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U.S. Department of Education

**29th Annual Report to Congress on the
Implementation of the
*Individuals with Disabilities Education Act, 2007***

Vol. 3

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29th Annual Report to Congress on the
Implementation of the
Individuals with Disabilities Education Act, 2007

Vol. 3

Individuals with Disabilities Education Act.
to ensure the free appropriate public education
of all children with disabilities

Prepared by New Editions Consulting, Inc. for the
Office of Special Education and Rehabilitative Services
U.S. Department of Education

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Preface

The *29th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2007** follows the 2006—i.e., the 28th annual report—in sequence. The *29th Annual Report to Congress* is, however, the first to have three volumes. In the 28th and previous editions, vol. 2 consisted of data tables and data notes for Parts B and C. With the 2007 or 29th annual report, vol. 2 now contains only Part B data tables and data notes and vol. 3 contains data tables and data notes for Part C.

Vol. 1 presents a picture of how children and students are being served under the law nationwide and provides profiles of individual states' special education environments and early intervention settings. It also includes tables of states rank-ordered by their reported data on exiting, dropouts, educational environments and early intervention services and settings. Lastly, it contains abstracts of research projects funded by the National Center for Special Education Research and other studies and evaluations for assessing the implementation and effectiveness of key programs and activities supported under the *Individuals with Disabilities Education Act (IDEA)*.

Vols. 2 and 3 of the *29th Annual Report to Congress* consist of tables that also were compiled from data provided by the states. Such data are required under the law. In fact, the collection and analysis of these data are the primary means by which the Office of Special Education Programs monitors activities under *IDEA*, thereby helping to ensure the free appropriate public education of all children with disabilities.

Data tables in vol. 2 cover a multitude of topics regarding states' implementation of *IDEA*, Part B; data tables in vol. 3 cover a multitude of topics regarding states' implementation of *IDEA*, Part C. In the analysis of data presented in vol. 1, there are frequent references to specific tables in vols. 2 and 3 as sources. In that sense, vols. 2 and 3 can be used as appendices to vol. 1.

However, the tables in vols. 2 and 3 provide much more extensive data than are referenced in vol. 1. As such, they may be used by anyone interested in doing further analysis of state activities funded under *IDEA*.

* The year in the title reflects the U.S. Department of Education's target year for submitting the report to Congress.

Data Sources Used in This Report

The text and graphics contained in the *29th Annual Report to Congress* were developed primarily from 2004/2005 data¹ in the Office of Special Education Programs (OSEP) Data Analysis System (DANS). DANS is a repository for all the data mandated by the *Individuals with Disabilities Education Act (IDEA)* to be collected from states annually. These data include the number of infants and toddlers being served under Part C of *IDEA* and the settings in which they receive program services as well as their transition at age 3 out of Part C. The states also report early intervention services provided to this population. For Part B, states report the number of children and students who are being served, the educational environments in which they receive education, disciplinary actions that affect them, information on their exiting the program and the personnel providing educational services to them. As they have in previous years, most states submitted 2004/2005 data used in this report to OSEP, which places such data in DANS. However, with the 2004/2005 data collection, several states submitted data held in DANS through *EDFacts*, a U.S. Department of Education initiative to consolidate the collection of kindergarten through grade 12 education program information about states, districts and schools. OSEP is part of this initiative and is in the process of transitioning data collection that is required under *IDEA*, Section 618, to *EDFacts*. The transition began with *EDFacts*' receipt of certain 2004–05 and 2005 Part B data from certain states. This transition did not, however, involve any of the 2004, 2004–05 or 2005 Part C data presented in vol. 3 of the 29th annual report.

All Part B and Part C data submitted by states to OSEP, whether via *EDFacts* or DANS, are stored in DANS. Data in the DANS database are not accessible by the public. DANS data used in this report are tabulated from data collection forms; they are not published reports. All federal data collection forms must be approved by the Office of Management and Budget (OMB). The OMB approval number for each of the forms is provided in the source citation. Note that Part B and Part C data submitted via DANS or *EDFacts* are based on the same data collection forms. For more information on *IDEA*, Part B and Part C data collections, data handling and verification procedures and tables produced from those data, go to www.ideadata.org.

A number of table titles refer to *fall* of a particular year, and the corresponding source notes indicate that the data were updated as of July 17, 2006 (same is true for source figures and tables in vols. 1 and 2). This is because much of the Part C and Part B data included in this report are *snapshots* of the database maintained by DANS. OSEP permits states to update data as necessary after original state submissions; however, snapshots are used to prepare analyses for the annual reports to Congress. The use

¹ For collection dates of 2004/2005 Part C data, see chart on next page.

of snapshots ensures that the data are not revised while reports are being produced, thereby ensuring consistency of data in presentations and analyses throughout each report. Use of data snapshots also facilitates the Department of Education review process. Certain other categories of data (e.g., Part C exiting) are collected over the course of a year. Additional tables and data related to these data collections are available at www.ideadata.org.

