

Early Steps Annual Report and State Plan

December 1, 2025

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General
Florida Department of Health



Florida Department of Health

Mission

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Vision

To be the healthiest state in the nation.

Values

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals and solve problems.

Accountability: We perform with integrity and respect.

Responsiveness: We achieve our mission by serving our customers and engaging our partners.

Excellence: We promote quality outcomes through learning and continuous performance improvement.

Submitted to:

The Honorable Ron DeSantis, Governor, State of Florida
The Honorable Ben Albritton, President, Florida Senate
The Honorable Daniel Perez, Speaker, Florida House of Representatives
The Florida Interagency Coordinating Council for Infants and Toddlers

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Executive Summary

Annually, the Florida Department of Health (Department), Division of Children's Medical Services (CMS), Bureau of Early Steps and Newborn Screening prepares a report and a state plan that offers an assessment of the Early Steps Program's progression. Each report provides insight and data from the previous state fiscal year and compares the results to the current state fiscal year with the intent to propose process improvement strategies for the upcoming state fiscal year.

The annual report and state plan are presented as sections within this report and will provide a performance evaluation of the program to the Governor, President of the Senate, Speaker of the House of Representatives, and Florida Interagency Coordinating Council for Infants and Toddlers, as required by section 391.308(5), Florida Statutes.

Additionally, section 391.308(2)(c), F.S., requires the Early Steps Program to annually develop a state plan. The state plan must:

- Assess the need for early intervention services
- Evaluate the extent of the statewide need that is met by the Early Steps Program
- Identify barriers to fully meeting the need
- Recommend specific action steps to improve program performance

The state plan must be developed through an inclusive process that involves families, local Early Steps (LES) programs, health care providers, and other stakeholders. Stakeholder involvement is important to ensure Early Steps serves all potentially eligible infants and toddlers, implements a high-quality continuous improvement system, provides evidence-based practices that improve child and family outcomes, and is managed based on performance and fiscal data.

A summary of the Early Steps Program's performance in the report includes:

- Continued increase in child outcomes related to social interactions and well-being
- Continued family satisfaction with service coordination and program services
- Decline in timely services within 30 days of consent (2.35% change), and the timeliness of receiving initial evaluations within 45 days of referral (4.63% change)
- Increase in timely transitions for children exiting the program (0.82% change)

Background

Early intervention services positively impact infants and toddlers with disabilities or developmental delays. Families with children receiving early intervention services report confidence in meeting their children's developmental needs. Moreover, early intervention services benefit society by lowering the costs of special education and social service programs (Backes & Allen, 2018).

Legislative History

Congress initially passed the Education for All Handicapped Children Act in 1975, requiring the United States Department of Education (U.S. DOE) to ensure that all school-age children receive a free, appropriate public education (Public Law 99-457, 1975).

In 1986, the federal law was amended to address early intervention prior to age 3 and provide services to families of children born with disabilities (Public Law 99-457). The federal law was amended again in 1990, renaming the law to Individuals with Disabilities Education Act (IDEA), establishing an early intervention program in recognition of an urgent and substantial need to:

- Enhance the development of infants and toddlers with disabilities
- Reduce educational costs by minimizing the need for special education through early intervention
- Minimize the likelihood of institutionalization and maximize independent living
- Enhance the capacity of families to meet their children's needs (Public Law 110-476, 1990)

Part C of the federal IDEA provides early intervention services¹ for children under 3 years of age with a developmental disability, developmental delay, or who are at-risk for developmental delay. Florida initiated IDEA Part C in 1993.

In 2016, Florida law was amended to provide a comprehensive framework for the operation and administration of Florida's infants and toddlers early intervention program. Per section 391.308, F.S., statutory requirements include specifying eligibility criteria, requiring an annual report, a state plan, procuring local program offices, and officially naming the program, Early Steps.

During the 2025 Legislative Session, Senate Bill 112 passed authorizing the Early Steps Program to implement the Part C Extended Option beginning July 1, 2026, as funding is appropriated. The Extended Option provides families the choice (if eligible) to remain in Early Steps until the beginning of the school year following the child's fourth birthday.

Primary Activities

- Identify infants and toddlers potentially eligible under IDEA Part C
- Determine Early Steps Program eligibility
- Complete an assessment and re-assessment of each eligible child's skills and abilities
- Create an Individualized Family Support Plan (IFSP) based on the developmental needs of the infant or toddler and the family's concerns, priorities, resources, and desired outcomes
- Coordinate the provision of early intervention services and supports within the family's daily routines and activities

¹ Services include, but are not limited to, developmental monitoring and evaluation; assistive technology; audiology; early intervention sessions; hearing and vision services; occupational, physical, and speech therapies; and service coordination.

- Utilize team-based approaches through the implementation of coaching strategies to help family members and caregivers develop the skills needed to support the child's development
- Provide service coordination activities
- Provide transition planning services to support the child and family to prepare for exit from IDEA Part C to a preschool early intervention program under IDEA Part B or a Head Start/Early Head Start elementary school program

Program Structure

Florida Department of Health

The Department is the lead agency responsible for program oversight, including:

- Administrative functions
- Federal reporting
- Federal grant management
- Fiscal accountability
- Monitoring of contract compliance

Florida Interagency Coordinating Council for Infants and Toddlers

The Department maintains a statewide interagency coordinating council, Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist the Early Steps Program in the performance of oversight responsibilities including:

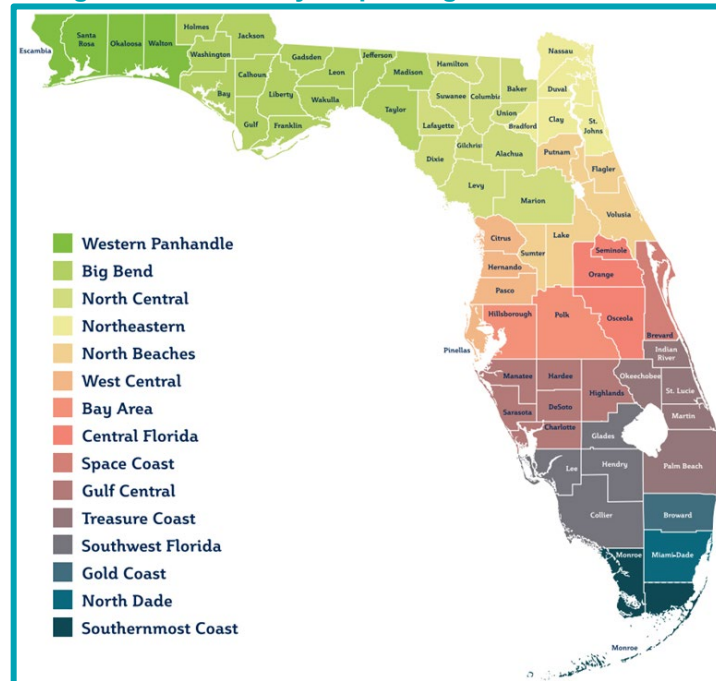
- Identification of sources of fiscal and other support for early intervention service programs under IDEA Part C
- Assignment of financial responsibility to the agency
- Promotion of methods for intra-agency and interagency collaboration regarding Child Find, monitoring, financial responsibility, and provision of services
- Preparation of applications under IDEA Part C, as well as preparation of the federal Annual Performance Report
- Transition from Early Steps

The FICCIT meets on a quarterly basis and is composed of governor-appointed members. Collaboration with stakeholders across Florida is a key component of the Early Steps Program's success. Outreach and public awareness activities take place to increase engagement in the FICCIT and encourage member recruitment, per section 391.308, F.S.

Local Early Steps

The Florida Department of Health's Bureau of Early Steps and Newborn Screening oversees the Early Steps Program through 12 providers servicing the state through 15 geographic regions. These local programs are referred to as local Early Steps (LES) programs and provide services in the areas displayed in **Figure 1**.

Figure 1. Local Early Steps Program Service Areas



The LES programs are the contracted entities responsible for service provision. Services include developmental monitoring, screening, evaluation, service coordination, early intervention sessions, therapy, assistive technology, audiology, vision screening, transition activities to support the child and family after exiting the program, and other individualized services necessary to meet the child and family's needs. Services are provided where children live, learn, and play. Early intervention services aim to reduce or eliminate developmental delays in eligible infants and toddlers in the early years and enhance future education and life success.

