

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**

South Carolina



**PART C DUE
February 2, 2026**

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The South Carolina Department of Health and Human Services (SCDHHS), the state's Medicaid agency, is the lead agency for BabyNet, the Individuals with Disabilities Education Act (IDEA) Part C system in South Carolina (SC). BabyNet is an interagency program that serves children birth to three years and their families. BabyNet is governed by the IDEA Part C Regulations and state policies and procedures. The state system is divided into seven local programs (also referred to as districts). Infants and toddlers are eligible for BabyNet if they have a 25% delay in two areas of development, 40% delay in one area of development, or a have physical or mental condition that has a high probability of resulting in developmental delays.

Referrals and evaluations for eligibility are managed by Intake Service Coordinators employed by SCDHHS. Child and family assessments and the initial Individualized Family Service Plan (IFSP) are facilitated by ongoing service coordinators who contract with SCDHHS and have agreements with BabyNet to provide services in accordance with IDEA Part C. All other Part C services are rendered by providers who are also contracted with SCDHHS and have signed agreements with BabyNet to provide services according to IDEA Part C. The state office is directed by the Part C Coordinator and managed by Data, Operations, Provider, and Finance managers. Regional Coordinators support stakeholders by providing technical assistance, training, and overall guidance on Part C regulations and BabyNet Policies and Procedures. Additional state office staff include quality assurance, provider relations, and fiscal analysis coordinators.

BabyNet contracts with other entities, such as, Family Connection of South Carolina (the Parent Training and Information Center), the South Carolina School for the Deaf and the Blind (SCSDB), and the Team for Early Childhood Solutions (TECS) to provide additional support, training, and technical assistance to stakeholders and families. TECS is a program at the Center for Disability Resources (CDR), which is a University Centers for Excellence in Developmental Disabilities (UCEDD) education, research and service at the University of South Carolina. In addition to providing service coordination and special instruction, SCSDB also provides orientation and mobility and American Sign Language interpreting.

In FFY 2024, the State invested in many opportunities that should positively impact outcomes and drive results for infants and toddlers with disabilities and their families. In-person and online statewide training opportunities were offered for service coordinators and service providers. Ongoing changes to the Family Outcomes Survey process continued to yield higher response rates from years past. As the number of families responding to the survey continue to increase, the state will review the indicator 4 targets and baselines to ensure performance is evaluated appropriately.

Additional information related to data collection and reporting

General Supervision System

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

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

Statisticians at SCDHHS pull a 10% sample of children by district (local program) from the Part C Data System, BRIDGES, for Indicators 1, 7, and 8C in August each year. All seven programs (districts) are reviewed annually. Typically, the date range is July 1 to December 31, but for FFY 2023 and FFY 2024, the State chose to use the full year (July 1 to June 30) to ensure the performance of the entire year was reflected in reporting. The State made steady improvements with Indicator 7 by increasing staff and standardizing processes.

Although the State has documented and tracked all instances of noncompliance for many years, historically, findings have been issued only to local programs (seven districts). Beginning with FFY 2023 data, the State began issuing findings at the child level. For example, in the past, if there were five late IFSPs in District X, then District X would receive one finding for Indicator 7. Using the same example, District X would now receive 5 findings (one for each late IFSP). Because of this change, the number of findings reported in the FFY 2024 APR has significantly increased.

Throughout the month of September, state office staff, providers, and service coordinators work to verify possible noncompliance. Once all noncompliance is verified, findings are issued to the districts in October. Entities responsible for the noncompliance are also notified of the findings. Noncompliance can be attributed to the service coordinator, the provider, or the State (for network adequacy issues).

The State pulls a sample of subsequent data in the month of January to determine correction of noncompliance (prongs 1 and 2). This data only includes those entities who had noncompliance that resulted in a finding. If the children eventually received the Initial IFSP, service, or transition conference, AND had no new late activities, the finding is cleared. It will still be reported on the FFY 2025 APR but will also be noted as cleared within 12 months of identification.

If findings are not cleared in January and have not been cleared within 12 months, the responsible entity must enter into a Corrective Action Plan (CAP) with the State to determine a plan to become compliant. Once the plan is completed and noncompliance is corrected, the finding may be cleared. Each plan is unique, but must consist of a root cause analysis, strategies for mitigation, and a plan to re-examine data to show compliance.

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.

Statisticians at SCDHHS pull a 10% sample of children by district from the Part C Data System, BRIDGES, for Indicators 1, 7, and 8C.

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's comprehensive data system is the source for monitoring and reporting for all compliance indicators and most results indicators. Other claims data can also be used to assist in Indicator 1 reporting to determine the start date of services.

For Indicator 1, the sample includes children who had an active IFSP between July 1 and June 30. When a new service is added to an IFSP, an origination date is recorded. This date cannot be edited. The origination date is compared to the service note with the first date of service to determine if the service was timely (occurred within 30 days of being added to the plan). All services for the child must occur within 30 days for the child to be counted as Timely. Late services are attributed to the family, the service coordinator (for delayed referrals), the provider, or the State (for network adequacy issues).

For Indicator 7, the sample includes children who were referred from July 1 to June 30. If the child had an evaluation, assessment(s), and initial IFSP within 45 days of the referral, the child is counted as Timely. Late IFSPs are attributed to the family, the intake service coordinator (delayed evaluation), the ongoing service coordinator (delayed assessment(s) and/or initial IFSP), or the State (network adequacy issues).

For Indicator 8A, the State reports 100% because the data system has validations in place to require transition planning is included with each IFSP.

For Indicator 8B, the State reports 100% because the State sends transition notification to the State Education Agency (SEA) and each Local Education Agency (LEA) each month. This report provides a list of all children eligible for Part C who are 24 months and older.

For Indicator 8C, the sample includes children who should have received a Transition conference between July 1 and June 30. This includes children who were determined eligible for Part C prior to 33 months of age and exited after 33 months of age. Late Transition Conferences are attributed to either the family or the service coordinator.

For all compliance indicators, the State reviews the 10% sample data and identifies any possible noncompliance. Service coordinators and providers are asked to verify the possible instances of noncompliance. Once the noncompliance is verified, findings are issued. Prior to FFY 2023, findings were issued by local program (district) by indicator. Beginning with FFY 2023 data, the State began issuing findings at the child level.

The following is a list of findings issued in October 2025, based on FFY 2024 Data (to be reported on Feb 1, 2027):

Indicator 1:

7 of 7 districts received findings for Indicator 1 with a total of 48 findings.

Indicator 7:

7 of 7 districts received findings (or continued findings) for Indicator 7 with a total of 120 findings.

Indicator 8C:

7 of 7 districts received findings (or continued findings) for Indicator 8C with a total of 32 findings.

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

The State issues findings to EIS programs and identifies which entity contributed to the noncompliance.

Beginning with FFY 2023 data, the State began issuing findings at the child level. For example, in the past, if there were five late IFSPs in District X, then District X would receive one finding for Indicator 7. Using the same example, District X now receives 5 findings (one for each late IFSP). Because of this change, the number of findings reported in the FFY 2024 APR has increased.

When a district receives a finding, the entity responsible for the noncompliance is notified. If a district has noncompliance uncorrected for more than 12 months, the entity(s) responsible must enter into a CAP with the State in order to clear noncompliance and assure there will be no new noncompliance in the future.

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).

N/A

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.

BabyNet is in the process of aligning sanctions with other departments within the lead agency. BabyNet State office staff are members of an agency-level workgroup to receive support in developing this new methodology.

Outlined below are the current sanctions in place for Part C and additional sanctions that will be added to the General Supervision Plan in FFY 2025.

Current Sanctions:

- Targeted Training and Technical Assistance – Ongoing training and technical assistance is offered as needed to all providers and service coordinators to attempt to correct noncompliance in less than 12 months.
- Corrective Action Plan (CAP) - This is the lowest sanction and indicates the provider is in substantial non-compliance with the contractual requirements. If noncompliance is not corrected within 12 months of identification, a corrective action plan is required.

Additional Sanctions to be Added to the General Supervision Plan:

- 90-day suspension – Indicates serious and widespread deficiencies, new referrals are suspended for ninety (90) days.
- Termination of Provider Agreement– Indicates very serious and widespread deficiencies. Providers who have been terminated due to a compliance review cannot reapply to be a provider of BabyNet services for three (3) years from the date of termination.

In addition to the sanctions listed above, BabyNet will also include policies and procedures related to the following:

- Referral freezes
- Compliance agreements
- Single Audit Request
- Recovery of Funds
- South Carolina Department of Labor, Licensing, and Regulation (SCLLR) reporting
- State Inspector General reporting

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.

The State reviews each program's local performance for Indicators 1, 7, 8 (and 12 starting spring of 2026) and correction of noncompliance; data accuracy; complaints, hearings, mediation; other relevant audit findings, and timely data entry. Beginning with local determinations issued in May 2025, programs also received points for child and family outcomes results.

Programs earn up to 57 possible points. 95-100% = 3 points, 76-94% = 2 points, and =51-75% = 1 point. For child and family outcomes, programs received 3 points for each sub-indicator if they reached at or above the state target, 2 points if they reached 90-99% of the state target, and 1 point if they reached 90% or below of the state target. Local determinations are based on the following final scores: Meets Requirements: 54-57 points, 95-100%; Needs Assistance: 43-53 points, 76-94%; Needs Intervention: 29-42 points, 51-75%; Needs Substantial Intervention: 28 points and below, At or below 50%.

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

<https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/reporting-resources/state-and-federal-reporting>

<https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/providers/babynet-policies-and-procedures>

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.

Online Support:

The State office also oversees, monitors, and responds to tickets submitted by stakeholders in the BabyNet Helpdesk and the SCDHHS Service Manager ticketing system. Helpdesk tickets can be related to BabyNet policies and procedures, data system functionality, or other Part C related issues. State office staff also receive and process billing, claims, and other provider-related tickets through the SCDHHS Service Manager system.

Local Support:

Three BabyNet Regional Coordinators hold local Early Intervention System meetings quarterly with their assigned districts. A few of the larger districts have more than one meeting, for a total of ten local meetings. Participants include service providers, service coordinators, Local Education Agency (LEA) staff, and any other interested stakeholders. Regional Coordinators provide data updates, policy and procedure clarifications, training opportunities, etc. during these meetings. Often, guest attendees from other agencies/programs present during these meetings to share new resources and services that may be available to BabyNet eligible children. Regional Coordinators also bring concerns from the field back to the State Office for discussion and possible mitigation strategies. Findings are discussed in the November meetings and Local Determinations are reviewed in the May meetings. When districts are required to complete corrective action plans based on longstanding noncompliance, targeted technical assistance and training are typically required mitigation strategies.

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.

Professional development opportunities are provided for stakeholders in many ways. The Team for Early Childhood Solutions (TECS) at the University of South Carolina contracts with BabyNet to provide training on evidence-based practices. In FFY 2024, those efforts focused on the Routines-based Interview (RBI) and the Pyramid Model. State office staff also provide training related to policies and procedures. Formats include in-person, live online (webinars), recorded modules, and other 1:1 guidance as needed. The State also extended access to Coaching modules purchased with American Rescue Plan (ARP) funds for Speech Language Pathologists, Occupational Therapists, and Physical Therapists.

