**Part C Child Count and Settings Data Notes**

**2016-17 Reporting Year**

This document provides information or data notes on the ways in which States and entities collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions. In addition, the data notes provide explanations of substantial changes or other changes that data users may find notable or of interest in the data from the previous year.

# Alabama

We feel that this increase in the number of children who are being served by AEIS in a community setting is due to Alabama Early Intervention system’s targeted public awareness initiative towards daycares and pre-K programs in the lower referring counties of Alabama. Referrals made by community based programs and daycares have risen from FY15 to FY16. AEIS’s efforts to increase awareness of Early Intervention in those settings has led to the increase compared to last year’s data.

# Arizona

Arizona has not elected under 20 U.S.C. 1432(5)(B)(i) to serve children under the age of three and at risk of having substantial delays if early intervention services are not provided.

# California

Between years 2 and 3, California served a greater number of children; this increase in children served resulted in increases in several data collection areas

# Florida

The change of percentages to the 2016-2017 Child Count and Settings submission are attributed to two factors.

The first factor is the increase of children served from birth through 2 by 11.53% over the prior year submission. Compared to prior years’ data, this is a significant increase as shown below

* 2013-2014: 10.09% increase from prior submission
* 2014-2015: 2.75% increase from prior submission
* 2015-2016: 4.11% decrease from prior submission
* 2016-2017: 11.53% increase from prior submission

The increase in child count is due to rebranding of Early Steps, release of new public awareness materials and increased presence at community and statewide events to promote the program.

The second factor that specifically affected the Community-Based Setting count is due to a data system migration. In October 2015, Florida’s Early Steps program migrated to the current CMS Early Steps Data System. The child count date for the 2015-2016 submission was derived from the previous data system with a count date of 10/16/2015, before the data system migration. With the migration, new setting codes were added to the current data system. The previous data system contained 8 options for settings while the current data system contains 15 options. The majority of the new setting options are a Community-Based setting. This change reduced the selection of “Other” since end-users can now select more appropriate options for data entry.

# Georgia

Birth through 2 Total by Community: This increase was due to more children being served in Child Care Centers.

Birth to 1: There was a decrease in the population of children ages birth to one.

Total Hispanic/Latino: The decrease in the number of self-reported Hispanics is more likely due to immigration laws in Georgia.

Total Native Hawaiian or Other Pacific Islander: The decrease in the number of self-reported Native Hawaiian or Other Pacific Islander is due to those kids aging out of the program.

Two or More Races: There was an error in the reporting of this element. The cumulative count for Two or more races for 2015-2016 was incorrect and if reported accurately, would not have resulted into a count and percentage exceeding the 20/20 threshold.

# Guam

Based on data for Guam Part C, all children were serviced in their natural environment for both reporting date range.

Based on drill down data, the lower numbers reported for 12/1/2016 may be attributed to the increase in numbers of children terminated, as well as, the increase in number of referrals that did not require further evaluation on or before 12/1/2016.

Guam Part C provides services to eligible infants and toddlers age birth through 2 years of age. Guam Part C has opted not to service toddlers ages 3 and older.

# Kansas

There was a significant increase in the category total Asian of 23.23% from 2015-16 to 2016-17. In drilling down the 2016-17 data, Kansas examined individual local program change from one year to the next and found that Kansas’ largest urban area had the largest increase (37.83%). With further research it was found that this urban area, between 2000 and 2014 had a total population increase of over 27% with the Asian population increasing 102%. We attribute the increase to Asian children served to the overall continued growth of the Asian population in this urban area.

# Kentucky

This count represents only those children who had an active IFSP at any point in the year. It excludes children who were referred, evaluated and found not eligible for Part C services.

# Louisiana

LA-C is serving more children in 2016-17 compared to the previous year and has identified that more of those children designate themselves as 2 or more races.

LA-C has focused on improving supports to children in child care "community" settings. The result of the focus is an increased number of children receiving support in that setting compared to prior years.

# Maine

Due to the implementation of a new data system on July 1, 2016, all child data was manually entered into the new system. Staff received guidance from the U.S. Census Bureau regarding adherence to the 1997 Office of Management and Budget (OMB) standards on race and ethnicity. Therefore, the data more accurately reflects the population of Maine children.