Funding

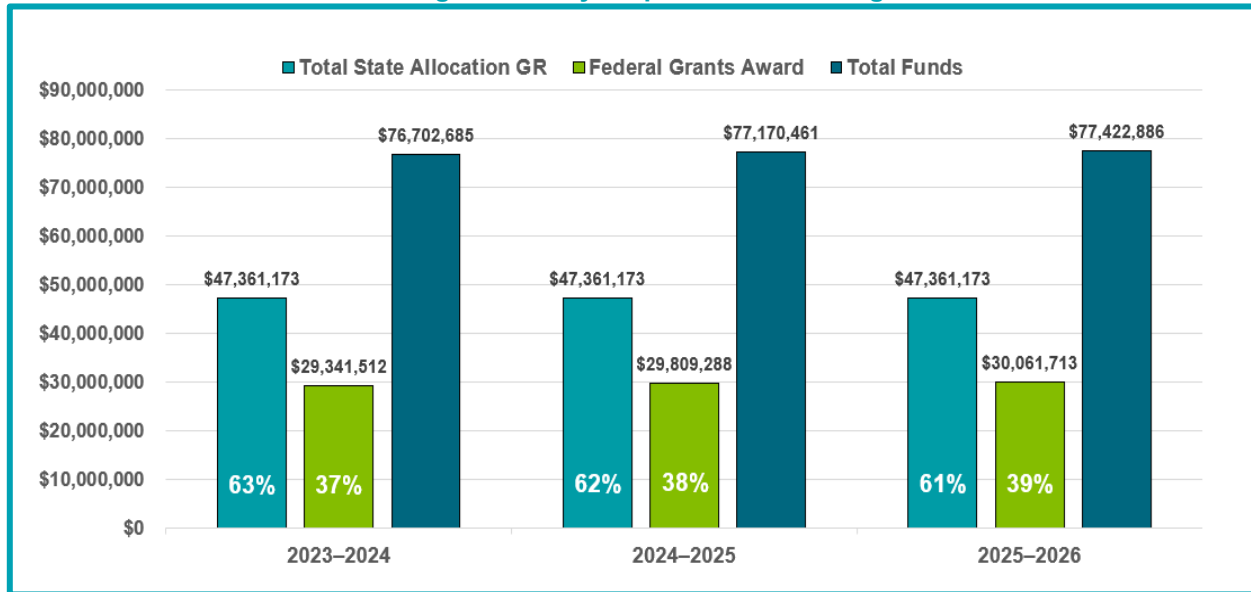
The Early Steps Program is funded through a combination of federal grant and state general revenue (GR) funds. The U.S. DOE provides grant funding to states and allocates the funds based on each state's number of children from birth to 36 months, using a federal funding methodology, as a proportion of the nationwide child population. Program funds support the following:

- Direct early intervention services for eligible children and their families
- Infrastructure for contracted LES programs
- Major activities by the Early Steps Program to implement and maintain a statewide system of early intervention services (e.g., a system to ensure qualified personnel operations, maintenance of a data system, and public awareness activities)
- Administrative support for the FICCIT
- State office (lead agency) administrative positions

Federal and state funds allocated to the program can only be used to pay for services that are not covered by another public or private funding source. This requirement is referred to as payor of last resort in federal law.

Figure 2 displays the general revenue funds, federal grants, and the total of these funds for the current year's financing and provides the annual funding trend for the two preceding fiscal years.

Figure 2. Early Steps Annual Funding



Federal Fiscal Requirements

The Early Steps Program remains in compliance with IDEA Part C maintenance of effort requirement. Florida's annual state budget for early intervention services must be at least equal to the number of state funds expended for early intervention services for the preceding fiscal year.

Local Provider Funding

The program worked with a contracted vendor to develop a funding allocation methodology which better aligns with the principles of fairness, efficiency and flexibility. The methodology, which began in Fiscal Year 2020-21, relies upon the two LES program core functions to allocate funds: referral and service delivery.

The methodology used to allocate funding to the local Early Steps offices was updated in 2025. This updated the service component allocation to use the most recent data (2024) for population density, growth, and geographic size. Additionally, updated Early Steps child count data (2024) was included to ensure allocated funds do not exceed the overall budget.

Transition to a New Statewide Data System

The Early Steps Program collects and analyzes state and local level data to improve program performance and make data-informed fiscal decisions. Data are collected using a system developed in 1981. Since its inception, the current data system used by Early Steps has expanded to become a statewide web-based data collection and reporting system; however, there are limitations to future expansion, due to the system's age. These limitations motivated the Department to propose the procurement and development of a new comprehensive data system to meet the programmatic needs.

For over 10 consecutive years, the U.S. DOE has determined that Florida needs assistance in implementing the requirements of IDEA Part C. Significant factors in this assessment are the lack of data completeness and the number of data anomalies present in the current data system.

In FY 2021-22, the Department planned a multi-year timeline to successfully develop and implement a new administrative data system for the program. In May 2022, a solicitation of quotes for the development of a new data system was initiated. The responses received were evaluated

by a panel of various subject matter experts and stakeholders. The top two respondents were invited to conduct live demonstrations of the submitted solution. In August 2022, the Department awarded the contract to Strategic Solutions Group (SSG). SSG has applied a phased approach to developing and implementing the new data system.

The first phase of development, known as discovery, launched in December 2022. This initial phase provided SSG the opportunity to comprehend the vision of the program by assessing business goals and policies, while simultaneously collecting fiscal and technical requirements. The discovery phase concluded in March 2023, and the second phase, known as design, began. The objective of the design phase was to transform the business and technical requirements into a complete and detailed system blueprint. Several representatives from the LES programs were selected to participate in design, and feedback for the new system was positive. The design phase concluded in June 2024, and the development and configuration phase began.

The development and configuration phase is the final step leading up to data system implementation. User acceptance testing began in February 2025 and was successful with no major design flaws; however, there was feedback from LES programs requesting more time for training and implementation. Input from LES programs and providers, along with the need for procuring a new clearinghouse for billing capabilities, has necessitated the extended time frame for go-live to Summer 2026.

Early Steps Part C Extended Option

The recently passed Senate Bill 112 authorizes the Early Steps Program to begin work to implement the Part C Extended Option beginning July 1, 2026. On this date, if funding is appropriated, the Part C Extended Option allows eligible children to continue in the Early Steps Program until the beginning of the school year following their fourth birthday.

To be eligible for the extended option, children must have been determined eligible for the Early Steps Program at least 45 days prior to their third birthday, turn 3 years of age on or after July 1, 2026, and must be determined eligible for Part B services. Children may not enter the program after the age of 3 and may not re-enter the program after exiting if over the age of 3. Additionally, a child may not receive services through the Part B program while participating in the extended option, nor receive a state scholarship while receiving services through the Early Steps Extended Option.

The current FY 2025-26 is a preparation year, and the Early Steps Program is working with the Florida Agency for Health Care Administration to ensure children who are Medicaid-eligible will continue to be covered for early intervention services beyond age 3. Additionally, the Early Steps Program is collaborating with the Florida Department of Education to develop a federally required joint policy on the extended option and to amend all associated rules and policies to submit the request for approval to the U.S. DOE as a part of the federal application process due in May 2026.

Once implemented, the program will report participation and progress of the Part C Extended Option with the submittal of the annual report and state plan.