In the summer of 2024 (FFY 2023 and FFY 2024), the State held mandatory "Summer Summits" across the state to provide updated policy and procedure training for all service coordinators.

The State's learning management system also houses coursework that leads to the BabyNet Credential. All BabyNet providers are required to complete the following modules within the first 90 days of their employment:

- BabyNet Basics (EI Core curriculum)
- BRIDGES 101 and 102 (Data System)
- BabyNet General Supervision Plan
- South Carolina Infant Mental Health Modules (x3)
- Child Outcomes Summary Process (ECTA modules)
- Pyramid Modules (EI Lessons 1-10)
- Family Outcomes Process
- Routines-based Interview Overview
- BRIDGES Documentation and Billing Guidance

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 State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

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

YES

Number of Parent Members:

3

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 executive director of SC's Parent Training and Information Center, along with other family leaders, participated in SCICC meetings where SPP/APR indicators were discussed. Parent representatives had the opportunity to provide input during SCICC meetings.

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.

BabyNet partners with the Parent Training and Information Center, Family Connection of SC (FCSC). Through this partnership, FCSC assists in supporting Part C Indicator 4: 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. The goals of the partnership are 1) Ensure families know their rights and advocate effectively for their child; 2) Help their child develop and learn; 3) Provide emotional support; and 4) have the knowledge needed to access desired services, programs, and activities in their community.

Family Connection does this by providing 1:1 peer support services; trainings; maintains Babynet's SC's Central Directory; offers child find activities; and provides community outreach activities so families have access to and provide input into SC's Babynet programs and policies.

In FFY 2024, FCSC provided 1,710 families of infants and toddlers with 1:1 peer support. The primary concerns identified by families were 1) The need to understand the community resources and programs available to their child; 2) Assistance with understanding TEFRA and the Medicaid waivers; and 3) Emotional support from another parent who understands.

Of the 1,710 families, 59% of the families represented diverse families (41% White, 27% non-Hispanic Black, 11% multiracial, 21% Hispanic).

FCSC offered 26 workshops, and trained 951 parents and professionals on issues related to early intervention and special education. BabyNet also sponsored a learning track at the FCSC's annual Hopes & Dreams conference where over 250 parents and professionals attended. This partnership provided 45 scholarships so parents can attend at no cost.

This year, over 1,000 providers were listed in the Central Directory with the directory being accessed over 3,300 times.

This year, FCSC online ASQ-3/ASQ-SE portal for families on our website in English and Spanish. In this first year, FCSC had 241 screenings, and 61 infants and toddlers were identified as having a developmental delayed and were referred to Babynet for a full evaluation. And 100% of the 61 children identified were connected with a primary care provider.

A successful family engagement project: This fiscal year, FCSC disseminated 1,710 Welcome to Early Intervention, "Welcome Packets" for all families. Each family referred to FCSC with an infant or toddler, received a Welcome Packet with a Babynet Parent Guide, a Transitioning to Part B guide, a Parent Workbook, and other helpful tip sheets. "Welcome Packets" are mailed out weekly to all new referrals. In addition, the same materials are available on our website to order at no cost. This partnership ensures families have access to information about Babynet.

Soliciting Public Input:

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

SCICC meetings are posted on the BabyNet website and distributed through the BabyNet listserv, which reaches over 5000 stakeholders. In the January ICC meeting each year, BabyNet State staff present a draft of the APR, including a description of each indicator, past and current performance, and current targets. ICC members and other participants discuss performance, root causes of noncompliance, findings, and possible strategies for improvements. The State also reviews targets and baselines and decides as a group if changes need to be made. All targets and/or baselines are reviewed and updated in SPP years.

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.

At the January SCICC meeting, the State reviews the purpose of the SPP/APR, the definition and measurement of each indicator, and previous FFY data and targets. The group also discusses possible root causes for not meeting targets and/or data slippages from the previous year. The SPP/APR will be posted on the BabyNet website no later than February 15, 2025. Members of the public will have the ability to provide feedback to the Lead Agency through the general BabyNet email address (BabyNet@scdhhs.gov).

Reporting to the Public:

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

The SPP/APR, data related to local performance, and local determinations are posted on the BabyNet website. This information can be found using the following link; <https://www.scdhhs.gov/resources/programs-and-initiatives/babynet/reporting-resources/state-and-federal-reporting>.

Local determinations and data were shared with Regional Coordinators in April 2025 and reviewed in each of the May LEIS meetings. They were also posted to the website in April 2025. The completed APR was posted on the website in February 2025 and later updated on the website after the determination and Results-driven Accountability (RDA) matrix were received in June 2025.

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	95.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	73.74%	78.00%	95.10%	96.40%	97.04%

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
1,203	1,283	97.04%	100%	96.26%	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.

32

Provide reasons for delay, if applicable.

The State attributes noncompliance to the provider, service coordinator, or state. Most late services were attributed to the State due to provider network inadequacies. Statewide staffing shortages have had an impact on service provision in general and in the natural environment.

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 South Carolina early intervention system defines "timely receipt" as initiation of all new IFSP services within 30 calendar days of parent signature on the plan.

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).

07/01/2024-06/30/2025 (10% sample per district)

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

Calculations are considered to be valid because the State has built data structures and linked the data structures based upon business needs. The calculations are reliable because the data structures are based upon business rules and not internal system IDs, the requirements are well-known, and the methodology is repeatable.

Cumulative Statewide Part C Eligible Population by race (all infants and toddlers who had an initial IFSP from 7/1/24-6/30/2025)

White: 51.91%

Black/African American: 28.25%

2 or More: 8.30%

Hispanic: 9.58%

Native Hawaiian-Other Pacific Islander: 0.07%

American Indian-Alaskan Native: 0.48%

Asian: 1.40%

Sample Population:

White: 54.56%

Black/African American: 26.27%

2 or More: 6.08%

Hispanic: 11.38%

Native Hawaiian-Other Pacific Islander: 0%

American Indian-Alaskan Native: 0.62%

Asian: 1.09%

Provide additional information about this indicator (optional)

BabyNet began issuing findings at the child level for noncompliance identified in FFY 2024 (reported on in FFY 2024). In the past, a district received one finding if they had any late services. Going forward, each child with a late service will yield one finding. For example, if a district reports 7 children with late services, that district receives 7 findings.

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
38	26	0	12

FFY 2023 Findings of Noncompliance Verified as Corrected

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff reviewed each late service to determine correction and reviewed a 10% sample (by district) of data from the month of

November 2023 to determine if all services were timely. If all late services associated with the findings issued in October 2023 eventually occurred, and there were no new late services identified in the January 2024 subsequent data pull, then the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Inconsistent understanding of requirements led to untimely service provision
- Lack of understanding of timelines policies and procedures
- Providers didn't follow proper procedures for scheduling services

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (some were in FFY 2023, and some crossed into FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 1 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- System of Payments
- Documentation Requirements

Regional Coordinators reviewed service provision procedures and timelines at Local Early Intervention System (LEIS) meetings throughout FFY 2024. They have also met one-on-one with providers who contributed to non-compliance. BabyNet State Office sends frequent reports to providers and service coordination supervisors notifying them of late services with missing delay reasons and/or missing service logs. In the next iteration of the State's data system (currently in the development stage), automatic triggers will be displayed for late reason selection on service logs if the date of service is more than 30 days from the day the service was added to the plan and signed by the parent. Phase I of the new data system is scheduled to be implemented in April 2026.

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

The State tracks each instance of noncompliance by child. The Data Manager determines if the child eventually received each late service by reviewing service notes and/or claims data (prong 1) and reviews each districts' performance on subsequent sample data pulls (prong 2). All instances of noncompliance identified in FFY 2022 were cleared. 38 Findings were issued in October 2023. 26 were cleared. All services were eventually received or the child was no longer in the jurisdiction of the program. 12 additional instances of noncompliance were identified during the subsequent data pull in January 2024. Therefore, 12 findings continued. The description of findings issued and cleared for each district is listed below.

Verification of corrected noncompliance from FFY 2023:

Anderson District: 2 Findings of Noncompliance

- Both identified children with noncompliance eventually received their services (prong 1)
- 1 New instance of noncompliance was identified
- =1 Finding continues

Charleston: 12 Instances of Noncompliance

- All 12 identified children with noncompliance eventually received their services (prong 1)
- 4 New instances of noncompliance were identified
- =4 Findings continue

Colleton: 2 Instances of Noncompliance

- Both identified children with noncompliance eventually received their services (prong 1)
- No additional Instances of noncompliance were identified in subsequent data pulls (prong 2) and the district achieved 100% compliance.

Horry: 7 Instances of Noncompliance

- All 7 identified children with noncompliance eventually received their services (prong 1)
- 2 New instances of noncompliance were identified
- =2 Findings continue

Richland: 6 Instances of Noncompliance

- All 7 identified children with noncompliance eventually received their services (prong 1)
- 4 New instances of noncompliance were identified
- =4 Findings continue

Spartanburg: 2 Instances of Noncompliance

- 1 New instance of noncompliance was identified
- =1 Finding continues

York: 7 Instances of Noncompliance

-All 7 identified children with noncompliance eventually received their services (prong 1)

-No additional Instances of noncompliance were identified in subsequent data pulls (prong 2) and the district achieved 100% compliance.

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

All entities who have instances of noncompliance that are not corrected within 12 months must enter into a CAP with the State Office. Through this CAP, entities must develop a plan to ensure they are correctly implementing the regulatory requirements. State office Regional Coordinators assist in drafting the CAP and the monitor the implementation through completion. CAPs always include a root cause analysis, strategies for ensuring there are no new instances of noncompliance, and a timeline for completion.

Required Corrective Action Plans based on noncompliance not corrected within 12 months of identification: Anderson, Charleston, Horry, Richland, Spartanburg

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.

NA

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

1 - OSEP Response

1 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining 12 uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 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
2020	93.44%

FFY	2019	2020	2021	2022	2023
Target>=	98.00%	93.00%	93.10%	93.20%	93.30%
Data	93.73%	93.44%	92.58%	88.41%	85.16%

Targets

FFY	2024	2025
Target >=	93.40%	93.50%

Targets: Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

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	7,467
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	8,809

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
7,467	8,809	85.16%	93.40%	84.77%	Did not meet target	No Slippage

Provide additional information about this indicator (optional).