State-reported data from DANS for Part C used in this report consist of the following:

Data category	Collection date	Date due to OSEP
Child Count	Dec. 1, 2005*	Feb. 1, 2006
Program Settings	Dec. 1, 2004	Nov. 1, 2005
Early Intervention Services	Dec. 1, 2004	Nov. 1, 2005
Exiting	Cumulative, state-determined 12-month reporting period, 2004–05	Nov. 1, 2005

*Iowa and Maryland used the last Friday in October 2005 as the reference date for reporting these data.

Note to reader: Within these categories of data listed above are various subcategories of data, some of which require detailed descriptors.² These descriptors are italicized when references are made within text or notes in order to clarify that the reference is to a grouping of data. In table titles, this rule is not followed, with one exception. In sets of tables in which the distinguishing factor is a subcategory of data, that subcategory is italicized in order to highlight the variable for the reader. Such sets of tables appear throughout vol. 3.

In addition to data from DANS, vol. 3 contains data from the U.S. Census Bureau that were used in preparing this report (see appendix B). Specifically, Census Bureau data were used to determine percentages for the snapshots of data mentioned previously (e.g., table 6-9). The access date given in the footnote of such a table goes back in time to when data were originally gathered for preparing the table. Below is a brief description of this source.

U.S. Census Bureau

Each year, the Population Estimates Program of the U.S. Census Bureau publishes estimates of the resident population for each state and county. Members of the Armed Forces on active duty stationed outside the United States, military dependents living abroad and other U.S. citizens living abroad are not included in these estimates. These population estimates are produced by age, sex, race and Hispanic

² The list of data categories and subcategories for Part C is found at the beginning of the Part C Data Notes (appendix A).

origin. The state population estimates are solely the sum of the county population estimates. The reference date for county estimates is July 1.

Estimates are used as follows: (1) in determining federal funding allocations, (2) in calculating percentages for vital rates and per capita time series, (3) as survey controls, and (4) in monitoring recent demographic changes. With each new issue of July 1 estimates, the estimates for prior years are revised back to the last census. Previously published estimates are superseded and archived. See the Census Bureau's document *Estimates and Projections Area Documentation: State and County Total Population Estimates* for more information about how population estimates are produced (http://www.census.gov/popest/topics/methodology/2005_st_co_meth.html, last accessed Oct. 19, 2010). More information about the U.S. Census Bureau can be found at <http://www.census.gov> (last accessed Oct. 19, 2010).

Notes Concerning the Data Tables That Follow

The following will assist users of this volume:

1. The term *state* is used for column labels in vol. 3 tables to represent the 50 states, the District of Columbia, Puerto Rico and the outlying areas of American Samoa, Guam, the Northern Mariana Islands and the Virgin Islands.
2. Tables that show the percentage of children served based on population data do not include percentages for the four outlying areas. Population data tables include Puerto Rico except when cross-tabulated by race/ethnicity. For the tables in vol. 3, the U.S. Census' annual population estimates exclude residents of the four outlying areas. Annual population estimates by race/ethnicity exclude residents of Puerto Rico and the four outlying areas. The decennial census (last collected in 2000, under way again in 2010) includes residents of Puerto Rico and the four outlying areas. The unavailability of population data results in an inability to calculate associated percentages.
3. Two national rows are included at the bottom of most tables in the report. The first, "50 states and DC," includes just the 50 states and the District of Columbia. The second, "U.S. and outlying areas," includes the 50 states, the District of Columbia, Puerto Rico and the four outlying areas.
4. Available on the Web at <http://www.ideadata.org> are several documents that can provide important background information to these materials. Prior to making any state-to-state comparisons, please consult the posted *Data Dictionary*, *Fact Sheets* and *Data Notes* (Part C Data Notes for 2004–05 are included in appendix A of vol. 3).
5. Beginning with the 2003–04 data, the data tables contain cells in which the numbers are suppressed. Certain data are suppressed to limit disclosure of information consistent with federal law, which, according to 34 CFR 99.35(b)(1) "requires that information collected by the Secretary under this authority [34 CFR 99.31(a)(3)(iii) and 99.35] be protected in a manner that does not permit personal identification of individuals by anyone except those officials [i.e., authorized representatives of the Secretary in connection with an audit or evaluation of Federal or State supported education programs, or for the enforcement of or compliance with Federal legal requirements which relate to those programs]."