Annual Report

Program Performance

The Department is required to address the performance standards in section 391.308(1), F.S., and report actual performance compared to the standards for the prior fiscal year annually. Section 391.308(1), F.S., stipulates the following:

- 1) **Performance Standards** – The Department shall ensure that the program complies with the following performance standards. The program must:
 - (a) Provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants, toddlers, and their families, as measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders
 - (b) Provide IFSPs that are understandable and usable by families, health care providers, and payers and that also identify the current level of functioning of the infant or toddler, family supports and resources, expected outcomes, and specific early intervention services needed to achieve the expected outcomes, as measured by periodic system independent evaluation
 - (c) Help each family to use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the IFSP, as measured by family feedback and independent assessments of services used by each child
 - (d) Offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication, and adaptive behaviors

Pursuant to section 391.308(5), F.S., the following measures are to be included in this report:

- (a) Number and percentage of infants and toddlers served with an IFSP
- (b) Number and percentage of infants and toddlers demonstrating improved social or emotional skills after the program
- (c) Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after the program
- (d) Number and percentage of families reporting positive outcomes in their infant's and toddler's development as a result of early intervention services
- (e) Progress toward meeting the goals of an IFSP
- (f) Any additional measures established by the Department

This report addresses performance standards and performance measures beginning FY 2024-25 through FY 2025-26. Performance standards and related measures are discussed simultaneously. The information included in the report serves as the foundation for the Early Steps State Plan, required in section 391.308(2)(c), F.S.

Children Served

Program Eligibility

Children up to 36 months of age are eligible for the program, by meeting one of the following criteria:

- A diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (e.g., autism spectrum disorder, cerebral palsy, deafness and hard of hearing, Down syndrome, or visual impairment)
- A specified physical or medical condition known to create a risk of developmental delay (e.g., low birth weight, neonatal abstinence syndrome). A developmental delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:
 - 1.5 standard deviations below the mean in two or more developmental domains
 - 2.0 standard deviations below the mean in one or more developmental domains

The Early Steps Program promotes early intervention services to all referral sources to ensure each potentially eligible child is referred as soon as possible. Child Find is a system required by the IDEA, which ensures that infants and toddlers in the state who are eligible for services under IDEA Part C are identified, located, and evaluated, including an effective method to determine which children are receiving needed early intervention services.

In FY 2024-25, the Early Steps Program developed a Child Find media campaign focused on distributing materials and information about the program to stakeholders, specifically parents and medical professionals.

Figure 3 depicts that 40,502 children were referred to Early Steps during FY 2024-25; of these children, 44% were determined to be eligible for the program. This translates to a 4% decrease in eligible referrals, and a 0.5% decrease in referrals.

Figure 3. Number of Referred Children, Referred Children Determined Eligible, and the Percentage Determined Eligible

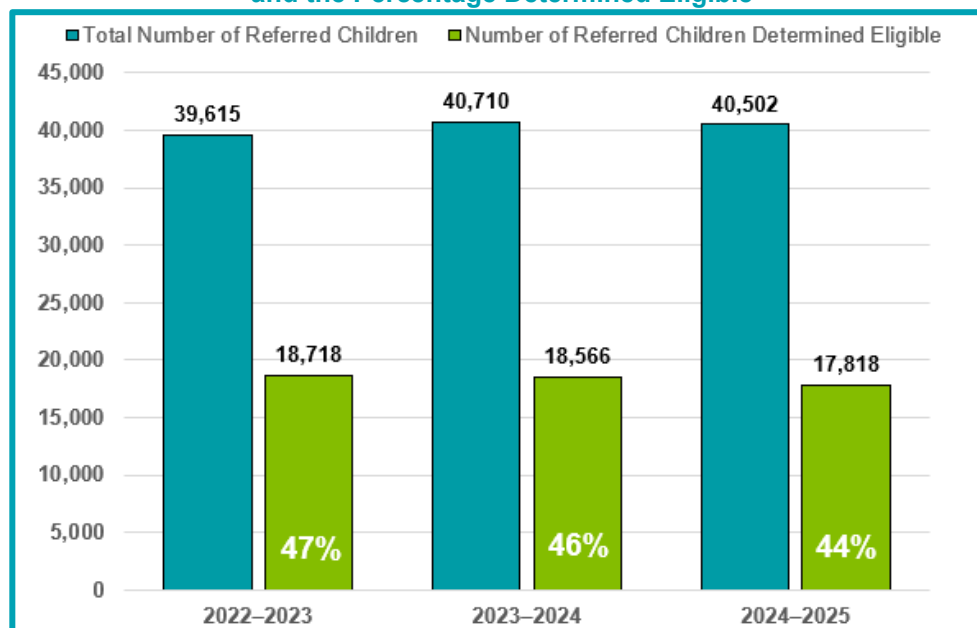


Figure 4 shows in FY 2024-2025, there were 62,397 active children in the program. Of that population, 35,933 children were actively served with an IFSP.

Active children are defined as:

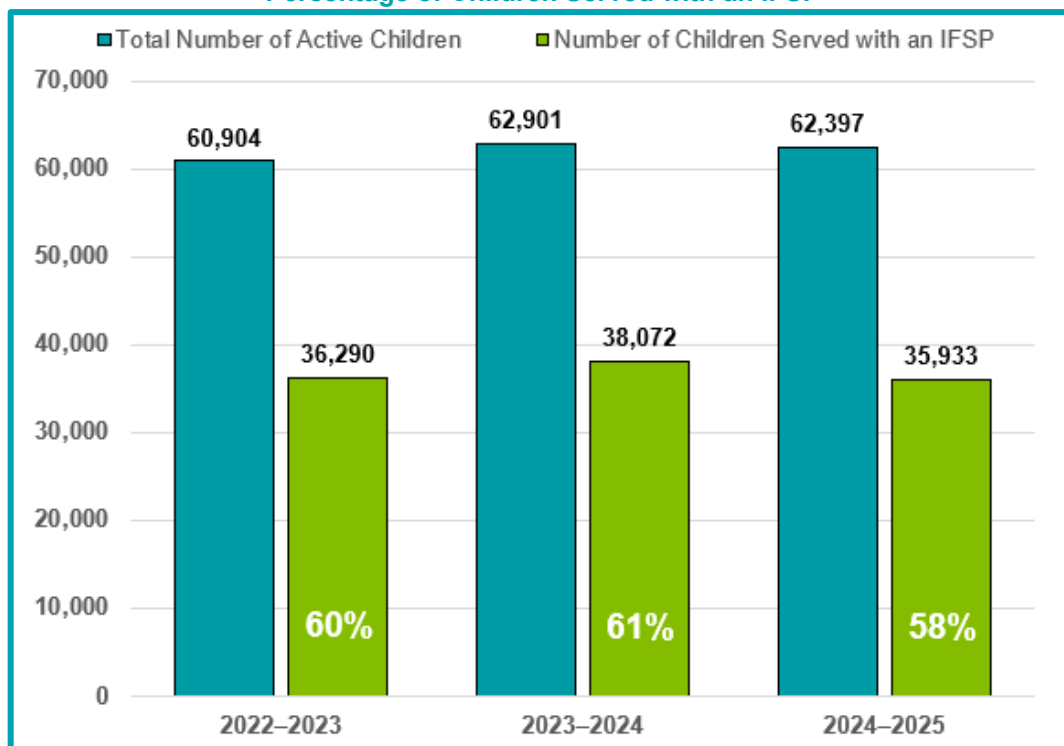
- Children continuing to be served from the last fiscal year
- Children who exited but were active at some point within FY 2024-25
- Children referred who were determined eligible
- Children referred who were determined not eligible
- Children referred who have yet to complete the eligibility determination process

There is a 0.8% decrease in the number of active children from FY 2023-24 to 2024-25, and a 5.6% decrease in the number of children served with an IFSP in FY 2024-25 when compared to children with an IFSP in the previous year.

During the reporting period, the Early Steps Program observed a decline in both the number of children referred for early intervention services and the number of children determined eligible.

While further analysis is needed to fully understand the scope and impact of contributing factors, the Early Steps Program remains committed to identifying and implementing strategies to stabilize service delivery and ensure timely access to early intervention for all eligible children.

Figure 4: Number of Active Children and Number and Percentage of Children Served with an IFSP



Services from Referral Through Transition

The program must provide services from referral through transition in a family-centered manner that recognizes and responds to unique circumstances and needs of infants, toddlers, and their families. These service needs are measured by a variety of qualitative data, including satisfaction surveys, interviews, focus groups, and input from stakeholders.

Compliance Measures

The IDEA requires each state to develop a State Performance Plan/Annual Performance Report (SPP/APR) that evaluates the state's efforts to implement the requirements of IDEA Part C and describes how the state will improve its implementation. States report on quantitative and qualitative indicators that measure performance for areas designated as a priority by the U.S. DOE.