2 - Prior FFY Required Actions

None

2 - OSEP Response**2 - Required Actions**

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

Measurement for Summary Statement 1:

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

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

Measurement for Summary Statement 2:

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

Instructions

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

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

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

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

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

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

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

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

3 - Indicator Data

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

NO

Targets: Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

Historical Data

Outcome	Baseline	FFY	2019	2020	2021	2022	2023
A1	2020	Target>=	80.10%	74.22%	74.32%	74.42%	74.52%
A1	74.22%	Data	73.54%	74.22%	74.62%	75.73%	75.74%
A2	2020	Target>=	60.00%	47.49%	47.59%	47.69%	47.79%
A2	47.49%	Data	48.51%	47.49%	47.47%	47.10%	46.67%
B1	2020	Target>=	82.10%	77.92%	78.02%	78.12%	78.22%
B1	77.92%	Data	78.23%	77.92%	79.16%	78.70%	78.55%
B2	2020	Target>=	55.00%	42.84%	42.94%	43.04%	43.14%
B2	42.84%	Data	45.12%	42.84%	45.04%	44.82%	44.76%
C1	2020	Target>=	82.10%	76.94%	77.04%	77.14%	77.24%
C1	76.94%	Data	77.75%	76.94%	76.51%	77.02%	76.39%
C2	2020	Target>=	58.00%	43.83%	43.93%	44.03%	44.13%
C2	43.83%	Data	45.96%	43.83%	42.72%	44.26%	44.78%

Targets

FFY	2024	2025
Target A1>=	74.62%	74.72%
Target A2>=	47.89%	47.99%
Target B1>=	78.32%	78.42%

Target B2>=	43.24%	43.34%
Target C1>=	77.34%	77.44%
Target C2>=	44.23%	44.33%

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	114	1.85%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,151	18.67%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,936	31.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,072	33.61%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	892	14.47%

Outcome A	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,008	5,273	75.74%	74.62%	76.01%	Met target	No Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	2,964	6,165	46.67%	47.89%	48.08%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	134	2.17%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,047	16.98%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,110	34.23%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,243	36.38%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	631	10.24%

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	4,353	5,534	78.55%	78.32%	78.66%	Met target	No Slippage

Outcome B	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	2,874	6,165	44.76%	43.24%	46.62%	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	137	2.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,114	18.07%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	2,093	33.95%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	2,185	35.44%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	636	10.32%

Outcome C	Numerator	Denominator	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	4,278	5,529	76.39%	77.34%	77.37%	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	2,821	6,165	44.78%	44.23%	45.76%	Met 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.	8,027
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,968
Number of infants and toddlers with IFSPs assessed.	6,165

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.

- Developmental Profile, 4th Edition.
- The Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN), Third Edition (birth to 24 months) or
- The Carolina Curriculum for Preschoolers with Special Needs (CCITSN), Second Edition (24-60 months)
- The Hawaii Early Learning Profile (0-3)
- Routines-based Interview
- Service Provider documentation of evaluation, assessment and service delivery
- Family input related to outcomes

-Primary healthcare provider input related to outcomes (collected prior to the initial and annual IFSPs)

Provide additional information about this indicator (optional).

Based on the FFY 2021 Indicator 3 data and Results Indicator scores in SC's RDA matrix, the State sought additional resources and training opportunities for the Child Outcomes process. In May 2023, BabyNet state staff met with DaSy staff to discuss use of the Child Outcomes Summary Knowledge Check (COS-KC) and accompanying COS training modules. South Carolina developed a plan that would require all current service coordinators (at the time) in the state to complete the COS-KC. They were given 6 months to pass the test. If they did not pass the test after two attempts, they were required to complete all 8 COS training modules. The state also added the COS Modules to the foundational training content required for all newly hired services coordinators (due within 90 days of hire).

The Part C data system, BRIDGES, collects COS ratings at entry (within 30 days of the initial IFSP) and exit (within 10 days of exit from Part C). A COS screen was added to BRIDGES that captures the information gathered on the ECO COS form. Logic is built into the system to determine if entry/exit data is required. The system only requires entry data if the child is under 30 months at the time of referral and only requires exit data if the child received at least 6 months of services. It also will not allow the child to be exited from the system if exit data is missing.

The State is just beginning to see changes in child outcomes data that could be a result of the additional ECTA COS training modules. Data improved from FFY 2023 to FFY 2024 in each of the three child outcomes, summary statements 1 and 2. No slippage occurred and all targets were met.

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Data Source

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

Measurement

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

Instructions

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

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

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2019	2020	2021	2022	2023
A	2020	Target>=	86.10%	82.94%	82.95%	82.96%	82.97%
A	82.94%	Data	65.91%	82.94%	84.59%	83.94%	77.96%
B	2020	Target>=	86.10%	89.76%	89.77%	89.78%	89.79%
B	89.76%	Data	65.28%	89.76%	90.55%	92.22%	80.72%
C	2020	Target>=	86.10%	89.24%	89.25%	89.26%	89.27%
C	89.24%	Data	71.48%	89.24%	85.01%	88.62%	78.61%

Targets

FFY	2024	2025
Target A>=	82.98%	82.99%
Target B>=	89.80%	89.81%
Target C>=	89.28%	89.29%

Targets: Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

FFY 2024 SPP/APR Data

The number of families to whom surveys were distributed	5,479
Number of respondent families participating in Part C	2,226
Survey Response Rate	40.63%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	1,918
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	2,226
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	2,000
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	2,226
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	1,905
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	2,226

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)	77.96%	82.98%	86.16%	Met target	No Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family	80.72%	89.80%	89.85%	Met target	No Slippage

Measure	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
effectively communicate their children's needs (B1 divided by B2)					
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)	78.61%	89.28%	85.58%	Did not meet target	No Slippage

Sampling Question	Yes / No
Was sampling used?	NO

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

Response Rate

FFY	2023	2024
Survey Response Rate	27.49%	40.63%

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

The state used a discrepancy criterion of +/- 3% comparing the families served by the state's early intervention system in the categories of ethnicity, race, and geographic location.

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

Using the Early Childhood Technical Assistance (ECTA) Center Family Outcomes Calculator for Response Rate and Representativeness, data for FFY 2024 Family Outcomes Survey was found to be mostly representative across the areas of ethnicity/race and geographic location. Respondents who were white were slightly overrepresented (by 36 families). No discernable pattern of under- or overrepresentation in respondents was observed based on geographic region.

Cumulative Statewide Part C Eligible Population by race (all infants and toddlers who had an initial IFSP from 7/1/24-6/30/2025)

White: 51.91%

Black/African American: 28.25%

2 or More: 8.30%

Hispanic: 9.58%

Native Hawaiian-Other Pacific Islander: 0.07%

American Indian-Alaskan Native: 0.48%

Asian: 1.40%

Families who received a survey (child received at least 6 months of services):

White: 54.94%

Black/African American: 26.17%

2 or More: 7.65%

Hispanic: 9.24%

Native Hawaiian/Other Pacific Islander: 0.20%

American Indian/Alaskan Native: 0.53%

Asian: 1.28%

of Families who received a survey, # of Families who Responded to the Survey, Response Rate, Representative (Yes or No)

White: 3010, 1303, 43.29%-No (over by 36 responses)

Black/African American: 1434, 527, 36.75%-Yes

2 or More: 419, 168, 40.10%-Yes

Hispanic: 506, 179, 35.38%-Yes

Native Hawaiian/Other Pacific Islander: 11, 4, 36.36%-Too small to include in calculations

American Indian/Alaskan Native: 29, 13, 44.83%-Yes

Asian: 70, 32, 45.71%-Yes

Cumulative Statewide Part C Eligible Population by race (all infants and toddlers who had an initial IFSP from 7/1/24-6/30/2025)

Rural: 7.33%

Urban: 92.67%

Families who received a survey

Rural: 6.73%

Urban: 93.27%

Families who received a survey, # Families who Responded to the Survey, Response Rate, Representative (Yes or No)

Rural: 369, 134, 36.31%-Yes

Urban: 5110, 2092, 40.94%-Yes

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.

The State has emphasized the importance of the survey to service coordinators over the past few years. Regional Coordinators discuss the survey at each LEIS meeting. Service Coordination providers appreciate the survey reports they receive from the State. They understand that the more respondents we have, the richer and more accurate their reports will be. The State is also working to revise our Family Guide to Part C Services. Information related to the survey will be highlighted in hopes that families will understand early on how important their input is each year that their child is in the program. The State isn't doesn't believe there is a group that is underrepresented this year (as explained above), so general efforts will be made to increase response rates among all groups.

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 State attempted to prevent some opportunities for nonresponse bias by requiring an answer to each item. White and Hispanic respondents were more likely to respond than African American respondents. In the 2025 survey, the State has reserved the month of April to complete targeted outreach to underrepresented groups. If African American or other race/ethnicities are not representative of the total population of BabyNet, State staff will reach out to underrepresented groups to offer assistance with survey completion.

Using a +/- 3% discrepancy, there does appear to be some nonresponse bias related to completion of the survey.

Provide additional information about this indicator (optional).

4 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	0.92%

FFY	2019	2020	2021	2022	2023
Target >=	0.99%	1.00%	1.05%	1.10%	1.15%
Data	1.22%	1.21%	1.38%	1.42%	1.20%

Targets

FFY	2024	2025
Target >=	1.20%	1.25%

Targets: Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

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	805
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	57,766

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
805	57,766	1.20%	1.20%	1.39%	Met target	No Slippage

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

Below you will find a breakdown of referral, evaluation, and eligibility information for children referred on or before 12 months.

5960 children were referred at 12 months or younger (32.4% of all referrals)

2830 were evaluated (47.48% of all children referred =12 months were evaluated for eligibility)

2272 were determined eligible (80.28% of those evaluated were eligible)

3130 children were not evaluated.

-----60% Attempts to Contact Unsuccessful

-----40% Parent Withdrawal

Provide additional information about this indicator (optional)

Below you will find a breakdown of all children referred to BabyNet at 12 months or younger whose families' preferred language is Spanish and required a Spanish Interpreter.

304 children were referred to BabyNet (4.7% of all referrals =12-month)

Of the 304 Spanish language referrals, 148 were evaluated for eligibility (48.68% of those referred =12-months).

Of the 148 evaluated for eligibility, 126 were determined eligible (85.13% of those evaluated).

156 children were not evaluated.

-----62% Attempts to Contact Unsuccessful

-----38% Parent Withdrawal

This data is very similar to the data for all referrals. It does not indicate a higher number of children not evaluated or not eligible.

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	2.07%

FFY	2019	2020	2021	2022	2023
Target >=	2.50%	3.71%	3.76%	3.81%	3.86%
Data	3.68%	3.82%	4.71%	4.91%	4.93%

Targets

FFY	2024	2025
Target >=	3.91%	3.96%

Targets: Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

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	8,809
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	176,311

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
8,809	176,311	4.93%	3.91%	5.00%	Met target	No Slippage

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

Below you will find a breakdown of all children referred, evaluated, and determined eligible.

18,123 children were referred to BabyNet (Part C) in FFY 2024.

10,797 children were evaluated for eligibility. (59.58% of all referred children)

9118 Determined Eligible (84.45% of all children evaluated)

1554 Determined Ineligible (15.55% of all children evaluated)

7326 children were not evaluated.

-----66% Attempts to Contact Unsuccessful

-----34% Parent Withdrawal

Provide additional information about this indicator (optional).

Below you will find a breakdown of all children referred to BabyNet whose families' preferred language is Spanish and required a Spanish Interpreter.