In the new data system the Setting must be selected for every service the child receives unlike the previous system that used a 'formula' and services to establish setting. Again, the data more accurately reflects the setting the child is in.

# Massachusetts

Children under "Other Setting" are receiving either EI-only group or center-individual services as their primary setting.

# Michigan

Section B - Michigan Part C does not serve children ages 3-5 and does not serve At-Risk children. Data was received from ALL local districts. This comment addresses the >20 and >20% increase in Michigan’s Part C Asian population between the 2015-16 and 2016-17 data submissions. The Michigan Part C population grew, including increases in each of the seven racial/ethnic categories. Five of the seven categories grew by more than 20. Five of the seven grew by more than 15%. The Asian population grew a little more, percentage-wise, than the other populations.

# Mississippi

The Hispanic/Latino population makes up 3% of Mississippi’s population and is spread throughout the state which makes it difficult for our program to do child find for this population. Also, this population is very mobile which makes it difficult for them to stay in the program for a long period of time.

# Missouri

Missouri’s year-to-year report showed an increase in the number and percent of children in community settings. The relatively small increase of children statewide, in a program that has been growing steadily, resulted from small increases across nine of the ten regions of the state.

The other flagged year-to-year increases occurred in the cumulative section of the report. While the count reported for the cumulative 2016 calendar year count is correct, it has been determined that the count reported for the cumulative 2015 calendar year count was missing a large number of children due to a database table issue. This under-reporting for 2015 explains the increases seen between 2015 and 2016. The database issue has been resolved so future year-to-year changes will be more in line with overall child count changes.

# Montana

Montana’s Part C Child Count data was reviewed for Section A, Birth through 2 Total by Home. Montana’s child count numbers for this statement increased from 2015-2016 to 2016-2017. Analysis by contractor for this statement identified increases for 6/7 contractors ranging from 12% to 70%.

Data confidence is high for two contractors for both years and one has not been consistently accurate when required to submit data generated by their own systems and continues to receive targeted assistance by their Regional Quality Improvement Specialist and the Part C Coordinator. Since 2015-2016, the data generated is collected by the State’s data management system and accuracy has increased greatly. Montana will be implementing verification standards in July 2017 as well to ensure each contractor also identifies and implements quality process to ensure the quality of data entered.

A trend that has been identified over the last three years is that children age 2 to 3 are served more often than infants’ age birth to one in Montana. The State identified the following contributing factors:

Some geographical areas have historically seen late referrals for Part C especially in communities with a single physician for many counties who prefers to wait before referral;

Specific providers have a less well-formed child find system for infants (few referrals from physicians and hospitals) and are more successful finding children via referral systems with child care and family members after the child is one year of age.

Infants residing on specific reservations are inconsistently served by the Indian Health Services. One major contributor is the requirement that a parent must undergo treatment if the infant is found experiencing prenatal or postnatal toxicity due to alcohol or illegal drugs use by the parent.

Total Hispanic/Latino and American Indian or Alaska Native was reviewed with 2/7 contractors showing increases in both races/ethnicities and 3/7 contractors showing increases in American Indians served.

# Nevada

OSEP Year-to-year Comparisons - Setting Percentage exceeds 20%

1. 20% threshold Decrease in "birth through two total by community" is due to the increase in services provided in the home rather than community setting. Percentage is impacted by the small overall number reported.

2. "Birth through two totals- other settings" because those numbers were high in the past, the Part C office increased our focus and efforts to ensure that providers are coding accurately.

# New Hampshire

More than 50 Females and close to 100 Males had unreported race/ethnicity, which when combined with the known counts leads to the correct total cumulative count.

# New York

1. New York does not serve at-risk children. 2. New York does not serve children ages 3 or older. However, under certain circumstances, children ages 3 or older are allowed to remain in the Part C program if they are found eligible for Preschool Special Education prior to turning 3; they remain in Part C Program until the effective date of their IEP. The numbers reported in Table 1 excludes children over age three who were enrolled in the NY Early Intervention Program on October 1, 2016.

The cumulative number of children enrolled in the New York State Early Intervention Program reported in Table 3 excludes children who turned three before the beginning of the period, or who received their IFSPs after their third birthdays.