Federal indicators related to compliance require 100% as the measurement threshold. These measures indicate the state's performance related to timelines established in IDEA Part C. Specifically, the measures are intended to ensure:

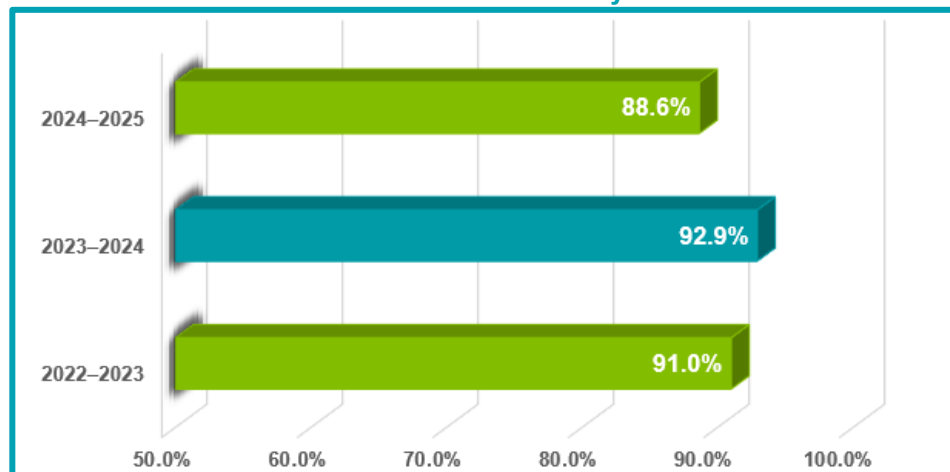
- Referred infants and toddlers are assessed for eligibility and provided with an IFSP within the federal 45-day timeframe
- Services begin within 30 days after the family consents to the services on the IFSP
- Transition activities are established to best support the child and family to prepare for exit from the program

Individualized Family Support Plan Timelines

In accordance with federal regulations, eligibility and IFSPs must be completed within 45 days of the date the child's referral is received by the LES program. The IFSP is developed by a multidisciplinary team that includes, but is not limited to, evaluators, service coordinators, early intervention providers, and the child's family. The team gathers information, such as the family's concerns for their child's development, daily routines and activities, linkages to community resources, and the child's level of functioning. Once this information is gathered, the team determines individualized goals and services necessary to meet the desired outcomes.

Figure 5 provides the percentage of infants and toddlers who received an evaluation and IFSP within the 45-day time frame.

Figure 5. Percentage of Infants and Toddlers who Received an Evaluation and IFSP within 45 Days of Referral

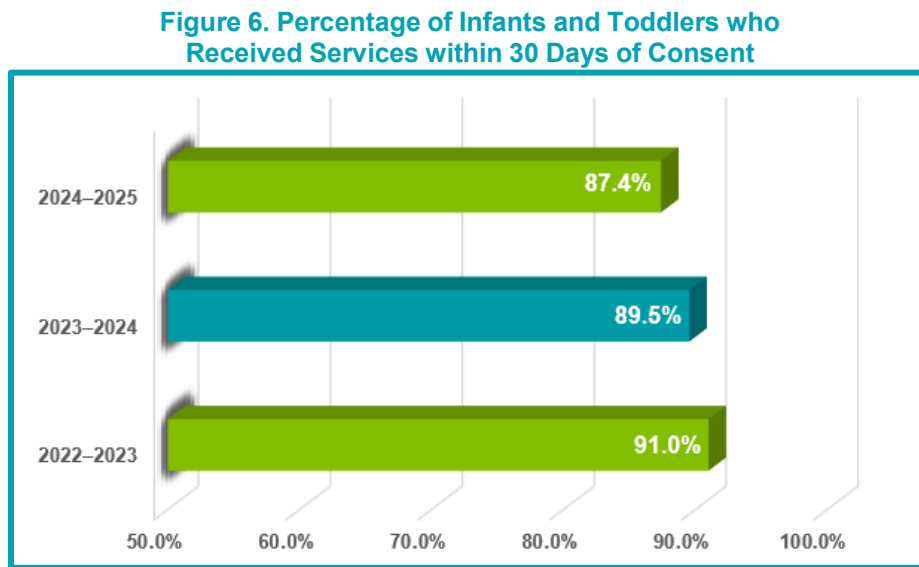


During FY 2024-25, 88.6% of infants and toddlers received an evaluation and IFSP within 45 days of receipt of referral. The target for the 45-day timeline is 100% and is established by the U.S. DOE. Figure 5 represents a 4.3% decrease in performance over last year. Several Early Steps parent organizations have discontinued telework arrangements over the past year. This local policy change, along with traditionally low pay for service coordinators, has resulted in staff attrition, reducing the system's ability to respond to referrals and conduct timely eligibility assessments.

Timely Services

Early Steps services are required to be provided within 30 days after the family consents to the service(s) authorized on the IFSP.

Figure 6 illustrates the percentage of children who received services within 30 days of consent.



The target for the 30-day timeframe is 100% as established by the U.S. DOE. During FY 2024-25, 87.4% of infants and toddlers received services within 30 days of consenting to the services authorized on the IFSP.

Figure 6 represents a 2.1% decrease in performance over last year. This indicator continues to be impacted by provider shortages which cause delays in providing services timely. Provider shortages are a nationally reported concern. There are a smaller number of providers who are qualified to serve infants and toddlers, and an even smaller amount who are willing to serve children in the natural environment setting (e.g., home, school).

The program continues working with LES programs on improvement strategies to increase provider recruitment and retention and will continue to monitor provider capacity within each LES program.

Transition

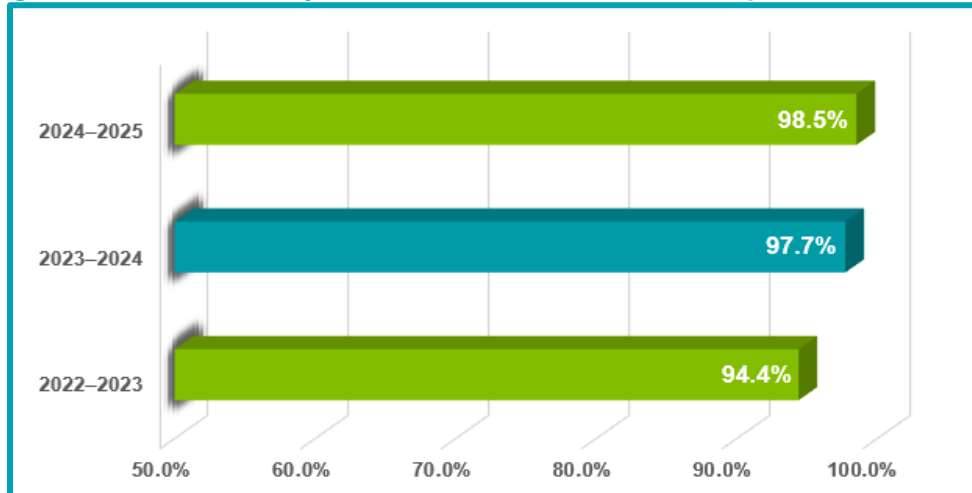
The program must ensure a smooth transition for infants and toddlers from early intervention services under IDEA Part C to preschool or other appropriate services for toddlers with disabilities by 36 months of age.

The LES programs are required to hold a conference to discuss services and develop a transition plan for children enrolled in the program. The development of this plan must occur at least 90 days and not more than nine months prior to the child's third birthday. The transition plan must include

activities and timeframes for a successful transition from the program. As established by the U.S. DOE, the compliance threshold for the 90-day time frame is 100%.

Figure 7 shows 98.52% of children preparing to transition from the program in FY 2024-25 received a timely transition conference upon exit from the program. This is an improvement of 0.8% over the previous year.

Figure 7. Percentage of Toddlers Exiting the Program with Steps and Services for Transition Planning not Fewer than 90 Days and not More than Nine Months prior to the Third Birthday



The program will continue to provide targeted technical assistance to the LES programs with findings of noncompliance to include increased service coordinator training and identifying process improvement strategies to ensure scheduling of timely transition.