It is the policy of the U.S. Department of Education (Department) to be consistent with the provisions of privacy statutes. Each office in the Department has different purposes for its data collections. Therefore, each office develops its own approach to data presentation that ensures the protection of privacy while meeting the purposes of the data collection and the Department's Information Quality Guidelines. The guidelines were developed as required by the Office of Management and Budget.

In preparing this report, the Office of Special Education Programs (OSEP) determined that certain numbers (cells) in the tables that follow would be suppressed in order to prevent the identification of children and students through data publication. With the exception of the all-disability totals for age groups in this report, all counts of fewer than five children, including counts of zero children—i.e., all counts of zero through four—are suppressed. Additional cells are suppressed when necessary to prevent the calculation of another suppressed cell. However, national totals in tables broken down by state are not suppressed.

6. Since cell suppression was new beginning with the *28th Annual Report to Congress*, the reader may experience some difficulty comparing data across years because small cells are suppressed and data trends are less apparent. In addition, cell suppression affected some tables, such as tables that present multiple variables, more heavily than others. Usefulness of tables more heavily affected by cell suppression (e.g., tables 6-10a through 6-10e) must be balanced against children's and students' right to privacy. Since the tables in this report were prepared, OSEP has explored alternative cell suppression treatments in order to reduce suppressed cells in future reports. Check <http://www.ideadata.org> for the latest tables in which all counts of fewer than five children, excluding counts of zero—i.e., all counts of one through four—are suppressed, except for all disability totals.
7. The suppression of numerical data in vol. 3 tables results in inability to calculate associated percentages.
8. Discrepancies in total counts of infants and toddlers served under Part C among different data categories reflect variations in numbers as reported by the states for the various categories and subcategories of data. (For a complete list of data categories and subcategories, see table A-1 in appendix A.)

Table 6-1. Infants and toddlers birth through age 2 served under IDEA, Part C, by age and state: Fall 2005

State	Birth up to 12 months	1 yr.	2 yrs.	Birth through 2 years, total	Percentage of population ^a (%)
Alabama	296	881	1,299	2,476	1.39
Alaska	96	212	334	642	2.09
Arizona	545	1,439	2,466	4,450	1.61
Arkansas	151	806	1,590	2,547	2.25
California	6,124	10,576	15,568	32,268	1.99
Colorado	492	1,118	2,144	3,754	1.85
Connecticut	387	1,166	2,417	3,970	3.16
Delaware	109	265	611	985	2.94
District of Columbia	101	140	164	405	1.68
Florida	1,499	3,574	6,964	12,037	1.80
Georgia	678	1,828	3,070	5,576	1.34
Hawaii	1,013	1,235	1,440	3,688	6.71
Idaho	386	603	892	1,881	2.90
Illinois	1,943	5,016	9,216	16,175	3.00
Indiana	1,409	3,535	5,474	10,418	4.04
Iowa	456	841	1,291	2,588	2.35
Kansas	477	877	1,631	2,985	2.62
Kentucky	274	998	2,277	3,549	2.17
Louisiana	1,208	2,049	193	3,450	1.76
Maine	89	336	757	1,182	2.89
Maryland	951	2,059	3,597	6,607	2.88
Massachusetts	2,323	4,614	7,086	14,023	5.90
Michigan	1,330	2,798	4,419	8,547	2.20
Minnesota	318	952	1,939	3,209	1.56
Mississippi	207	623	902	1,732	1.34
Missouri	552	1,042	1,762	3,356	1.47
Montana	147	235	342	724	2.21
Nebraska	164	390	709	1,263	1.67
Nevada	162	492	763	1,417	1.36
New Hampshire	193	419	658	1,270	2.96
New Jersey	640	2,640	5,535	8,815	2.53
New Mexico	596	1,049	1,390	3,035	3.73
New York	2,619	9,630	20,309	32,558	4.33
North Carolina	941	2,175	3,582	6,698	1.85
North Dakota	125	255	311	691	3.02
Ohio	1,983	3,588	5,322	10,893	2.47
Oklahoma	686	1,025	1,306	3,017	2.03
Oregon	329	724	1,351	2,404	1.78
Pennsylvania	2,365	4,674	7,472	14,511	3.31
Rhode Island	246	484	880	1,610	4.09
South Carolina	439	1,102	1,611	3,152	1.87
South Dakota	91	312	532	935	2.91
Tennessee	581	1,413	2,223	4,217	1.80
Texas	3,121	7,124	11,610	21,855	1.93
Utah	318	844	1,519	2,681	1.87
Vermont	70	160	380	610	3.20
Virginia	538	1,565	3,235	5,338	1.72
Washington	406	1,353	2,489	4,248	1.79
West Virginia	509	866	1,268	2,643	4.28
Wisconsin	713	1,835	3,355	5,903	2.88
Wyoming	125	265	438	828	4.31
50 states and D.C.	41,521	94,202	158,093	293,816	2.40
American Samoa	21	31	35	87	.
Guam	40	63	56	159	.
Northern Marianas	11	19	27	57	.
Puerto Rico	234	1,110	2,556	3,900	2.58
Virgin Islands	61	43	27	131	.
U.S. and outlying areas	41,888	95,468	160,794	298,150	.