# North Carolina

As compared to last year’s Child Count, the NC Infant Toddler Program saw a decrease in children Birth-2 receiving services primarily in “Other Settings” due to an increase in children receiving services primarily in the “Home” and “Community”.

The NC Infant Toddler Program continuously provides guidance and technical assistance, as needed, to the local programs to ensure that all children enrolled in the Infant Toddler Program are receiving services in the natural environment.

While the number of children coded as “two or more races” increased by 20.2% from Year 2 to Year 3, due to the low number of children in this category, the percentage of all enrolled children identified as “two or more races” did not increase appreciably – rising only 0.4 percentage points from 2.1% of all children reported in year 2 to 2.5% of all children in Year 3.

The NC Infant Toddler Program has also reinforced to local staff the importance of accurately entering race and ethnicity information in the program’s electronic record system. Cleanup activities around this data is undertaken on an ongoing basis.

# Ohio

Birth through 2 Total by Other Setting: The decrease in percentage of children receiving services primarily in “Other” settings can be attributed to a continued focus in Ohio to provide EI services in natural environments. These efforts have led to an increased number of children primarily receiving services in the home each of the past several years, which, in turn, has led to a decrease in the number of children primarily receiving services in non-natural environments.

Total Hispanic/Latino: The increase in percentage of Hispanic/Latino children served is due to an improvement in data quality that led to more accurately counting the number of children in this Race/Ethnicity category in Ohio.

Total Asian: Though the number of Asian children served in Ohio significantly increased over the last year, of the total population served at a point in time, Asian children served only increased from 1.86% to 2.34%. The increase in percent of Asian families served is consistent with the overall increase in percentage of Asian Ohioans over the last several years, as indicated by the American Immigration Council and the U.S. Census Bureau.

# Oklahoma

In 2016-2017, services were provided in the home more frequently than the previous year. This caused substantial reductions in the number of children receiving services in community or other settings.

# South Dakota

Total Birth to 1. Increase to due to overall increase in referrals from NICU hospitals resulted in more interim IFSPs.

# Tennessee

Tennessee’s child count numbers increased in number correlating with the above average population growth across the state. The demographic areas showing the fastest growth in Tennessee’s numbers are reflective of the demographic groups demonstrating such growth across the general population:

* Two or more races
* Hispanic/Latino

The increase in number of children in the category “Total Birth to 1” resulted from an increased effort to provide services to this population group, working more closely in each community with resources who come in contact with this population segment. It is also believed that State Systemic Improvement Plan (SSIP) work within the improvement strategy on eligibility procedures is beginning to have an impact on the numbers of infants and toddlers served (Total Birth to 1).

# Utah

There was a significant change in for Child Count data - Birth through 2 Total by Community. This change is due to IFSP setting changes at 2 of our 15 regional EI programs. These programs shifted IFSP services for some children from the home into the community in order to serve a growing number of children within current budget and personnel constraints. Oversight and file review efforts are ongoing at both programs to ensure that the natural environment is the primary setting for every child’s early intervention services.

# Virginia

In Virginia, eligible two year olds may receive services through Part C or Part B. Two-year-olds receiving services with an IEP through the Virginia Department of Education (VDOE) are counted in the birth through 2 data reported under Part C. The 2016-2017 count of children served in a community setting increased because the number of 2- year-olds served with an IEP through VDOE in community settings increased. In the previous year, all 2-year-olds served through VDOE were counted in the Other Setting category.

Total 2 to 3 Virginia had an increase in overall child count from Year 2 to Year 3, and it appears most of that increase occurred in the age 2 to 3 category. Part of this increase is explained by an increase in the count of two-year-olds served with an IEP through the Virginia Department of Education (VDOE), since these children are included in the Part C child count. Virginia will monitor this trend over time to determine whether other factors are impacting the distribution across age categories.

Total Asian Based on Census data, the Asian population grew in Virginia at a greater pace than other race/ethnicity categories over the last five years. Virginia Department of Health data shows the state population of Asians increased annually through 2015 (the last year available).

Cumulative Count: This count includes children who were served under FAPE through the Virginia Dept. of Education.

# Washington

Overall, there has been an increase number of children receiving early intervention services in Washington State. Our cumulative count increased by 9% from the previous year.