Family and Child Outcomes

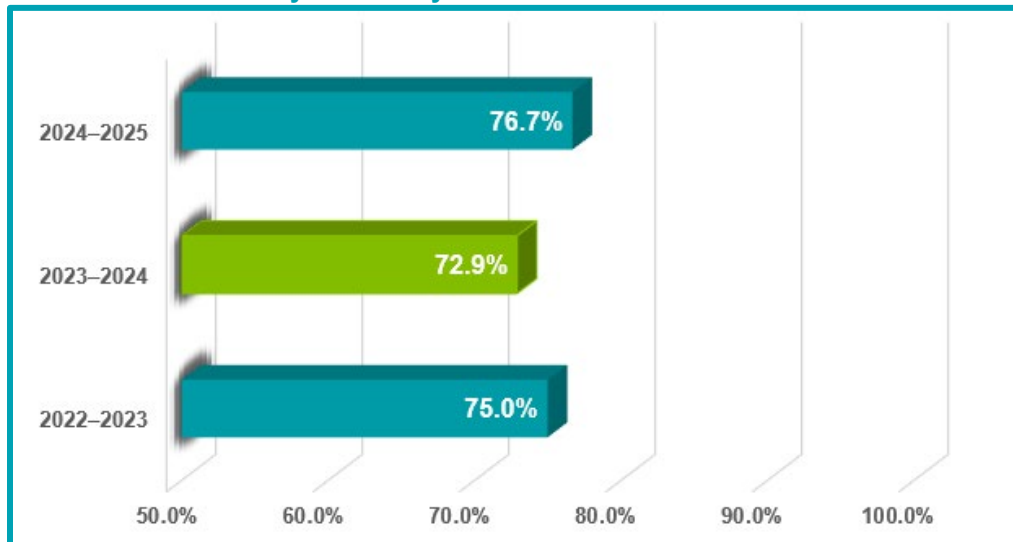
The SPP/APR includes child outcome measures that report the improvement of children's development from participation in the program. Family outcome measures are also reported and indicate if the program achieved the following: informed a family of their rights, effectively communicated the child's needs, and helped the child develop and learn. Each state determines the target for compliance for each outcome measure and is monitored based on the established target. The program collaborates with stakeholders including LES programs and families to establish this target.

Family Outcomes

The program solicits feedback from families to assess family outcomes resulting from their child's participation in the program. These outcomes are identified by the U.S. DOE and reported annually. The reported data are derived from a nationally developed family survey for states' early intervention programs.

Figure 8 shows during FY 2024-25, 76.7% of families reported that early intervention services helped the family effectively communicate their child's needs. This is an increase of 3.8% from FY 2023-24.

Figure 8. Percentage of Families who Report the Program Helped the Family Effectively Communicate Child's Needs



Individualized Family Support Plan Content

The program must provide an IFSP that is understandable and usable by families, health care providers, and payers. The IFSP details the current level of functioning of the infant or toddler, family supports and resources, expected outcomes, and specific early intervention services needed to achieve the expected outcomes, as measured by an evaluation.

The families and caregivers of eligible infants and toddlers are provided with an IFSP. The IFSP is a written plan that includes family concerns, the child's developmental status, strategies toward achieving outcomes, and authorized services and supports.

The IFSPs are developed by a team that includes:

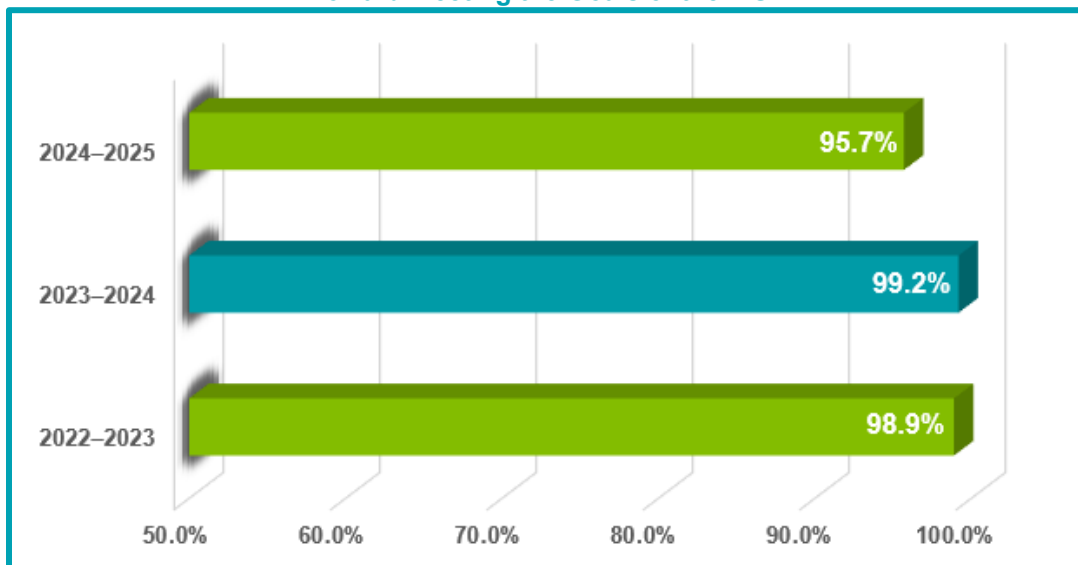
- Parents and caregivers
- Other family members, as requested by the parents
- Persons outside the family, as requested by the parents
- Service coordinator responsible for implementing the IFSP
- Persons directly involved in conducting the evaluation and/or assessment
- Persons who are or will be providing early intervention services to the child or family

The IFSPs are reviewed periodically, at least every six months; however, a review may occur more frequently if the family requests or if conditions warrant. The purpose of the periodic review is to determine the progress toward achieving the identified outcomes for the child, and if modifications are necessary to achieve planned results.

A random sample of child records was reviewed to determine progress toward meeting the goals on the IFSP. Based on the review, 95.7% of infants and toddlers served made progress toward meeting the outcomes on the IFSP during FY 2024-25.

Figure 9 represents a 3.5% decrease in performance over last year.

Figure 9. Percentage of Infants and Toddlers who made Progress Toward Meeting the Goals of the IFSP



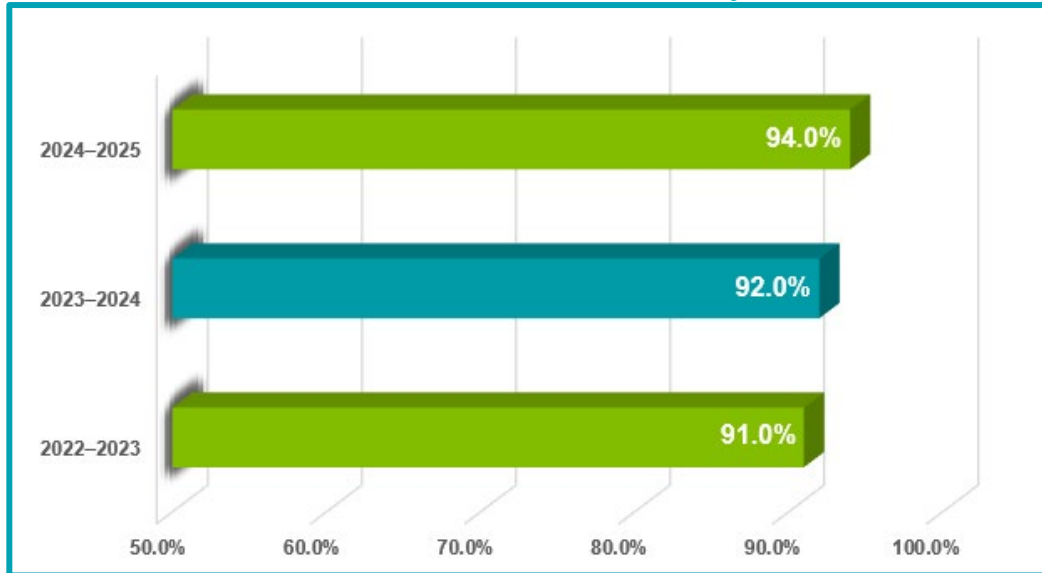
Families Reporting on Child Outcomes

The program must help each family use available resources in a way that maximizes the child's access to services necessary to achieve the outcomes of the IFSP, as measured by family feedback and by independent assessments of services used by each child. The IFSP teams work with families to identify available resources needed to meet the child's individualized outcomes.