1084 children were referred to BabyNet (5.4% of all referrals)

Of the 1084 Spanish language referrals, 626 were evaluated for eligibility (57.75% of those referred).

Of the 626 evaluated for eligibility, 562 were determined eligible (89.78% of those evaluated).

458 children were not evaluated.

-----67% Attempts to Contact Unsuccessful

-----33% Parent Withdrawal

This data is very similar to the data for all referrals. It does not indicate a higher number of children not evaluated or not eligible.

6 - Prior FFY Required Actions

None

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

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

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

Measurement

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

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

Instructions

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

Targets must be 100%.

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

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

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

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

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

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	97.90%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	79.23%	95.15%	97.01%	56.24%	82.45%

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
397	811	82.45%	100%	85.20%	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.

294

Provide reasons for delay, if applicable.

The State continued to experience staffing shortages with Intake Coordinators throughout FFY 2024, though the positions were slowly filled and timelines improved after the new year (1/1/2024). The shortages caused initial intake/eligible appointments to be scheduled out further than normal. SC's 45-day process is divided among two roles. The intake coordinator has 25 days to process the referral, complete the intake/orientation, facilitate the initial evaluation, determine eligibility, and transfer the child to an ongoing service coordinator, who then has 20 days to complete assessments and the initial IFSP.

The State addressed staffing shortages of intake coordinators by continuing to meet with stakeholders at SCDHHS and other partnering agencies throughout the year to discuss possible strategies to improve intake and eligibility timelines. These meetings yielded effective strategies that eventually helped to improve timelines. For instance, temporary staff were hired, and intake coordinators were offered overtime hours. These efforts helped to decrease the number of days from referral to the initial visit. These efforts proved to be effective as subsequent data has shown improvements in the 45-day timeline. Also, in FFY 2022, the State developed an extensive tracking system to determine how long each coordinator was taking to complete the various steps involved in determining eligibility. The data collected continues to allow managers to monitor efficiency and productivity more closely. These strategies are shown to be effective as timeliness improved again from FFY 2023 to FFY 2024. Currently, in FFY 2025, all intake coordinator positions are filled at the lead agency.

The State also piloted a program in April 2025 to work closely with 30 pediatric practices in the state that participate in the Quality Through Technology and Innovation in Pediatrics (QTIP) program at SCDHHS. These practices were trained through online webinars and in person at their annual conference on the documentation they should submit to ensure eligibility is determined in an expedited manner. Children referred through this pilot program are being referred to ongoing service coordination for the child assessment, family assessment, and initial IFSP, on average 21 days sooner than children who are referred without additional documentation from their primary care provider. The State intends to continue training additional referral sources to expand the referral process.

In addition to hiring new intake coordinators, the State began approving new service coordination companies in the summer of 2023. The State expects the additional service coordinators to be able to ensure initial child and family assessments and initial IFSPs are completed in a timelier manner.

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).

07/01/2024-06/30/2025 (10% sample per district)

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

Cumulative Statewide Part C Eligible Population by race (all infants and toddlers who had an initial IFSP from 7/1/24-6/30/2025)

White: 51.91%

Black/African American: 28.25%

2 or More: 8.30%

Hispanic: 9.58%

Native Hawaiian-Other Pacific Islander: 0.07%

American Indian-Alaskan Native: 0.48%

Asian: 1.40%

Sample Population:

White: 52.09%

Black/African American: 28.45%

2 or More: 7.27%

Hispanic: 9.98%

Native Hawaiian-Other Pacific Islander: 0.12%

American Indian-Alaskan Native: 0.74%

Asian: 1.35%

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
138	135		3

FFY 2023 Findings of Noncompliance Verified as Corrected

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late initial IFSP to determine correction and reviewed a 10% sample (by district) of data from the month of

November 2022 to determine if all initial IFSPs were timely. If all late IFSPs associated with the findings issued in October 2023 eventually occurred, and there were no new late services identified in the January 2024 subsequent data pull from the state data system, then the findings are considered cleared, and noncompliance corrected. The following steps have been taken to ensure Indicator 7 related requirements are met:

Action Steps:

---The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all intake and ongoing service coordinators and their supervisors.

--Topics covered affecting Indicator 7 were as follows:

- Central Referral
- Intake, Orientation, and Eligibility Determination
- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- Documentation Requirements

---Regional Coordinators reviewed all procedures and timelines at local early intervention system meetings throughout FFY 2023. BabyNet State Office sends frequent reports to providers and service coordination supervisors notifying them of late activities.

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

Each instance of noncompliance is investigated in the data system to determine if the activity (initial IFSP including related requirements) was eventually completed (prong 1). Subsequent data is pulled to verify that no additional noncompliance occurred since the finding was issued (prong 2). All children eventually had an initial IFSP, even though it was late. Six of seven districts cleared their findings after a review of subsequent data.

Anderson: 8 instances of noncompliance

--All initial IFSPs eventually occurred

-1 New instance of noncompliance was identified

=1 Finding continues

Charleston: 40 instances of noncompliance

-All initial IFSPs eventually occurred

-Findings were cleared with subsequent data and the district achieved 100% compliance

Colleton: 6 instances of noncompliance

-All initial IFSPs eventually occurred

-Findings were cleared with subsequent data and the district achieved 100% compliance

Horry: 24 instances of noncompliance

-All initial IFSPs eventually occurred

-1 New instance of noncompliance was identified

=1 Finding continues

Richland: 29 instances of noncompliance

--All initial IFSPs eventually occurred

-1 New instance of noncompliance was identified

=1 Finding continues

Spartanburg: 23 instances of noncompliance

-All initial IFSPs eventually occurred

-Finding was cleared with subsequent data and the district achieved 100% compliance

York: 8 instances of noncompliance

-All initial IFSPs eventually occurred

-Finding was cleared with subsequent data and the district achieved 100% compliance

FFY 2023 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The Horry district has one finding remaining from FYY 2022. Data was pulled again in the fall of 2024 that showed more late initial IFSPs. Because additional late initial IFSPs were identified, Horry will need to complete a CAP with the State. Notification of the need for a CAP will be issued in the spring of 2026. Because most late initial IFSPs are late due to staffing shortages at the lead agency level, lead agency management will be involved in the CAP.

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.

NA

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

The service coordination company who contributed to the noncompliance entered into a CAP with the lead agency on 7/15/2025. The CAP specified that the company must do the following in order to complete the CAP and clear the finding:

- The supervisor reviewed policies and procedures with their Regional Coordinator and then retrained their staff
- The supervisor monitored each new referral to their agency for three months to ensure timely IFSPs.
- The Regional Coordinator reviewed every referral from July - October 2025 to ensure IFSPs were completed timely.

The State monitored completion of all new referrals from July 2025 through October 2025.

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

The Regional Coordination confirmed that the service coordinator completed 12 or 16 initial IFSPs in a timely manner. The 4 untimely IFSPs were due to parent delays. The company achieved 100% compliance, cleared their findings, and completed all tasks included in their CAP.

7 - Prior FFY Required Actions

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

Response to actions required in FFY 2023 SPP/APR

7 - OSEP Response

7 - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, the State must demonstrate, in the FFY 2025 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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
2021	100.00%

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
8,014	8,014	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.

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).

7/1/2024-6/30/2025

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

The data includes all children who exited 7/1/2024-6/30/2025 who had an initial IFSP.

Provide additional information about this indicator (optional).

The State has rules and validations in place in the data system that require transition planning steps. IFSPs cannot be saved without these steps being documented.

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.

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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
2021	100.00%

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 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
8,014	8,014	100.00%	100%	100.00%	Met target	No Slippage

Number of parents who opted out

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

Provide reasons for delay, if applicable.

Describe the method used to collect these data.

The State has processes in place to ensure the State Education Agency and the local education agencies receive monthly reports providing notification of all eligible BabyNet children who are 24 months or older.

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

NO

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

State database

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

7/1/2024-6/30/2025

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

The State measures all eligible children with an Initial IFSP who exited 7/1/24-6/30/25 for the entire year.

Provide additional information about this indicator (optional).

Correction of Findings of Noncompliance Identified in FFY 2023

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

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

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

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

None

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Data Source

Data to be taken from monitoring or State data system.

Measurement

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

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

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 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	93.00%

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data	88.91%	90.44%	92.74%	93.86%	99.57%

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
362	562	99.57%	100%	92.49%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The State made steady improvements on indicator 8C from FFY 2019 to FFY 2022. In FFY 2023, the State had a remarkable performance for indicator 8C. Performance in FFY 2024 did slip, but not significantly from FFY 2022. FFY 2023 may have been an anomaly year. The State will continue to train new service coordinators and partner with Part C 619 staff to ensure transition conferences are timely.

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.

136

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.

32

Provide reasons for delay, if applicable.

All late transition conferences were due to noncompliance by the child's service coordinator.

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-June 30, 2025 (10% sample per district)

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

Calculations are considered to be valid because the State has built data structures and linked the data structures based upon business needs. The calculations are reliable because the data structures are based upon business rules and not internal system IDs, the requirements are well-known, and the methodology is repeatable.

Cumulative Statewide Part C Eligible Population by race (all infants and toddlers who had an initial IFSP from 7/1/24-6/30/2025)

White: 51.91%

Black/African American: 28.25%

2 or More: 8.30%

Hispanic: 9.58%

Native Hawaiian-Other Pacific Islander: 0.07%

American Indian-Alaskan Native: 0.48%

Asian: 1.40%

FFY 2024 Sample Population:

White: 49.47%

Black/African American: 34.88%

2 or More: 7.65%

Hispanic: 7.12%

Native Hawaiian-Other Pacific Islander: 0

American Indian-Alaskan Native: .36%

Asian: .53%

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
2	2	0	0

FFY 2023 Findings of Noncompliance Verified as Corrected

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late transition conference to determine correction and reviewed a 10% sample (by district) of data from the month of November 2023 to determine if all transition conferences were timely. If all late conferences associated with the findings issued in October 2023 eventually occurred, and there were no new late conferences identified in the January 2024 subsequent data pull from the state data system, then the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Lack of understanding of timelines, policies, and procedures

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 8 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- Transition
- Documentation Requirements

Regional Coordinators reviewed service coordination procedures and timelines at local early intervention system meetings throughout FFY 2024. They have also met one-on-one with service coordinators who contributed to non-compliance. BabyNet State Office sends frequent reports to service coordination supervisors notifying them of late transition conferences with missing data or missing delay reasons.

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

Verification for corrected noncompliance from FFY 2023:

The State reviewed subsequent data pulled in January 2024 to determine if any new instances of noncompliance occurred in the Richland district, who had 2 findings of noncompliance in October 2023. All transitions conferences that were due in November of 2023 occurred on time (subsequent data pull).

Richland: 2 Instances of Noncompliance

- 1 child with noncompliance eventually received their transition conference (prong 1)
 - 1 child moved out of the jurisdiction of the program prior to receiving a transition conference (prong 1)
- 10 of 10 children identified in the subsequent data pull received their transition conferences on time (between 27 and 33 months).

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.