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

Note: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aPercentage of population = Birth through 2 total divided by population, multiplied by 100. See table B-1 for the denominator.

. Cannot be calculated.

Table 6-2. Infants and toddlers birth through age 2 at risk of developmental delay^a served under IDEA, Part C, by age and state: Fall 2005

State	Birth up to 12 months	1 yr.	2 yrs.	Birth through 2 years, total
California	441	763	1,147	2,351
Hawaii	582	462	278	1,322
Indiana	192	205	131	528
Massachusetts	192	253	171	616
New Hampshire	x	x	x	9
New Mexico	334	387	285	1,006
North Carolina	314	517	347	1,178
West Virginia	177	138	63	378
Guam	x	x	x	9
At-risk total	2,239	2,727	2,431	7,397

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

Notes: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aThis table includes only those states that served infants and toddlers who were determined to be at risk of experiencing substantial developmental delays if early intervention services were not provided and who had an active IFSP in place on the child count date.

x Data suppressed to limit disclosure.

Table 6-3. Infants and toddlers birth through age 2 served under IDEA, Part C, in the U.S. and outlying areas,^a by age and year: Fall 1996 through fall 2005

Year	Birth up to 12 months	1 yr.	2 yrs.	Birth through 2 years, total
1996	31,496	60,233	94,798	186,527
1997	34,375	62,699	99,263	196,337
1998	31,089	60,558	95,708	187,355
1999	35,793	67,026	103,289	206,108
2000	36,570	74,256	121,984	232,810
2001	38,338	78,190	129,247	245,775
2002	41,657	84,315	142,763	268,735
2003	39,205	86,989	148,553	274,747
2004	40,905	90,833	152,798	284,536
2005	41,888	95,468	160,794	298,150

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 1996-2005. Data updated as of July 17, 2006.

Note: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

Table 6-4. Infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	22	181	1,873	x
Alaska	x	x	553	x
Arizona	x	48	3,579	x
Arkansas	459	1,222	873	x
California	1,705	x	23,873	x
Colorado	42	73	3,323	21
Connecticut	x	166	3,769	x
Delaware	53	87	749	x
District of Columbia	99	42	124	x
Florida	131	374	3,701	x
Georgia	6	66	5,371	x
Hawaii	204	85	3,401	x
Idaho	31	59	1,523	12
Illinois	x	671	11,930	x
Indiana	9	336	9,772	6
Iowa	31	103	2,134	7
Kansas	62	119	2,739	x
Kentucky	x	x	3,469	x
Louisiana	138	571	3,791	x
Maine	148	674	336	x
Maryland	501	403	5,163	x
Massachusetts	111	1,473	12,168	x
Michigan	899	54	6,994	x
Minnesota	286	121	2,639	x
Mississippi	202	263	1,378	x
Missouri	78	212	3,126	16
Montana	18	24	600	x
Nebraska	186	113	998	x
Nevada	30	49	1,218	x
New Hampshire	x	41	1,110	x
New Jersey	39	372	7,351	x
New Mexico	254	347	2,092	28
New York	922	185	28,334	x
North Carolina	196	574	5,527	6
North Dakota	x	63	525	x
Ohio	1,563	104	7,197	21
Oklahoma	5	30	2,882	x
Oregon	757	69	1,221	x
Pennsylvania	24	176	13,039	x
Rhode Island	71	182	1,031	x
South Carolina	x	84	1,710	x
South Dakota	11	182	680	x
Tennessee	197	421	2,412	x
Texas	39	618	19,633	16
Utah	541	280	1,609	x
Vermont	x	106	467	x
Virginia	697	205	4,262	x
Washington	833	257	1,538	13
West Virginia	x	44	1,916	x
Wisconsin	188	239	5,282	x
Wyoming	22	147	544	x
50 states and D.C.	12,415	12,339	231,529	280
American Samoa	x	x	x	x
Guam	x	x	151	x
Northern Marianas	x	x	x	x
Puerto Rico	x	251	2,857	x
Virgin Islands	x	x	127	x
U.S. and outlying areas	12,421	12,593	234,735	283