During FY 2024-25, 94% of families reported that the program helped with the use of available resources in a way that maximized access to services necessary to achieve the goals on the IFSP.

Figure 10 shows a 2% increase in performance from the previous year, attributed to provider training in coaching families to be more confident and competent in understanding their child's needs.

Figure 10. Percentage of Families who Reported that Early Steps Helped Families use Available Resources to Maximize the Child's Access to Services Necessary to Achieve the Goals of the IFSP



The LES programs continue to maintain community partnerships to maximize available resources for optimal outcomes for infants, toddlers, and their families. At the state level, the Program maintains collaborative partnerships with state agencies, universities, and other programs serving infants, toddlers, and their families.

The purpose of the program is to enhance not only the development of infants and toddlers with developmental delays or disabilities, but also the capacity of the family to meet the child's needs. Each LES program has a minimum of one full-time family resource specialist. The resource specialist is a parent or primary caregiver of a child who received early intervention services. The role of this position is to provide parent-to-parent support to families served by the program.

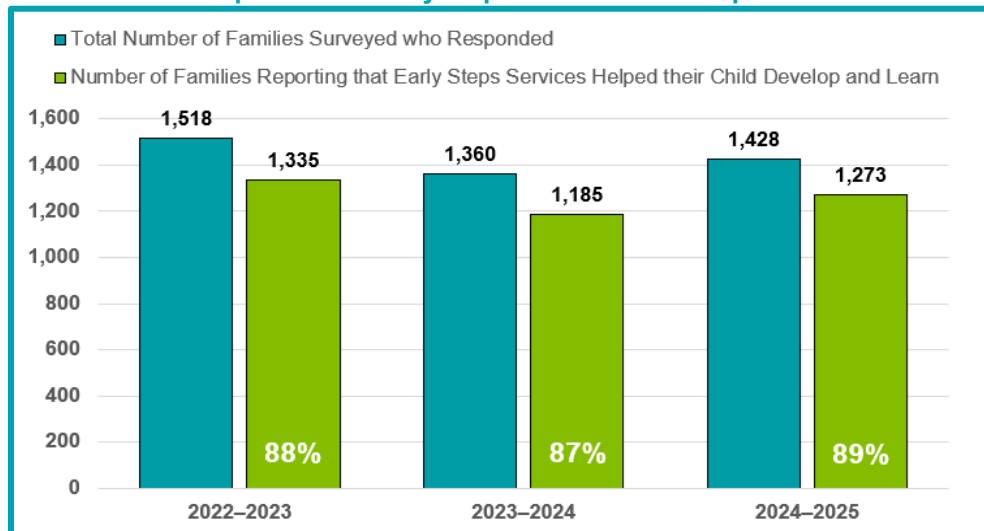
The family resource specialist works with the LES program to promote the importance of family education in service provision. The specialist is required to develop and submit an annual System of Family Involvement Plan (SFIP) in collaboration with families served by the LES program. The SFIP aims to address strategies to improve family outcomes and to build the capacity of families to help their children grow. Outcomes of the SFIP are provided to Early Steps as a contractual requirement.

Families with children exiting the program are surveyed annually to determine the extent to which Early Steps services have helped the child and family. During FY 2024-25, 51.88% of families with children who exited during the survey period provided a survey response. This is a 1.32% decrease in response rate from FY 2023-24.

Survey data are used to report family outcome measures determined by the U.S. DOE and identify priorities for program improvement.

Figure 11 shows that in FY 2024-25, 89.1% of families reported Early Steps services positively impacted the ability to help their child develop and learn, an increase of 2% from FY 2023-24. Family survey results indicate a high percentage of families report the program has helped the family obtain the supports and services their child and family need.

Figure 11. Number and Percentage of Families who Report Early Intervention Services Have Helped their Family help their Child Develop and Learn



Child Outcomes

The program must offer families access to quality services that effectively enable infants and toddlers with developmental disabilities and delays to achieve optimal functional levels as measured by an independent evaluation of outcome indicators in social or emotional skills, communication, and adaptive behaviors. The U.S. DOE requires each state to develop a State Systemic Improvement Plan (SSIP) as part of the SPP/APR described in 34 Code of Federal Regulations (CFR) 303.701. The SSIP is a multi-year plan intended to increase the capacity of LES programs to improve outcomes for children with disabilities and their families.

In coordination with stakeholders, the program identified the following child outcome as the priority focus of the SSIP: increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social interactions and well-being. This focus was chosen because the percentage of infants and toddlers enrolled in the program who show substantial progress in this domain is significantly below the national average and more disparate than other child outcome areas. The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality providers, leading to improved child outcomes. This includes professional development for providers to ensure services rendered are evidence-based and family-centered early intervention services.

The program began using the Child Outcome Summary (COS) process for progress measurement for all children entering the program on or after December 1, 2020. The COS process allows the integration of multiple sources of information rather than one standardized tool. This process guides a team of parents, providers, and other community members who interact with a child during their daily routines to share and discuss all the available evidence of how that child functions. The data obtained on the child's progress are used to report on child outcomes determined by the U.S. DOE and Early Steps Program Annual Report. The U.S. DOE requires outcome measures that report substantial child progress while Florida requires the reporting of any child progress. The measures for improved social or emotional skills, improved acquisition, and use

of knowledge, as well as communication skills, are detailed in the following outcome headers. The COS process measures three child outcome categories across the developmental domains to represent the combined nature of how children develop and learn. The three child outcomes:

- **COS Outcome 1:** Positive Social Interactions and Well-Being
- **COS Outcome 2:** Acquisition and Use of Knowledge and Skills
- **COS Outcome 3:** Use of Appropriate Behaviors to Meet Needs

A child must be enrolled in the program for at least six months prior to exit to be included in the outcome reporting. There were 9,564 children who met these criteria and received an entry and exit COS rating for FY 2024-25. All children assessed using the COS process were assessed in all three outcome categories. Performance measures outlined in Florida law for this report differ from the federal indicator measures that will be reported to the U.S. DOE in spring 2026. For each of the statutorily required measures, one COS outcome category that most closely reflects the required state measure has been selected, as detailed below.

Outcome 1: Number and percentage of infants and toddlers demonstrating improved social interaction and well-being skills after participating in the program

Total Number of Children Assessed: 9,564

Percentage of Children Who Demonstrated Improvement: 98.9%

The assessment for this domain determines the percentage of infants and toddlers with IFSPs demonstrating the increased rate of growth in positive social interaction and well-being skills as assessed by the COS Outcome 1. Social interaction and well-being skills refer to the social relationships a child forms with others and how the child interacts with or relates to other children and adults. This indicator continues to be a priority for Florida.

Outcome 2: Number and percentage of infants and toddlers demonstrating improved use of knowledge and cognitive skills after participating in the program.

Total Number of Children Assessed: 9,564

Percentage of Children Who Demonstrated Improvement: 99.0%

The assessment of the acquisition and use of skills is reported here using the COS Outcome 2, which includes attending to others, engaging in purposeful play, understanding pre-academics and literacy, acquiring language, and understanding questions and directions.

Outcome 3: Number and percentage of infants and toddlers demonstrating an improved ability to both understand and use language after participating in the program.

Total Number of Children Assessed: 9,564

Percentage of Children Who Demonstrated Improvement: 99%

The assessment for the communication domain is reported using the COS Outcome 3, showing the percentage of infants and toddlers with IFSPs demonstrating an increased ability to use appropriate behaviors to meet their needs. These skills refer to the ability to communicate needs, move around and manipulate items, eat and drink, dress and undress, diaper, toilet and wash, communicate needs, and show safety awareness.

Early Steps State Plan

State Plan Goals

An analysis of Florida's performance as outlined in state and federal reports contributed to the selection of goals included in this plan. Feedback from a variety of stakeholders was obtained for each goal based on subject-matter expertise. Stakeholders included parents, LES program administration and staff, providers, FICCIT members, Institutes of Higher Education staff, local and state partners, and state office staff.