NA

Correction of Findings of Noncompliance Identified Prior to FFY 2023

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

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

FFY 2022

Findings of Noncompliance Verified as Corrected

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late transition conference to determine correction and reviewed a 10% sample (by district) of data from the month of November 2023 to determine if all transition conferences were timely. If all late conferences associated with the findings issued in October 2023 eventually occurred, and there were no new late conferences identified in the January 2024 subsequent data pull from the state data system, then the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Lack of understanding of timelines, policies, and procedures

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 8 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- Transition
- Documentation Requirements

Regional Coordinators reviewed service coordination procedures and timelines at local early intervention system meetings throughout FFY 2024. They have also met one-on-one with service coordinators who contributed to non-compliance. BabyNet State Office sends frequent reports to service coordination supervisors notifying them of late transition conferences with missing data or missing delay reasons.

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

The existing finding from 2022 was cleared during the FFY 2023 process. This finding was in Richland district and was associated with 6 late transition conferences.

The State reviewed subsequent data pulled in January 2024 to determine if any new instances of noncompliance occurred in the Richland district, who had 2 findings of noncompliance in October 2023. All transitions conferences that were due in November of 2023 occurred on time (subsequent data pull).

Richland: 6 Instances of Noncompliance

- 5 child with noncompliance eventually received their transition conference (prong 1)
- 1 child moved out of the jurisdiction of the program prior to receiving a transition conference (prong 1)

Subsequent Data Pull:

10 of 10 children identified in the subsequent data pull received their transition conferences on time (between 27 and 33 months).

8C - Prior FFY Required Actions

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

a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Response to actions required in FFY 2023 SPP/APR

8C - OSEP Response

8C - Required Actions

Because the State reported less than 100% compliance for FFY 2024, the State must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2024 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 2025 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 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2024. If the State did not issue any findings because it has adopted procedures that permit its EIS programs/providers to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation must include how the State verified, prior to issuing a finding, that the EIS program/provider has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

Data Source

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.

This indicator is not applicable because the State adopted Part C due process procedures under section 639 of the IDEA.

9 - Prior FFY Required Actions

OSEP notes that this indicator is not applicable.

Response to actions required in FFY 2023 SPP/APR

9 - OSEP Response

OSEP notes that this indicator is not applicable.

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 is 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 State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SIMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2019	2020	2021	2022	2023
Target>=					
Data					

Targets

FFY	2024 (low)	2024 (high)	2025 (low)	2025 (high)
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 (low)	FFY 2024 Target (high)	FFY 2024 Data	Status	Slippage
0	0	0					N/A	N/A

Provide additional information about this indicator (optional)

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

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

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

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

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B. Phase III Implementation, Analysis and Evaluation

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

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

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

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

11 - Indicator Data

Section A: Data Analysis

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

Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn.

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://www.scdhhs.gov/sites/default/files/babynet/Theory%20of%20Action.pdf>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2020	89.24%

Targets

FFY	Current Relationship	2024	2025
Target	Data must be greater than or equal to the target	89.64%	89.74%

FFY 2024 SPP/APR Data

# Families who Reported they Can Help their child develop and learn	# of Families who responded to the survey	FFY 2023 Data	FFY 2024 Target	FFY 2024 Data	Status	Slippage
2,126	2,226	89.71%	89.64%	95.51%	Met target	No Slippage

Provide the data source for the FFY 2024 data.

Data source for FFY 2024 data for Indicator 11 are the responses to the Early Childhood Outcomes (ECO) Family Outcomes Survey-Revised (FOS-R).

-Numerator: # of Families who said Part C services helped them know how to help their child develop and learn

-Denominator: Total # of Families who responded to the survey

The ECO FOS-R has two sections of questions/items, "Family Outcomes" and "Helpfulness of Early Intervention." For Indicator 11, the state considered the responses in both sections to determine if families thought they were able to help their child develop and learn. Families who responded with an

average rating of greater than 3.99 on the items below from both sections are considered to have reported they were able to help their child develop and learn (numerator). The difference in the data for Indicator 11 and Indicator 4 is that Indicator 4 only uses responses from the "Helpfulness of Early Intervention" section of the survey. For the survey disseminated on February 1, 2024, with approval from national Technical Assistance specialists, the state changed the order of the two survey sections. Because the items in the "Helpfulness of Early Intervention" are the items reported for Indicator 4, the state decided to list those first in the survey and list the five "Family Outcomes" second. The change was made because the state did notice that more items from the second section were skipped each year.

Section 1: Outcome 3: Helping your child develop and learn

O10 - We are able to help our child get along with others.

O11 - We are able to help our child learn new skills.

O12 - We are able to help our child take care of his/her needs.

O13 - We are able to work on our child's goals during everyday routines.

Section 2: Helping your child develop and learn: How helpful has early intervention been in...

E12 - Giving you useful information about how to help your child get along with others?

E13 - Giving you useful information about how to help your child learn new skills?

E14- Giving you useful information about how to help your child take care of his/her needs?

E15 - Identifying things you do that help our child learn and grow?

E16 - Sharing ideas on how to include your child in daily activities?

E17 - Working with you to know when your child is making progress?

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

Data for the Family Outcomes Survey is collected from families through the Team for Early Childhood Solutions (TECS). Both online and hardcopies of the form are available, and the state's Parent Training and Information Center (PTIC) provides telephonic supports for families requiring foreign language interpretation or other types of assistance. Preliminary analysis is completed by TECS. Final analysis is completed by the State Leadership Team (SLT). Prior to FFY 2020, South Carolina used the National Center for Special Education Accountability and Measurement (NCSEAM) Impact on Family Scale (IFS) as the tool by which data for Indicator 4 were collected.

As part of the work of the SSIP, it was determined that South Carolina would change from the use of the NCSEAM-IFS to the Early Childhood Outcome Center's Family Outcome Survey (revised edition, FOS-R) for collection of data related to Indicators 4 and 11. Use of the ECO FOS-R began in July 2020. Using a scale of one to five, the FOS-R analysis includes calculating an average rating of the parent's responses to items relating to each outcome, then determining if the average meets the cutoff established by the tool's developers.

The following include the steps to determine the Indicator 11 data:

- Review Total Response data (denominator)
- Remove duplicate children
- Remove children who skipped more than 1 item per section
- Average each item response for O10-O13
- Average each item response for E12-E17
- Filter the item responses to only include those where either section A or section B has an average rating of greater than 3.99. (numerator)
- Divide the number of responses with a rating of greater than 3.99 on either section by the total number of responses and multiply by 100.

The following include the steps to determine data related specifically to the State-identified Measurable Result (SiMR):

- Review Response data
- Remove duplicate children
- Average each item response for O10-O13
- Average each item response for E12-E17
- Filter the item responses to only include those where the child had received less than or equal to 12 months of services. (denominator)
- Filter the item responses to only include those where either section has an average rating of greater than 3.99. (numerator)
- Divide the number of responses with a rating of greater than 3.99 on either section by the total number of responses and multiply by 100.

FFY 2024 Data = $633/668 \times 100 = 94.76\%$ (average of both sections for children who received less than 12 month of services)

SiMR: Families who have received BabyNet services for 6-12 months will be able to more effectively help their child develop and learn.

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

YES

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

The State has continued to collect data on all service coordination agencies who have completed the RBI Boot Camp and developed/implemented an internal training plan. This data is used as a tracking mechanism to ensure all designated trainers for each service coordination agency:

1. Complete RBI Boot Camp
2. Receive RBI state-certification
3. Develop RBI Implementation Plan

4. Train Staff to become RBI state-certified

5. Implement RBI within their agency

During FFY 2024, the State provided SC agency supervisors with a reminder of the requirements for RBI implementation. The SLT and RIT will complete random file reviews for agencies who have completed the RBI implementation plan to ensure the RBI is being administered to families with fidelity.

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://www.scdhhs.gov/sites/dhhs/files/babynet/SSIP%20Phase%203-year%201-4.28.2020-Final.pdf>

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

NO

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

Family Outcomes Measurement System

The State and SSIP Workgroup continued the work of the Family Outcomes Measurement System (FOMS). The timeframe for families to complete the Family Outcomes Survey (FOS) each year is February 1 – March 31. Prior to the family survey going live, the SSIP Workgroup made updates to the survey questions, and revisions to the Infographic. The Infographic is provided to Service Coordinators (SC) in January to distribute to families. It explains the family survey to families and how it can be completed. For FFY 2024, the State also included data from the FFY 2023 family survey on the Infographic, as well as improvements that were made based on family feedback. One of the improvements the State determined as a need from the family feedback was training for local-level program staff. Since 20 new SC agencies were enrolled, the State created training on specific topics that were held during a Summer Summit. The FOMS recorded webinars from FFY 2023 were uploaded to SCEILS to be assigned to all new hires.

SLT, RIT and the SSIP Workgroup set an internal response rate goal in FFY 2023 of 20%. The total response rate for FFY 2023 was 27.49%, so the internal response rate goal set for FFY 2024 was 30%. SLT, RIT and the SSIP Workgroup held a contest amongst agencies indicating the agency who received the highest response rates would win a prize. To push for more responses, SC agencies were provided updates throughout the open survey window of the number of total responses received. Response rates by agency were included in the updates so all agencies were able to see if additional outreach to families was needed. The contest resulted in a positive way for SC agencies to educate families about the importance of their feedback and experience with the program, as well as a way for the State to provide agencies with a gift for their effort.

The Team for Early Childhood Outcomes (TECS) analyzed and sorted responses from families so that concerns or complaints could be put on a high priority list. The Regional Implementation Team (RIT) used the BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES) ID for the child/family listed on the high priority list to verify if the issue had been resolved. TECS developed FOS Snapshot reports for each Service Coordination agency, which included data from completed surveys within their agency as well as the concerns from the family feedback. The information provided in the FOS Snapshot reports is used for local level program improvement.

Family Assessment

The State continued to use the Routines-based Interview (RBI) as the family assessment. The Project Director of TECS continued to offer RBI boot camps to ensure implementation of the RBI statewide. With the enrollment of 20 new SC agencies, SLT, RIT and the SSIP Workgroup developed a plan for the new agencies to attend RBI boot camp. Since SLT created a new hire package of content uploaded into SCEILS for SC Agency Orientation, an RBI boot camp would also be required for all new hire trainers. Moving forward, new SC agencies would be able to register for one of the quarterly RBI boot camps. TECS continued to offer the RBI Community of Practice for all SC agency trainers of RBI.

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.

Short-term Outcomes – 1 year

- Implementation of Family Outcomes Measurement System and the family outcomes survey statewide.
- Implementation of the RBI statewide.

Intermediate Outcomes – 2-4 years

- Survey response rates will increase statewide

Family Outcomes Measurement System

The following activities were completed to support system change, and are necessary for sustainability of systems improvement efforts. If Service Coordinators understand the purpose of the family outcomes survey and are able to communicate the information to families, more families will respond to the survey, and the State will have reliable feedback to support system improvement.