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-4. Infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Residential facility	Service provider location	Other setting	All settings ^a
Alabama	x	115	67	2,261
Alaska	x	21	x	610
Arizona	x	95	470	4,196
Arkansas	x	x	108	2,725
California	39	3,142	x	28,781
Colorado	x	23	x	3,484
Connecticut	x	6	x	3,948
Delaware	x	111	8	1,011
District of Columbia	x	28	x	294
Florida	x	3,266	4,740	12,214
Georgia	x	5	x	5,450
Hawaii	6	236	x	3,936
Idaho	x	75	x	1,706
Illinois	x	2,116	x	15,318
Indiana	5	164	446	10,738
Iowa	6	24	26	2,331
Kansas	x	26	x	2,947
Kentucky	x	x	x	3,666
Louisiana	x	29	11	4,543
Maine	x	x	x	1,169
Maryland	x	178	21	6,276
Massachusetts	x	x	x	13,757
Michigan	x	339	54	8,350
Minnesota	x	44	x	3,092
Mississippi	x	235	41	2,126
Missouri	x	11	x	3,445
Montana	x	27	x	677
Nebraska	x	x	x	1,302
Nevada	x	6	x	1,308
New Hampshire	x	6	6	1,164
New Jersey	14	13	x	7,790
New Mexico	x	30	x	2,760
New York	x	2,129	771	32,388
North Carolina	x	69	x	6,375
North Dakota	x	7	12	611
Ohio	5	263	296	9,449
Oklahoma	x	17	77	3,013
Oregon	13	19	x	2,081
Pennsylvania	x	54	x	13,297
Rhode Island	x	x	5	1,290
South Carolina	x	71	22	1,890
South Dakota	x	14	8	897
Tennessee	x	941	x	3,973
Texas	11	44	277	20,638
Utah	x	x	x	2,524
Vermont	x	23	x	599
Virginia	x	164	29	5,369
Washington	x	1,214	x	3,859
West Virginia	8	12	x	1,986
Wisconsin	x	12	33	5,756
Wyoming	x	45	x	759
50 states and D.C.	153	15,826	7,587	280,129
American Samoa	x	35	x	63
Guam	x	x	x	152
Northern Marianas	x	x	x	47
Puerto Rico	x	17	x	3,139
Virgin Islands	x	x	x	158
U.S. and outlying areas	159	15,910	7,587	283,688

^aThe state's report of infants and toddlers birth through age 2 served under IDEA, Part C, according to the setting in which they are served is based on a reference year that differs from the one used for the state's child count. Therefore, the counts may be discrepant.

x Data suppressed to limit disclosure.

Table 6-5. Infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Exiting Total	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b
Alabama	2,089	307	944	80	53
Alaska	552	63	245	26	19
Arizona	3,122	52	2,482	17	70
Arkansas	1,254	177	423	112	34
California	32,282	2,436	13,586	6,305	x
Colorado	2,689	230	1,366	146	78
Connecticut	4,331	633	1,919	267	200
Delaware	714	92	305	59	45
District of Columbia	278	14	18	5	x
Florida	14,317	2,624	6,473	305	1,635
Georgia	5,040	585	2,104	85	75
Hawaii	3,860	593	450	178	57
Idaho	1,370	228	694	67	35
Illinois	13,077	2,235	6,068	1,039	40
Indiana	11,981	3,242	2,733	1,272	467
Iowa	1,369	403	414	61	71
Kansas	2,798	707	1,348	55	79
Kentucky	3,273	563	1,760	56	98
Louisiana	2,091	324	647	67	65
Maine	1,478	112	1,234	x	x
Maryland	5,561	1,185	2,422	89	38
Massachusetts	14,689	3,789	5,508	924	777
Michigan	6,994	415	2,425	973	503
Minnesota	1,675	312	1,262	x	x
Mississippi	1,439	156	452	216	157
Missouri	2,387	189	1,360	102	88
Montana	636	143	180	43	12
Nebraska	822	27	484	8	8
Nevada	1,061	85	479	18	25
New Hampshire	993	199	466	37	x
New Jersey	6,586	975	3,159	287	186
New Mexico	1,609	134	663	110	52
New York	29,857	4,262	15,597	1,385	924
North Carolina	4,106	199	1,300	377	x
North Dakota	337	x	175	29	35
Ohio	6,660	846	2,180	779	900
Oklahoma	2,770	402	919	143	38
Oregon	1,335	82	861	31	21
Pennsylvania	11,276	2,004	5,706	189	411
Rhode Island	1,344	296	595	124	x
South Carolina	1,459	134	635	68	62
South Dakota	720	x	411	68	37
Tennessee	3,436	419	1,257	118	92
Texas	20,893	3,122	6,525	1,012	715
Utah	2,253	360	892	48	171
Vermont	628	76	422	40	x
Virginia	4,284	963	1,621	305	332
Washington	3,302	337	1,795	194	159
West Virginia	1,500	83	490	65	72
Wisconsin	5,256	1,053	2,135	375	133
Wyoming	569	99	268	11	28
50 states and D.C.	254,402	37,976	107,857	18,372	9,107
American Samoa	5	x	x	x	x
Guam	100	11	39	x	x
Northern Marianas	32	x	x	x	x
Puerto Rico	3,115	609	762	52	32
Virgin Islands	153	31	40	8	5
U.S. and outlying areas	257,807	38,629	108,723	18,433	9,146

