SPP/APR. Please see data above in Section 12 - Indicator Data. The state has established a baseline for this indicator in the FFY2024 SPP/APR. Please see baseline data above in Section 12 - Indicator Data/Historical Data/Baseline Data.

**12 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2024, and OSEP accepts that revision.

**12 - Required Actions**

## **Certification**

### **Instructions**

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

### **Certify**

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

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

Lead Agency Director

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

### **Name:**

Anthony

### **Title:**

Director, Division of Senior and Disabilities Services, Alaska Department of Health

### **Email:**

anthony.newman@alaska.gov

### **Phone:**

907-419-4417

### **Submitted on:**

## Determination Enclosures

### Data Rubric

#### Alaska

FFY 2024 APR (1)

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

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

#### APR Score Calculation

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

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

**618 Data (2)**

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

**618 Score Calculation**

Subtotal	9
Grand Total (Subtotal X 2.11111111) =	19.00

**Indicator Calculation**

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

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

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

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

DATE: February 2026 Submission

### SPP/APR Data

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

### Part C 618 Data

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

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

\* if applicable

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

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

## Dispute Resolution

### IDEA Part C

Alaska

Year 2024-25

#### Section A: Written, Signed Complaints

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

#### Section B: Mediation Requests

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

#### Section C: Due Process Complaints

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

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

Alaska

These data were extracted on the close date:

11/19/2025