1. The FOMS webinar from FFY 2023 was reviewed by RIT and uploaded to the learning management system and assigned to all providers to allow flexibility for Service Coordinators. New SC agencies were also assigned to the webinar and expected to complete to gain an understanding of their role in the family survey process. (Professional Development and Technical Assistance)

2. A new Family Outcomes Survey evaluation was created and Service Coordinators who attended the live webinars or who watched the recorded version were asked to complete to provide feedback and suggestions. A detailed list of the evaluation is included in the Stakeholder Engagement section. (Data, Accountability and Monitoring)

3. A new Family Outcomes Survey Infographic was developed in English and Spanish. The Infographic included the purpose of the family survey, instructions on how to complete it, FFY 2023 family survey data, and what the State accomplished as a result of family feedback. SLT submitted the Infographic and instructions for dissemination to all SC agency supervisors. The Infographic can be sent to families by text, email, hand-delivery or can be mailed. The SC's responsibility is to explain the family survey and the importance of family feedback for program improvement. In FFY 2023, there were some technical difficulties through the ListServ created by TECS and the IT department at the University of South Carolina. Due to those complications, SLT, RIT and the SSIP Workgroup decided to use Survey Monkey for all family survey distribution. Survey Monkey also sends out reminders to families who have not fully completed the survey or have not attempted to complete it. (Knowledge and Education)

4. Service Coordinators were reminded to update the email addresses for families in the data system. Since the Infographic and Survey Monkey survey link would be delivered by email, having the correct email address is crucial in receiving responses from families. (Accountability and Monitoring)

5. Babynet State Office Data Manager provided TECS with the list of children who currently have an active IFSP in the data system to prepare for survey delivery. (Data)

6. Survey link was disseminated by TECS through Survey Monkey. TECS was able to include the participant codes on the backend so that Service Coordinators no longer have to keep track of them. The reminders sent through Survey Monkey were set to send to families at different times of the day or night to ensure all families were receiving them. (Accountability and Monitoring)

7. Feedback from the family surveys provided the State with areas of improvement in the program. SLT discussed the comments and suggestions, developed a training plan for the Summer Summit and provided 5 opportunities for SC agencies to attend the training in different locations throughout the state.

8. The family survey response rate for FFY 2024 was 40.1%. FFY 2023 family survey response rate was 27.49%.

The following activities were completed and implemented during the reporting period to result in progress with the family assessment infrastructure improvement strategy. If Service Coordinators and Family Trainers/Special Instructors are providing the RBI with fidelity, providers will identify how the family functions during everyday routines and activities. Child and family strengths, challenges and priorities will be identified and will result in the provider developing functional IFSP outcomes. Families will learn to use skills in real life situations which will provide them with the knowledge and confidence they need to use the skills in between home visits. This will allow the State to make progress toward the SiMR.

Family Assessment

1. RBI Boot Camp

a. The RBI boot camp is a train-the-trainer model. Each trainee who attended boot camp was required to record an RBI, submit it to the Program Director at TECS, and receive a passing score of 80%. This score is determined by a score sheet containing a list of 37 objective indicators. These indicators include the requirements to complete the RBI with fidelity. Surveys were provided to the staff who completed the RBI training. The survey responses provide TECS and the State feedback on RBI training and practice improvements.

b. SLT, RIT and the SSIP Workgroup determined that TECS should develop an RBI boot camp calendar so that SC agencies could plan and prepare to attend.

i. Refresher RBI Boot Camp – June 2024

TECS offered a Refresher RBI Boot Camp in June 2024 for all RBI trainers who met 3 criteria: completed a previous RBI boot camp; RBI state-certification (80% passing score); actively providing RBI training. The Refresher RBI boot camp was structured for a deeper level of training. This train-the-trainer model provided trainers with information on how to ask the EISR questions, how to write IFSP outcomes, how to train and the "why" behind it all.

New SC Agency RBI Boot Camp – October 2024

RBI Boot Camp was also provided in January, March, and June of 2025 for all RBI trainers.

2. RBI Community of Practice (CoP) – RBI Trainers attend a virtual CoP to review topics from the indicator checklist and learn how to score, train and provide feedback to staff. The last topic from the indicator checklist was covered in March 2025, so TECS had participants who attended the RBI CoP report on topics of interest regarding RBI. As a result, additional RBI CoP's were scheduled to cover information regarding Annual RBI's, Interviewer Confidence, Family Outcomes, and Using the CBA and RBI together. The RBI CoP's were held monthly from August - December 2024, and then March – June, 2025.

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.

Family Outcomes Measurement System

Since the response rate has continued to improve over the past two reporting years, the State plans to continue with the current family survey process.

Family Assessment

As the State continues to enroll new SC agencies, there is a continued need for the implementation of the RBI and RBI boot camps. The SLT, RIT and SSIP Workgroup discussed the need for a continued RBI CoP.

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

Routines-based Interview (RBI)

Provide a summary of each evidence-based practice.

The Routines-based Interview is a semi-structured interview used with families, teachers, and childcare providers in order to obtain a rich description of child and family function in everyday routines and activities. The information gathered in the interview identifies child and family strengths, challenges and priorities and guides the writing of functional IFSP 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 RBI will result in identifying the child and family strengths, challenges and priorities during the family's everyday routines. The Service Coordinator is able to use this information to develop functional IFSP outcomes that are identified by the family. Since the services are provided in the natural environment and the IFSP outcomes are based on specific daily routines, the family can use existing daily activities as learning opportunities to become more involved and capable of participating in their child's development and growth. Since policy requires Service Coordinators to be approved through scores on the RBI implementation checklist, it allows the State to monitor fidelity of implementation.

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

Initially, the State planned for TECS to observe, via video conferencing, RBI's completed by trainers throughout the state every two years, and for Service Coordination agencies to observe their staff one time per year, along with completing a scoresheet of the RBI indicators. Service Coordinators must continue to score 80% on the RBI indicator checklist.

There were staffing changes at TECS, so the SLT, RIT and SSIP Workgroup decided to make changes in how RBI fidelity monitoring would occur. It was determined that TECS will observe, statewide, RBI videos completed by trainers every five years. Service Coordination agencies are expected to observe their staff once, every two years in addition to completing the RBI indicator scoresheet. A score of 80% is still required for SC agencies. Additional monitoring will occur and can be found in the next section.

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.

TECS collects and shares data with BabyNet regarding the RBI Implementation Plans that have been submitted. These include the dates the agency should be implementing the RBI. The SLT, RIT and SSIP Workgroup received the Implementation Plans from TECS which includes the names of each service coordination agency and the dates the agency should have implemented the RBI.

Once the SLT, RIT and SSIP Workgroup met and discussed the feedback provided by SC agencies, it was determined that many agencies needed clarification on the expectation of when RBI implementation should occur in their agency. SLT and RIT developed an announcement to ensure all SC agencies were aware of the timeline for RBI implementation. All SC agencies who had already completed RBI boot camp were given a deadline of August 2024 to implement RBI with their agency.

SC agencies were provided with a detailed explanation of the RBI implementation requirements, a quarterly schedule for RBI boot camp for new SC agencies and/or new RBI trainers. For the agencies who had completed their RBI implementation plan, SLT will complete random file reviews to ensure staff are offering and conducting the RBI appropriately. If staff have not completed the RBI requirements as written in policies and procedures, findings may be issued.

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

As SLT, RIT and additional South Carolina Department of Health and Human Services (SCDHHS) teams continue to carry out updates and testing requirements for the data system, BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES), a decision for additional reporting mechanisms will be made.

The State has discussed the need for a coaching model for SC agencies. The decision on which coaching model will be developed will be researched to determine the best model for SC's, children and their families.

The State also plans to hold a Pyramid Model Early Intervention Professional Learning Community. The Pyramid Model is a framework of evidence-based practices that work to promote all young children's healthy development through building nurturing relationships, establishing safe environments and encouraging family engagement so that children feel secure to grow and learn. The purpose of the learning community is to grow awareness of the Pyramid Model Framework and practices with all early intervention providers. The State has purchased the early intervention Pyramid Model e-modules which have been uploaded in the learning management system. All SC agencies will have access to the e-modules and can participate in the learning community to learn more about the Pyramid Model as the State continues to research coaching models.

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.

Since the family outcomes survey response rates have shown continuous improvement over the past few fiscal years, the State will present the data to the Interagency Coordinating Council prior to setting new targets for the State Performance Plan (SPP). The State also plans to present the findings of the coaching model research to the ICC for feedback, comments and suggestions on the best model to use for SC Agencies, families and children. The State will request feedback from SC agencies and Service Providers to determine the pros and cons of coaching models put into practice during service delivery.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State solicits input and feedback from the provider community and other stakeholders through the South Carolina Interagency Coordinating Council (SCICC) meetings, as well as calls and face-to-face meetings with providers, service coordinators and other stakeholders. During each SCICC meeting, a Director's Report is provided by the Part C Coordinator and Part C Data Manager that includes information related to changes and new initiatives at the State office and current data and trends (referrals, enrollment, representativeness, transition, timely initial IFSPs, etc.).

The State also posts all policy/procedure changes on the website, provides a mechanism for the public to submit comments in writing (electronically), and holds virtual and in-person public hearings to accept public comment. Because South Carolina did not implement any policy or procedure changes in FFY 2024, no public hearings were held this year.

Stakeholder groups have met to provide input on the State Systemic Improvement Plan (SSIP) and on various improvement strategies necessary to meet the state's SiMR. Formats include the following: surveys, emails, local meetings, and conference calls. The same processes were used to collect feedback on the RBI training process and the revised Family Outcomes Measurement System, which are the focus of the two coherent improvement strategies for the SSIP. Progress on the SSIP is also discussed at SCICC meetings and stakeholder input is gathered.

The State continued to make small improvements to the Family Outcomes measurement process for FFY 2024. Many of the changes implemented in FFY 2023 were based on feedback provided by service coordinators and families during FFY 2022. In addition to the major changes made in FFY 2023, the state also saw an increase in the response rate from 27.49% in FFY 2023 to 41% in FFY 2024.

As part of our state's Comprehensive System of Personnel Development (CSPD) leadership work, two additional surveys were sent to service providers and company owners in October 2024 (FFY 2024) that provided beneficial information to the State regarding recruiting and retaining early intervention staff. Feedback received from individual providers include the following: important factors related to retainment, common reasons for turnover, reasons less people are entering the field of early intervention. Feedback received from company owners include the following: barriers to recruiting new staff and retaining current staff, candidates with the most sought-after degrees, and internal professional development and training opportunities.

The State worked with the State Education Agency (SEA) and several Local Education Agencies (LEA) to determine and implement necessary revisions to the Transition Notification report.

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

During the RBI CoP and the RBI refresher boot camp, stakeholders stated they were uncertain when their agencies should be implementing the RBI.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders were concerned findings would be issued if their agency was not yet implementing RBI, but without knowing timelines they felt communication was not clear. The State ensured that TECS would provide the RBI implementation tracking mechanism each year so that each agency could be contacted if they were not using the RBI with families and steps could be made to remedy the situation. In addition, the State created an announcement for all SC agencies which included specific criteria for trainers to receive their state certification to implement the RBI.