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-5. Infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Eligibility not determined	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact
Alabama	203	22	99	192	189
Alaska	29	5	58	46	61
Arizona	5	52	156	127	161
Arkansas	91	5	86	249	77
California	1,930	x	548	3,865	3,321
Colorado	69	37	213	305	245
Connecticut	314	11	201	565	221
Delaware	57	5	43	99	9
District of Columbia	186	x	x	17	21
Florida	x	85	x	1,471	1,685
Georgia	635	39	265	823	429
Hawaii	492	18	222	1,402	448
Idaho	20	13	83	134	96
Illinois	1,096	82	468	1,188	861
Indiana	288	119	430	2,235	1,195
Iowa	8	12	171	147	82
Kansas	57	18	190	188	156
Kentucky	257	18	123	264	134
Louisiana	284	14	222	259	209
Maine	45	x	35	40	8
Maryland	689	24	292	457	365
Massachusetts	78	19	253	1,229	2,112
Michigan	602	44	493	666	873
Minnesota	12	x	69	12	x
Mississippi	103	11	146	138	60
Missouri	213	29	145	133	128
Montana	52	6	58	71	71
Nebraska	199	x	47	36	x
Nevada	197	12	94	53	98
New Hampshire	102	x	54	95	37
New Jersey	833	24	231	603	288
New Mexico	10	19	198	246	177
New York	3,977	65	904	1,590	1,153
North Carolina	765	x	288	819	324
North Dakota	13	x	26	32	20
Ohio	23	69	284	1,057	522
Oklahoma	216	20	202	400	430
Oregon	11	11	77	106	135
Pennsylvania	605	51	305	1,477	528
Rhode Island	x	x	70	141	112
South Carolina	251	21	80	134	74
South Dakota	40	x	53	72	25
Tennessee	721	27	185	393	224
Texas	3,372	123	702	3,004	2,318
Utah	256	10	116	281	119
Vermont	x	x	37	26	17
Virginia	299	23	218	285	238
Washington	318	16	146	149	188
West Virginia	288	7	123	269	103
Wisconsin	561	26	148	389	436
Wyoming	x	x	85	29	39
50 states and D.C.	20,920	1,576	9,758	28,008	20,828
American Samoa	x	x	x	x	x
Guam	x	x	8	26	13
Northern Marianas	x	x	x	x	x
Puerto Rico	1,295	12	130	109	114
Virgin Islands	42	x	x	15	x
U.S. and outlying areas	22,258	1,592	9,900	28,163	20,963

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

Table 6-6. Infants and toddlers birth through age 2 served under IDEA, Part C, by type of service on the individualized family service plan (IFSP) and state: Fall 2004