Feedback from these stakeholders was used to inform the goals below, based on statewide needs, barriers, and action steps to improve performance over the forthcoming year. This assessment is for FY 2023-24, the most recent federally reported data.

Goal 1: State Plan

Monitor and track the population referred to and served by the Early Steps Program, including infants and toddlers at risk of developmental delay.

What is the extent of the statewide need met by the program?

Children are referred to Early Steps from multiple sources, including parents, physicians, childcare programs, community agencies, and hospital neonatal intensive care units. LES programs educate primary referral sources on the Program's purpose, eligibility criteria, services provided, and the referral process. Referral sources are captured in the Early Steps Data System.

In FY 2023-24, 40,710 children were referred to the program, a 2.76% increase of referrals, and 1,782 more children served than the prior year.

Eligibility for IDEA Part C is determined using each state's definition of developmental delay and includes children with established conditions with a high probability of resulting in developmental delay. States have the option of including infants and toddlers who are at risk of developmental delay in the eligibility criteria. Section 391.308(3), F.S., requires the program to serve infants and toddlers with a developmental delay or a physical or mental/medical condition known to create a risk of developmental delay.

What are the barriers to fully meeting the need?

Early identification of developmental concerns and delays can be difficult, as missed milestones are less apparent until the infant is older and isn't talking or hasn't started walking. Families and even physicians will often take a "wait and see approach" and delay referral to Early Steps until the child is very behind on milestones. Program education regarding eligibility is also known to have gaps.

Referral data trends show that more than 50% of referrals to the Early Steps Program are not eligible or choose to not move forward with services. Further community education is needed to ensure eligible children are referred and that families understand the program intent and benefits rather than rejecting the early referral response.

What were the action steps taken in FY 2024-25 to address the barriers and improve program performance?

There were 1,095 more referrals in FY 2023-24 than the previous year. To continue this momentum, state and local entities were educated on the program's eligibility criteria to ensure appropriate referrals for potentially eligible infants and toddlers. This included the following activities:

- Continued public awareness efforts to educate families and providers about the Early Steps Program. Referral rates and child count data were utilized to implement data-driven targeted marketing across the state.
- Early Steps' State Office continued to support the local Early Steps Child Find coordinators with facilitating a learning collaboration to support and encourage the development of best practice sharing across regions.

Physicians, families, community agencies, and neonatal intensive care units were the top referral sources in FY 2023-24. The following data were collected and analyzed:

- Referral patterns for LES programs between fiscal years 2021-22, 2022-23, and 2023-24.
- Referral data entered through the electronic web form was also used for analysis.
- LES program procedures for serving infants and toddlers eligible for the Program, as well as the processes for linking infants and toddlers who are not eligible for the program with community organizations.

What are the action steps planned in FY 2025-26 to improve program performance related to Goal 1?

- Continue to analyze LES programs' baseline data over recent years and develop strategies for increasing eligible referrals.
- Continue to examine and enhance referral processes at each LES program to identify opportunities for technical assistance.
- Continue to support the LES Part C Child Find coordinators through facilitation of a monthly learning collaborative that encourages the sharing of ideas and efforts toward increasing the number of eligible referrals to the program.
- Continue to enhance public awareness and education materials for the program statewide.
- Review Child Find activities for each LES program quarterly through the public awareness reports. Provide technical assistance to the LES programs to review and examine the effectiveness of each activity.

Goal 2: State Plan

Ensure compliance with state and federal requirements and indicators through development of an accountability system that strengthens local and state resources and builds capacity.

What is the extent of the statewide need met by the program?

The U.S. DOE has an accountability system under the IDEA, known as Results Driven Accountability (RDA). The purpose of RDA is to ensure that states meet IDEA requirements as well as improve results for children and families. RDA requires the use of quantitative and qualitative indicators to measure performance for areas designated as priority areas by the U.S. DOE. RDA requires that 100% of evaluations and IFSPs are completed within 45 days of the date a child is referred to the program.

In FY 2023-24, 92.9% of infants and toddlers received an evaluation and IFSP within 45 days of being referred. This represents a 1.9% increase in performance from the previous year. IDEA Part

C requires that early intervention services are initiated in a timely manner, within 30 days after the family consents to the services. During FY 2023-24, 89.5% of children received services within 30 days after the family consented to the services. This represents a 1.5% increase in performance from the previous year.

An additional IDEA requirement is that steps and services for transition planning be developed at least 90 days prior to a child's third birthday. In FY 2023-24, 97.7% of children received a timely transition conference with activities and timelines upon exit from the program. This is a 3.3% increase from the previous year.

What are the barriers to fully meeting the need?

The Department monitors all LES programs annually, including a review of child record documentation and information from the Early Steps Data System. The three indicators reviewed as a part of this goal must achieve 100% to be considered compliant. All LES programs who did not achieve a 100% compliance rate for these measures were required to complete a performance improvement plan over the course of the following 12 months. As a part of this process, the LES programs reported provider and service coordinator shortages to be the barrier toward achieving timely compliance rates.

What were the action steps taken in FY 2024-25 to address the barriers and improve program performance?

The program worked with a marketing vendor to develop materials to recruit early intervention providers and service coordinators through a provider focused campaign. Staff provided technical assistance and shared best practices with LES Programs to achieve and maintain compliance.

What are the action steps planned in FY 2025-26 to improve program performance related to Goal 2?

- 2.1** Work with an independent contractor to conduct an evaluation of the quality Assurance, monitoring processes, and development of effective quality improvement plans.
- 2.2** Implement technical assistance and monitoring components at the state and local level that address federal and state regulations, with a focus on improving efficiency, effectiveness, quality, performance, processes, capacities, and outcomes of the program.

Goal 3: State Plan

Increase the percentage of infants and toddlers demonstrating improved developmental outcomes upon exiting the Early Steps Program and the percentage of families reporting that participation in the Early Steps Program enhanced capacity and confidence to support the child's development and learning.

What is the extent of the statewide need met by the program?

The U.S. DOE defines and provides formulas for reporting three child outcomes, including five progress categories for each of the child outcomes. States are required to measure and report the amount of progress each child makes from entry to exit from the program. Each state determines the method to assign eligible infants and toddlers to the progress categories. Florida uses the COS process for entry and exit assessments. The COS process summarizes information from a variety of sources on a child's functioning in each of the three child outcome areas to determine a child's progress.

In FY 2023-24, Florida saw an increase in the percentage of infants and toddlers who demonstrated improved social interaction and well-being skills at exit, a 0.9% increase from the previous fiscal year. The percentage of infants and toddlers demonstrating an improved use of appropriate behaviors to meet needs at exit increased by 0.8% from the previous fiscal year. The percentage of infants and toddlers demonstrating an improved use of knowledge and skills decreased by 0.4% from the previous fiscal year.

What are the barriers to fully meeting the need?

Florida experienced a decrease in the percentage of infants and toddlers who demonstrate the use of typical skills in all three child outcomes when exiting the program. While the number of children participating in the program is growing, with a 2.8% increase from FY 2022-23 to 2023-24, Florida's eligibility criteria for developmental delay remains stringent, with developmental scores ranging from 2 standard deviations below the mean in one developmental domain or 1.5 standard deviations below the mean in two developmental domains.

Only children with significant developmental delays are eligible for the program. Many of these children will demonstrate improved individual outcomes from participation in early intervention, but because the program serves children with the greatest of developmental need, it is less likely that most of its participants will benefit to the level of same age peers or typical. As the state moves forward with the new data system, the program will have greater access to data and will conduct a further analysis to identify child outcome trends at a regional level.

What were the action steps taken in FY 2024-25 to address the barriers and improve program performance?

Continuation of the implementation of the Early Steps' Professional Development strategy of Early Steps Embedded Practices and Intervention with Caregivers (EPIC) is a key step to improving program performance.

As additional providers are trained in these practices, continued growth in the child outcomes measures are anticipated. Empowering families to participate in the intervention strategies within everyday routines, increases a child's ability to practice these skills and make developmental gains.

The following data table displays a comparison of fiscal years 2021-22, 2022-23, and 2023-24. Child outcome indicators are performance indicators and do not require 100% compliance; however, states must identify and achieve a statewide target.