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.

Pyramid Model Professional Early Intervention Learning Community

All SC agencies will have access to the e-modules and can participate in the learning community to learn more about the Pyramid Model as the State continues to research coaching models.

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

January 2026: Infographic will be sent to service coordination agency supervisors to disseminate and explain to families.

February 2026: Family Survey link will be sent to families through Survey Monkey.

March 2026: Reminders will be sent to families to complete the survey. RBI Boot Camp will occur. Conduct targeted outreach if responses to date are not representative of all BabyNet enrolled children. (March 31)

April 2026: SSIP workgroup will analyze the family survey data, response rates and comments.

May 2026: Survey service coordination agencies about Snapshot Reports for local program improvement.

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

The State plans to monitor the RBI Implementation tracker to ensure SC Agencies are aware of the requirements for RBI implementation and deadlines of when the agency should be conducting the RBI with families.

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Indicator 12: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

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

Data Source

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

Measurement

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

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

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

Instructions

Targets must be 100%.

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

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

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

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

12 - Indicator Data

Historical Data

Baseline Year	Baseline Data

FFY	2019	2020	2021	2022	2023
Target	100%	100%	100%	100%	100%
Data					85.71%

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
38	0	26	0	12

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

State database

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff reviewed each late service to determine correction and reviewed a 10% sample (by district) of data from the month of November 2023 to determine if all services were timely. If all late services associated with the findings issued in October 2023 eventually occurred, and there were no new late services identified in the January 2024 subsequent data pull, then the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Inconsistent understanding of requirements led to untimely service provision
- Lack of understanding of timelines policies and procedures
- Providers didn't follow proper procedures for scheduling services

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (some were in FFY 2023, and some crossed into FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 1 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- System of Payments
- Documentation Requirements

Regional Coordinators reviewed service provision procedures and timelines at Local Early Intervention System (LEIS) meetings throughout FFY 2024. They have also met one-on-one with providers who contributed to non-compliance. BabyNet State Office sends frequent reports to providers and service coordination supervisors notifying them of late services with missing delay reasons and/or missing service logs. In the next iteration of the State's data system (currently in the development stage), automatic triggers will be displayed for late reason selection on service logs if the date of service is more than 30 days from the day the service was added to the plan and signed by the parent. Phase I of the new data system is scheduled to be implemented in April 2026.

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

The State tracks each instance of noncompliance by child. The Data Manager determines if the child eventually received each late service by reviewing service notes and/or claims data (prong 1) and reviews each districts' performance on subsequent sample data pulls (prong 2). All instances of noncompliance identified in FFY 2022 were cleared. 38 Findings were issued in October 2023. 26 were cleared. All services were eventually received or the child was no longer in the jurisdiction of the program. 12 additional instances of noncompliance were identified during the subsequent data pull in January 2024. Therefore, 12 findings continued. The description of findings issued and cleared for each district is listed below.

Verification of corrected noncompliance from FFY 2023:

Anderson District: 2 Findings of Noncompliance

- Both identified children with noncompliance eventually received their services (prong 1)
- 1 New instance of noncompliance was identified
- =1 Finding continues

Charleston: 12 Instances of Noncompliance

- All 12 identified children with noncompliance eventually received their services (prong 1)
- 4 New instances of noncompliance were identified
- =4 Findings continue

Colleton: 2 Instances of Noncompliance

-Both identified children with noncompliance eventually received their services (prong 1)

-No additional Instances of noncompliance were identified in subsequent data pulls (prong 2) and the district achieved 100% compliance.

Horry: 7 Instances of Noncompliance

-All 7 identified children with noncompliance eventually received their services (prong 1)

-2 New instances of noncompliance were identified

=2 Findings continue

Richland: 6 Instances of Noncompliance

-All 7 identified children with noncompliance eventually received their services (prong 1)

-4 New instances of noncompliance were identified

=4 Findings continue

Spartanburg: 2 Instances of Noncompliance

-1 New instance of noncompliance was identified

=1 Finding continues

York: 7 Instances of Noncompliance

-All 7 identified children with noncompliance eventually received their services (prong 1)

-No additional Instances of noncompliance were identified in subsequent data pulls (prong 2) and the district achieved 100% compliance.

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
138	0	135	0	3

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

State database

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late initial IFSP to determine correction and reviewed a 10% sample (by district) of data from the month of November 2022 to determine if all initial IFSPs were timely. If all late IFSPs associated with the findings issued in October 2023 eventually occurred, and there were no new late services identified in the January 2024 subsequent data pull from the state data system, then the findings are considered cleared, and noncompliance corrected. The following steps have been taken to ensure Indicator 7 related requirements are met:

Action Steps:

---The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all intake and ongoing service coordinators and their supervisors.

--Topics covered affecting Indicator 7 were as follows:

-Central Referral

-Intake, Orientation, and Eligibility Determination

-Service Coordination Services

-Initial, Periodic Review, and Annual IFSP

-Documentation Requirements

---Regional Coordinators reviewed all procedures and timelines at local early intervention system meetings throughout FFY 2023. BabyNet State Office sends frequent reports to providers and service coordination supervisors notifying them of late activities.

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

Each instance of noncompliance is investigated in the data system to determine if the activity (initial IFSP including related requirements) was eventually completed (prong 1). Subsequent data is pulled to verify that no additional noncompliance occurred since the finding was issued (prong 2). All children eventually had an initial IFSP, even though it was late. Six of seven districts cleared their findings after a review of subsequent data.

Anderson: 8 instances of noncompliance
 --All initial IFSPs eventually occurred
 -1 New instance of noncompliance was identified
 =1 Finding continues

Charleston: 40 instances of noncompliance
 -All initial IFSPs eventually occurred
 -Findings were cleared with subsequent data and the district achieved 100% compliance

Colleton: 6 instances of noncompliance
 -All initial IFSPs eventually occurred
 -Findings were cleared with subsequent data and the district achieved 100% compliance

Horry: 24 instances of noncompliance
 -All initial IFSPs eventually occurred
 -1 New instance of noncompliance was identified
 =1 Finding continues

Richland: 29 instances of noncompliance
 --All initial IFSPs eventually occurred
 -1 New instance of noncompliance was identified
 =1 Finding continues

Spartanburg: 23 instances of noncompliance
 -All initial IFSPs eventually occurred
 -Finding was cleared with subsequent data and the district achieved 100% compliance

York: 8 instances of noncompliance
 -All initial IFSPs eventually occurred
 -Finding was cleared with subsequent data and the district achieved 100% compliance

Indicator 8A. The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:
A. Developed an IFSP with transition steps and services at least 90 days (and, at the discretion of all parties, not more than nine months) prior to the toddler's third birthday. (20 U.S.C. 1416(a)(3)(B) and 1442).

Findings of Noncompliance Identified in FFY 2023

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

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

State Database

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*:

No noncompliance identified for 8A.

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

No noncompliance identified for 8A.

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
0	0	0	0	0

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

NA

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*:

No noncompliance identified for 8B.

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

No noncompliance identified for 8B.

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
2	0	2	0	0

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

NA

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late transition conference to determine correction and reviewed a 10% sample (by district) of data from the month of November 2023 to determine if all transition conferences were timely. If all late conferences associated with the findings issued in October 2023 eventually occurred, and there were no new late conferences identified in the January 2024 subsequent data pull from the state data system, then the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Lack of understanding of timelines, policies, and procedures

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 8 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- Transition
- Documentation Requirements

Regional Coordinators reviewed service coordination procedures and timelines at local early intervention system meetings throughout FFY 2024. They have also met one-on-one with service coordinators who contributed to non-compliance. BabyNet State Office sends frequent reports to service coordination supervisors notifying them of late transition conferences with missing data or missing delay reasons.

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

Verification for corrected noncompliance from FFY 2023:

The State reviewed subsequent data pulled in January 2024 to determine if any new instances of noncompliance occurred in the Richland district, who had 2 findings of noncompliance in October 2023. All transitions conferences that were due in November of 2023 occurred on time (subsequent data pull).

Richland: 2 Instances of Noncompliance

-1 child with noncompliance eventually received their transition conference (prong 1)

-1 child moved out of the jurisdiction of the program prior to receiving a transition conference (prong 1)

10 of 10 children identified in the subsequent data pull received their transition conferences on time (between 27 and 33 months).

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
0	0	0

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:

NA

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*:

NA

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

NA

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
178	0	163	0	15

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
163	178	85.71%	100%	91.57%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	8.43%
---	-------

Provide additional information about this indicator (optional)

The State had intended to issue findings of noncompliance to those entities who had not conducted a Routines-based Interview with children on their caseload if the family did consent to the family assessment. After determining that some service coordination companies had understood that the final implementation due date was July 1, 2025, this measure of compliance will be suspended until the FFY 2025 data. The State made this decision with the guidance of SC's OSEP Part C Contact in order to ensure accurate and reliable data.

For indicators 1, 7, and 8C, the description of instances of noncompliance and correction of noncompliance has been included in those respective sections and has not been copied and pasted into Indicator 12.

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).	178
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)	163
3. Number of findings <u>not</u> verified as corrected within one year	15

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	15
5. Number of written findings of noncompliance (Col. A) the State has verified as corrected beyond the one-year timeline ("subsequent correction") - as reported in Indicator 1, 7, 8A, 8B, 8C	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 1	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 7	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8A	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8B	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 8C	0
6f. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Other Areas - <u>All other findings</u>	0
7. Number of findings <u>not</u> yet verified as corrected	15

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

Correction of Findings of Noncompliance Identified Prior to FFY 2023

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2022	2	2	0

FFY 2022

Findings of Noncompliance Verified as Corrected

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

As per the Correction of Noncompliance section in South Carolina's General Supervision Plan, the state completed a subsequent data pull in January of 2024 to assist with verification of correction of noncompliance. This subsequent pull consisted of a 10% data sample by district for the month of November 2023. State office staff review each late transition conference to determine correction and reviewed a 10% sample (by district) of data from the month of November 2023 to determine if all transition conferences were timely. If all late conferences associated with the findings issued in October 2023 eventually occurred, and there were no new late conferences identified in the January 2024 subsequent data pull from the state data system, then

the findings are considered cleared, and noncompliance corrected. Below is listed a root cause analysis listing the probable causes of noncompliance and action steps the State took to address prevention of noncompliance.

Root Causes:

- High rate of turnover and difficulty keeping trained service coordination and provider staff
- Lack of understanding of timelines, policies, and procedures

Action Steps:

The State held a series of Summer Summits throughout the summer of 2024 (FFY 2023 and FFY 2024). These summits were required for all service coordinators and their supervisors.

Topics covered affecting Indicator 8 were as follows:

- Service Coordination Services
- Initial, Periodic Review, and Annual IFSP
- Transition
- Documentation Requirements

Regional Coordinators reviewed service coordination procedures and timelines at local early intervention system meetings throughout FFY 2024. They have also met one-on-one with service coordinators who contributed to non-compliance. BabyNet State Office sends frequent reports to service coordination supervisors notifying them of late transition conferences with missing data or missing delay reasons.