State	Assistive technology services/devices	Audiology	Family training counseling and home visits	Health services	Medical services	Nursing services
Alabama	16	80	612	9	16	x
Alaska	6	66	204	13	31	5
Arizona	50	64	245	30	106	134
Arkansas	9	285	28	32	1,719	192
California	48	302	1,775	1,130	110	228
Colorado	106	183	558	28	70	78
Connecticut	630	156	x	x	x	26
Delaware	5	23	40	35	327	68
District of Columbia	x	17	70	x	x	15
Florida	48	202	3,153	27	15	x
Georgia	282	12	141	x	x	30
Hawaii	60	285	2,397	15	20	610
Idaho	43	54	354	9	68	22
Illinois	1,499	2,785	2,445	97	x	78
Indiana	1,058	1,863	198	x	x	56
Iowa	6	162	284	137	18	41
Kansas	253	398	419	51	52	225
Kentucky	350	45	37	x	x	5
Louisiana	231	435	458	x	10	50
Maine	111	24	37	x	6	22
Maryland	275	738	1,177	41	18	541
Massachusetts	27	134	10,548	x	x	3,251
Michigan	29	303	5,707	1,653	581	909
Minnesota	221	200	387	81	75	204
Mississippi	x	23	12	x	9	x
Missouri	248	91	82	x	5	99
Montana	47	146	402	54	154	35
Nebraska	62	40	126	191	x	156
Nevada	89	60	1,125	x	13	x
New Hampshire	6	30	93	6	6	x
New Jersey	5	x	431	x	x	x
New Mexico	6	248	562	84	49	81
New York	719	1,514	4,088	x	x	17
North Carolina	88	513	55	298	461	115
North Dakota	67	116	546	169	111	29
Ohio	105	274	8,235	2,506	1,688	548
Oklahoma	623	x	139	x	x	178
Oregon	12	93	608	x	x	60
Pennsylvania	18	218	103	x	x	110
Rhode Island	38	87	38	x	x	91
South Carolina	x	x	x	x	x	x
South Dakota	58	9	47	x	x	x
Tennessee	331	282	2,272	48	165	113
Texas	75	537	636	18	x	64
Utah	x	133	963	x	x	164
Vermont	12	45	102	19	57	45
Virginia	49	39	27	x	x	6
Washington	186	141	893	216	185	290
West Virginia	227	179	53	x	22	134
Wisconsin	244	65	661	23	33	80
Wyoming	x	x	56	x	x	x
50 states and D.C.	8,685	13,708	53,641	7,041	6,218	9,209
American Samoa	x	x	x	x	x	x
Guam	x	97	153	x	x	17
Northern Marianas	18	x	x	x	x	x
Puerto Rico	200	973	473	49	120	63
Virgin Islands	x	6	x	x	x	x
U.S. and outlying areas	8,907	14,787	54,268	7,091	6,354	9,292

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided to Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-6. Infants and toddlers birth through age 2 served under IDEA, Part C, by type of service on the individualized family service plan (IFSP) and state: Fall 2004 (continued)

State	Nutrition services	Occupational therapy	Physical therapy	Psychological services	Respite care	Social work services
Alabama	33	1,079	1,191	8	x	10
Alaska	6	573	478	10	14	8
Arizona	86	1,970	1,708	12	401	28
Arkansas	202	843	822	142	x	162
California	133	4,507	3,643	1,223	2,042	67
Colorado	100	1,074	1,116	29	6	24
Connecticut	92	1,308	1,375	14	x	212
Delaware	46	282	281	7	x	16
District of Columbia	5	121	181	x	x	49
Florida	20	2,653	2,915	88	x	169
Georgia	32	1,247	1,544	32	x	x
Hawaii	128	773	742	118	166	424
Idaho	91	559	427	6	38	24
Illinois	640	6,126	6,216	1,530	x	268
Indiana	749	5,699	5,670	345	x	182
Iowa	40	473	633	21	12	180
Kansas	259	1,091	1,026	x	253	115
Kentucky	150	1,466	1,215	51	46	9
Louisiana	147	2,043	1,847	92	x	x
Maine	10	444	498	6	x	20
Maryland	51	1,738	2,685	157	x	119
Massachusetts	42	8,593	6,650	3,042	416	5,767
Michigan	774	2,032	1,804	144	420	1,152
Minnesota	55	1,440	1,086	26	183	436
Mississippi	5	239	392	x	x	x
Missouri	266	1,875	1,777	x	x	80
Montana	156	193	203	31	91	61
Nebraska	172	567	605	114	245	x
Nevada	157	347	441	15	x	x
New Hampshire	x	348	210	x	22	11
New Jersey	x	1,570	1,829	14	x	283
New Mexico	169	1,150	970	17	231	87
New York	541	12,087	14,205	148	1,736	2,706
North Carolina	430	649	1,031	47	110	316
North Dakota	217	237	153	10	39	52
Ohio	1,242	3,430	3,470	107	164	749
Oklahoma	99	929	916	102	x	111
Oregon	22	567	709	12	x	229
Pennsylvania	221	4,489	4,387	77	x	273
Rhode Island	278	572	526	21	46	57
South Carolina	6	495	614	x	x	x
South Dakota	x	332	427	x	x	x
Tennessee	45	1,188	1,664	61	18	87
Texas	1,986	6,289	5,036	94	707	215
Utah	x	748	626	12	x	40
Vermont	81	122	192	15	35	29
Virginia	39	732	1,590	10	x	44
Washington	449	1,663	1,499	17	x	193
West Virginia	106	615	828	42	x	79
Wisconsin	64	2,335	2,319	23	x	276
Wyoming	x	364	281	x	x	20
50 states and D.C.	10,651	92,266	92,653	8,101	7,456	15,446
American Samoa	x	22	44	19	x	x
Guam	x	20	27	39	x	10
Northern Marianas	x	38	20	x	x	28
Puerto Rico	72	813	952	473	x	447
Virgin Islands	x	26	86	x	x	x
U.S. and outlying areas	10,726	93,185	93,782	8,633	7,459	15,933