Federal Indicator	FY 2021-22 Early Steps Program Performance	FY 2022-23 Early Steps Program Performance	FY 2023-24 Early Steps Program Performance
Infants and toddlers demonstrate improved social interaction and well-being skills at exit.	59.1%	66.4%	67.3%
Infants and toddlers demonstrate typical social interaction and well-being skills at exit.	39.1%	36.4%	33.9%
Infants and toddlers demonstrate improved use of knowledge and skills at exit.	70.1%	72.9%	72.5%
Infants and toddlers demonstrate typical use of knowledge and skills at exit.	24.8%	22.9%	23.4%
Infants and toddlers demonstrate improved use of appropriate behaviors to meet needs at exit.	59.8%	63.3%	64.1%
Infants and toddlers demonstrate typical use of appropriate behaviors to meet needs at exit.	49.3%	43.5%	40.0%

What are the action steps planned in FY 2025-2026 to improve program performance related to Goal 3?

- Assist LES programs in providing effective professional development to support implementation of the COS process.
- Continue to support LES programs to develop and enhance quality assurance policies and procedures for child outcomes assessment and accountability.
- Encourage LES programs to develop and enhance processes to ensure families are centered in all aspects of Early Steps services.
- Evaluate the family outcomes survey process (including the survey tool, methodology, dissemination process, data collection, etc.) and how the local office system of family involvement depends on the results.

Goal 4: State Plan

Implement the State Systemic Improvement Plan (SSIP) to increase the percentage of infants and toddlers who exit early intervention with an increased rate of growth in positive social interaction and well-being skills.

What is the extent of the statewide need met by the program?

The U.S. DOE has implemented revisions to its RDA system under the IDEA, emphasizing improving child outcomes. The RDA system requires states to develop, implement, and evaluate an SSIP through the delivery of evidence-based practices in the provision of services to improve outcomes for children with disabilities.

Florida's SSIP aims to increase the percentage of infants and toddlers demonstrating improved social interaction and well-being skills at exit from the program. The activities embedded throughout the SSIP create the necessary infrastructure to ensure and sustain quality services, leading to improved child outcomes. This includes professional development for providers to ensure services are evidence-based and family-centered.

What are the barriers to fully meeting the need?

Florida utilizes a statewide professional development caregiver coaching model called the Early Steps' Embedded Practices and Intervention with Caregivers.

As of July 2022, all 15 LES programs were implementing Early Steps EPIC professional development. The emphasis across all 15 LES program sites has shifted from initial implementation to EPIC scale up and sustainability activities.

What were the action steps taken in FY 2024-25 to address the barriers and improve program performance?

The partnership with subject-matter experts at the University of Florida's (UF) Anita Zucker Center continued in FY 2023-24. Through this partnership, LES programs continued implementing professional development strategies to improve the positive social interactions and well-being outcomes of infants and toddlers who exit the program.

Data reported to U.S. DOE in spring 2025 for the 2023 SPP/APR showed that during FY 2023-24, 67.3% of infants and toddlers served by the program demonstrated improved social interaction and well-being skills at exit from the Program. This is a 0.9% increase from the prior fiscal year. This is credited to an increased number of providers having completed the professional development caregiver coaching model. UF has engaged in rigorous evaluation practices to scale up the implementation of the methods as demonstration and implementation sites expand. Efforts included:

- Designing a sustainable, professional development infrastructure that includes coaching and infusing Division of Early Childhood's recommended practices.
- Testing and determining the feasibility of implementation strategies and practices.
- Building the foundation needed to ensure expansion of evidence-based practices across Florida.

What are the action steps planned in FY 2025-26 to improve program performance related to Goal 4?

- Continue to work with the LES programs to sustain and expand the professional development of EPIC practices; and define consistent data reporting measures for regional comparison.
- Continue to collaborate with UF to refresh and align program training, technical support and professional development with the Early Steps' professional development framework.
- Encourage Early Steps providers to participate in EPIC training curriculum by implementing an increased Natural Environment Support Fee rate for those providers who have been certified in EPIC professional development.
- Continue to work with providers, Institutes of Higher Education team, Early Steps State Office, and LES program staff to extend EPIC practices into early childhood education centers.

Next year, the Early Steps Program plans to combine the reporting of this goal with State Plan Goal 3, Child Outcomes, as this work directly relates to the action steps for improving child and family outcomes.

Goal 5: State Plan

Collect programmatic and fiscal data to support effective and efficient management of the Early Steps Program.

What is the extent of the statewide need met by the program?

The current Early Steps Program's data system provides basic information for state and federal reporting; however, it does not have the capacity to capture the level of detail needed to monitor compliance with all federal, state, and local programmatic and fiscal requirements. The program relies on a manual verification process to achieve this.

A modern data system is in development to enable the program to collect, report, and analyze state and local level data to improve program performance and make data-informed fiscal decisions. The new data system is scheduled to go-live summer 2026.

What are the barriers to fully meeting the need?

The Early Steps State Office is accountable to U.S. DOE for programmatic and financial management of the program. The current data system does not collect key information for the most effective program administration, policy implementation, and resource management for the program. It is critical that the program increase capacity to identify children needing services, monitor the provision of services, track professional development activities, and improve outcomes for children and families. The new data system will have the increased ability to collect valid and reliable data to ensure programmatic and fiscal accountability, eliminating the need for the current manual verification process.

What were the action steps taken in FY 2024-25 to address the barriers and improve program performance?

The Department continued to engage in daily meetings with the vendor developing the new data system. The vendor for the newly designed data system continually addressed feedback to enhance the functions of the system.

What are the action steps planned in FY 2025-26 to improve program performance related to Goal 5?

- Complete testing of, and training for, a robust Early Steps data system. This includes working with the vendor and taking into account stakeholder input, to ensure that the following major system components are included and fully functional:
 - Case Management (Eligibility, Child Tracking, Transition)
 - Program Management (Provider Management)
 - Global Services (Reporting, Integration, Security)
 - Audit Functions
- Upon implementation of the new Early Steps' data system, develop tools and a structure to accomplish the following using the system: project future needs of the program, monitor programmatic and fiscal status, track compliance with federal and state requirements, and accurately measure performance on child and family outcomes.

Conclusion

The services provided by the program enhance the physical, cognitive, communication, social interaction, well-being, and adaptive development of infants and toddlers. Carefully implemented, high quality early intervention programs help children in both the short and long term through reduced placement in Exceptional Student Education Programs, increased high school graduation rates, and improved long-term health.

The program is serving fewer children across Florida as demonstrated by **Figure 4**, which displays 504 less children receiving services than the previous fiscal year.

There were 40,502 children who were referred in FY 2024-25 and 17,818 of those children were eligible for services. Of the families surveyed, 89.1% reported that the program helped their child develop and learn. The program will continue to include stakeholders at the state and local level to improve both the performance and outcomes for infants, toddlers, and their families.

Through a comprehensive state planning process, the program will:

- Assess the statewide need for early intervention services
- Evaluate the extent of the need met by the program
- Identify barriers to fully meeting the need
- Develop action steps to improve program performance

Early intervention services in the first years of a child's life can greatly reduce the need for services as a child grows older and enters school. The Early Steps Program is committed to serving infants and toddlers with developmental disabilities and delays to help reach their full potential.

Acronyms and Abbreviations

Annual Performance Report.....	APR
Battelle Development Inventory, 2 nd Edition.....	BDI-2
Children’s Medical Services.....	CMS
Child Outcomes Summary.....	COS
Code of Federal Regulations.....	CFR
Embedded Practices and Intervention with Caregivers.....	EPIC
Family Resource Specialist.....	FRS
Fiscal Year.....	FY
Florida Interagency Coordinating Council for Infants and Toddlers.....	FICCIT
Florida Statute.....	F.S.
General Revenue.....	GR
Individuals with Disabilities Education Act.....	IDEA
Individualized Family Support Plan.....	IFSP
Local Early Steps.....	LES
Results Driven Accountability.....	RDA
Strategic Solutions Group.....	SSG
State Performance Plan.....	SPP
United States Department of Education.....	U.S.DOE

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