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

Verification for corrected noncompliance from FFY 2023:

The State reviewed subsequent data pulled in January 2024 to determine if any new instances of noncompliance occurred in the Richland district, who had 2 findings of noncompliance in October 2023. All transitions conferences that were due in November of 2023 occurred on time (subsequent data pull).

Richland: 2 Instances of Noncompliance

- 1 child with noncompliance eventually received their transition conference (prong 1)
 - 1 child moved out of the jurisdiction of the program prior to receiving a transition conference (prong 1)
- 10 of 10 children identified in the subsequent data pull received their transition conferences on time (between 27 and 33 months).

12 - Prior FFY Required Actions

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

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

Response to actions required in FFY 2023 SPP/APR

12 - OSEP Response

OSEP's Required Actions to the State's FFY 2023 SPP/APR required the State to establish baseline for this indicator in the FFY 2024 SPP/APR. The State provided none of the information.

12 - Required Actions

The State must demonstrate, in the FFY 2025 SPP/APR, that the remaining 15 uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2025 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2024 and each EIS program or provider with remaining noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider 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 2025 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The State must establish baseline for this indicator in the FFY 2025 SPP/APR.

Certification

Instructions

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

Certify

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

Select the certifier's role

Designated by the Lead Agency Director to Certify

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

Name:

Stephanie Donald

Title:

Director of BabyNet, IDEA Part C Coordinator

Email:

Stephanie.Donald@scdhhs.gov

Phone:

803-898-4439

Submitted on:

04/15/26 12:37:57 PM

Determination Enclosures

RDA Matrix

South Carolina 2026 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
81.25%	Meets Requirements

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	8	6	75.00%
Compliance	16	14	87.50%

2026 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's FFY 2024 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	6,165
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	8,027
Percentage of Children Exiting who are Included in Outcome Data (%)	76.8
Data Completeness Score (please see Appendix A for a detailed description of this calculation)	2

(b) Data Anomalies: Anomalies in your State's FFY 2024 Outcomes Data

Data Anomalies Score (please see Appendix B for a detailed description of this calculation)	2
--	---

II. Child Performance

(a) Data Comparison: Comparing your State's FFY 2024 Outcomes Data to other States' FFY 2024 Outcomes Data

Data Comparison Score (please see Appendix C for a detailed description of this calculation)	1
---	---

(b) Performance Change Over Time: Comparing your State's FFY 2024 data to your State's FFY 2023 data

Performance Change Score (please see Appendix D for a detailed description of this calculation)	1
--	---

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2024	76.01%	48.08%	78.66%	46.62%	77.37%	45.76%
FFY 2023	75.74%	46.67%	78.55%	44.76%	76.39%	44.78%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2026: Part C."

2026 Part C Compliance Matrix

Part C Compliance Indicator (2)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2023 (3)	Score
Indicator 1: Timely service provision	96.26%	NO	2
Indicator 7: 45-day timeline	85.20%	NO	1
Indicator 8A: Timely transition plan	100.00%	N/A	2
Indicator 8B: Transition notification	100.00%	N/A	2
Indicator 8C: Timely transition conference	92.49%	YES	2
Indicator 12: General Supervision	91.57	NO	1
Timely and Accurate State-Reported Data	100.00%		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	None		

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

<https://sites.ed.gov/idea/files/FFY2024-Part-C-SPP-APR-Reformatted-Measurement-Table.pdf>

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

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's FFY 2024 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2024 Outcomes Data (C3) and the total number of children your State reported in its FFY 2024 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2024 in the State's FFY 2024 IDEA Section 618 Exit Data.

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

Appendix B

I. (b) Data Quality:

Anomalies in Your State's FFY 2024 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2024 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2020 – FFY 2023 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e (numbers are shown as rounded for display purposes, and values are based on data for States with summary statement denominator greater than 199 exiters). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2024 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

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

Expected Range of Responses for Each Outcome and Category, FFY 2024

Outcome\ Category	Mean	StDev	-1SD	+1SD
Outcome A\ Category a	1.49	3.27	-1.78	4.76
Outcome B\ Category a	1.29	2.82	-1.52	4.11
Outcome C\ Category a	1.29	2.8	-1.51	4.09

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	24.44	9.04	6.36	42.52
Outcome A\ Category c	22.25	13.92	-5.6	50.09
Outcome A\ Category d	26.34	9.71	6.92	45.76
Outcome A\ Category e	25.48	16.58	-7.68	58.64
Outcome B\ Category b	26.03	9.37	7.29	44.78
Outcome B\ Category c	30.64	13.31	4.01	57.26
Outcome B\ Category d	29.87	8.22	13.44	46.31
Outcome B\ Category e	12.16	9.18	-6.19	30.51
Outcome C\ Category b	22.37	9.63	3.1	41.64
Outcome C\ Category c	24.39	14.01	-3.63	52.41
Outcome C\ Category d	32.05	8.74	14.58	49.53
Outcome C\ Category e	19.89	14.88	-9.87	49.66

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's FFY 2024 Outcomes Data

Number of Infants and Toddlers with IFSP's Assessed in your State	6,165
---	-------

Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	114	1,151	1,936	2,072	892
Performance (%)	1.85%	18.67%	31.40%	33.61%	14.47%
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	134	1,047	2,110	2,243	631
Performance (%)	2.17%	16.98%	34.23%	36.38%	10.24%
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	137	1,114	2,093	2,185	636
Performance (%)	2.22%	18.07%	33.95%	35.44%	10.32%
Scores	1	1	1	1	1

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

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

Appendix C

II. (a) Data Comparison:

Comparing Your State's FFY 2024 Outcomes Data to Other States' FFY 2024 Outcome Data

This score represents how your State's FFY 2024 Outcomes data compares to other States' FFY 2024 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement (values are based on data for States with a summary statement denominator greater than 199 exiters). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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

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

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2024

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	48.11%	35.40%	55.43%	29.71%	54.53%	33.99%
90	79.69%	72.29%	81.28%	63.82%	82.81%	75.29%

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

Your State's Summary Statement Performance FFY 2024

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	76.01%	48.08%	78.66%	46.62%	77.37%	45.76%
Points	1	1	1	1	1	1

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

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

Appendix D

II. (b) Performance Change Over Time:

Comparing your State's FFY 2024 Outcomes Data to your State's FFY 2023 Outcomes Data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2023) is compared to the current year (FFY 2024) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of '0', '1', or '2' for each State is based on the total points awarded. Where OSEP has approved a State's reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of 'N/A' for this element.

Test of Proportional Difference Calculation Overview

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

Step 1: Compute the difference between the FFY 2024 and FFY 2023 summary statements.

e.g., C3A FFY2024% - C3A FFY2023% = Difference in proportions

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

$\text{Sqrt}[(\text{FFY2023\%} * (1 - \text{FFY2023\%}) / \text{FFY2023N}) + ((\text{FFY2024\%} * (1 - \text{FFY2024\%}) / \text{FFY2024N})] = \text{Standard Error of Difference in Proportions}$

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

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

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

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

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

0 = statistically significant decrease from FFY 2023 to FFY 2024

1 = No statistically significant change

2 = statistically significant increase from FFY 2023 to FFY 2024

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

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

Summary Statement/ Child Outcome	FFY 2023 N	FFY 2023 Summary Statement (%)	FFY 2024 N	FFY 2024 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
SS1/Outcome A: Positive Social Relationships	5,483	75.74%	5,273	76.01%	0.27	0.0083	0.3232	0.7466	NO	1
SS1/Outcome B: Knowledge and Skills	5,744	78.55%	5,534	78.66%	0.11	0.0077	0.1394	0.8891	NO	1
SS1/Outcome C: Actions to meet needs	5,692	76.39%	5,529	77.37%	0.99	0.0080	1.2387	0.2155	NO	1
SS2/Outcome A: Positive Social Relationships	6,351	46.67%	6,165	48.08%	1.41	0.0089	1.5774	0.1147	NO	1
SS2/Outcome B: Knowledge and Skills	6,351	44.76%	6,165	46.62%	1.85	0.0089	2.0813	0.0374	YES	2
SS2/Outcome C: Actions to meet needs	6,351	44.78%	6,165	45.76%	0.98	0.0089	1.0989	0.2718	NO	1

Total Points Across SS1 and SS2	7
---------------------------------	---

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

Data Rubric
South Carolina

FFY 2024 APR (1)

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

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8A	1	1
8B	1	1
8C	1	1
9	N/A	0
10	1	1
11	1	1
12	1	1

APR Score Calculation

Subtotal	13
Timely Submission Points - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	18

(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	18
B. 618 Grand Total	19.00
C. APR Grand Total (A) + 618 Grand Total (B) =	37.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	37.00
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
South Carolina
Year 2024-25

Section A: Written, Signed Complaints

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

Section B: Mediation Requests

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

Section C: Due Process Complaints

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

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

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

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

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



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

Final Determination Letter

June 16, 2026

Honorable Eunice Medina
Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, SC 29201

Dear Director Medina:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that South Carolina meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of South Carolina's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

South Carolina's 2026 determination is based on the data reflected in South Carolina's "2026 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for South Carolina and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix (including Components and Appendices) that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) South Carolina's Determination.

The RDA Matrix is further explained in a document, entitled "How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2026: Part C" (HTDMD-C).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2026, as it did for Part C determinations in 2016-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD-C document and reflected in the RDA Matrix for South Carolina.) For 2026, the Department's IDEA Part C determinations continue to include consideration of each State's Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality, and the child performance levels in each State's Child Outcomes FFY 2024 data. You may access the results of OSEP's review of South Carolina's SPP/APR and other relevant data by accessing the *EDFacts* Metadata and Process Systems (EMAPS) SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access South Carolina's SPP/APR on the site, you will find, in Indicators 1 through 12, the OSEP Response to the indicator and any actions that South Carolina is required to take. The actions that South Carolina is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) South Carolina's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part C," which shows how OSEP calculated the South Carolina's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the South Carolina's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

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

The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.

As noted above, South Carolina's 2026 determination is Meets Requirements. A State's 2026 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State's last three IDEA Part C grant awards (for FFYs 2023, 2024, and 2025), and those Specific Conditions are in effect at the time of the 2026 determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part C Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part C data will automatically be prepopulated in the SPP/APR reporting platform for Part C SPP/APR Indicators 2, 5, 6, 9, and 10 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part C data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part C data.

As a reminder, South Carolina must report annually to the public, by posting on the State lead agency's website, on the performance of each early intervention service (EIS) program located in South Carolina on the targets in the SPP/APR as soon as practicable, but no later than 120 days after South Carolina's submission of its FFY 2024 SPP/APR. In addition, South Carolina must:

- (1) review EIS program performance against targets in South Carolina's SPP/APR;
- (2) determine if each EIS program "meets the requirements" of Part C, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, South Carolina must make its SPP/APR available to the public by posting it on the State lead agency's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes South Carolina's determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates South Carolina's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with South Carolina over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Erin McHugh
Deputy Director
Office of Special Education Programs

cc: South Carolina Part C Coordinator