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Table 6-6. Infants and toddlers birth through age 2 served under IDEA, Part C, by type of service on the individualized family service plan (IFSP) and state: Fall 2004 (continued)

State	Special instruction	Speech language pathology	Transportation	Vision services	Other early intervention services
Alabama	1,010	1,516	100	136	26
Alaska	642	612	x	64	87
Arizona	3,120	1,968	38	74	605
Arkansas	1,140	1,247	586	69	x
California	17,589	4,598	1,465	396	1,831
Colorado	807	1,735	17	115	31
Connecticut	2,537	2,313	x	15	13
Delaware	296	373	20	22	96
District of Columbia	82	168	x	6	x
Florida	390	5,092	32	77	27
Georgia	977	1,898	10	26	89
Hawaii	579	1,185	50	49	x
Idaho	700	791	33	43	61
Illinois	8,690	10,950	577	319	x
Indiana	7,010	7,012	11	248	194
Iowa	1,896	795	32	44	133
Kansas	1,553	2,068	136	243	48
Kentucky	1,515	2,580	34	31	x
Louisiana	3,047	3,472	12	108	10
Maine	445	802	832	8	x
Maryland	3,217	3,135	517	211	40
Massachusetts	968	8,466	1,042	86	x
Michigan	2,852	2,241	663	304	2,847
Minnesota	2,264	1,687	127	141	258
Mississippi	754	670	9	7	x
Missouri	1,534	2,299	72	10	55
Montana	208	253	56	60	207
Nebraska	1,302	551	22	12	174
Nevada	1,043	460	x	63	22
New Hampshire	140	463	x	46	238
New Jersey	5,182	2,842	x	x	x
New Mexico	2,090	1,626	63	120	x
New York	16,518	22,395	4,170	448	x
North Carolina	1,853	926	96	253	x
North Dakota	318	244	83	62	92
Ohio	2,609	4,054	380	290	3,278
Oklahoma	941	1,640	x	66	51
Oregon	1,324	845	194	61	216
Pennsylvania	6,398	5,586	7	209	x
Rhode Island	841	756	29	8	488
South Carolina	1,609	871	x	x	81
South Dakota	544	627	20	6	x
Tennessee	1,700	2,158	1,253	94	133
Texas	14,564	10,499	x	672	303
Utah	1,075	987	596	238	x
Vermont	401	343	6	25	30
Virginia	908	1,738	13	55	30
Washington	2,373	2,180	237	104	59
West Virginia	1,638	1,090	x	9	x
Wisconsin	2,655	3,927	344	113	63
Wyoming	286	519	x	x	x
50 states and D.C.	134,134	137,253	13,993	5,872	11,922
American Samoa	44	14	29	x	x
Guam	150	89	x	5	x
Northern Marianas	40	41	x	x	x
Puerto Rico	1,017	2,165	101	23	x
Virgin Islands	131	81	x	x	x
U.S. and outlying areas	135,516	139,643	14,128	5,903	11,922

x Data suppressed to limit disclosure.

Table 6-7. Infants and toddlers birth through age 2 served under IDEA, Part C, by race/ethnicity and state: Fall 2005

State	Number						Race/ ethnicity total	Discrepancy with child count ^a
	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)			
Alabama	x	x	845	104	1,503	2,476	0	
Alaska	262	29	26	21	304	642	0	
Arizona	350	82	170	1,665	2,183	4,450	0	
Arkansas	5	40	842	131	1,529	2,547	0	
California	160	2,913	2,243	15,398	11,554	32,268	0	
Colorado	19	117	163	1,052	2,403	3,754	0	
Connecticut	13	120	446	769	2,622	3,970	0	
Delaware	x	x	282	120	574	985	0	
District of Columbia	x	x	220	96	83	405	0	
Florida	12	164	2,460	2,882	6,519	12,037	0	
Georgia	x	x	1,851	669	2,962	5,576	0	
Hawaii	13	3,010	80	121	464	3,688	0	
Idaho	24	17	13	314	1,513	1,881	0	
Illinois	56	429	3,006	3,612	9,072	16,175	0	
Indiana	16	124	1,060	645	8,573	10,418	0	
Iowa	14	51	135	213	2,175	2,588	0	
Kansas	30	65	268	354	2,268	2,985	0	
Kentucky	12	67	345	131	2,994	3,549	0	
Louisiana	15	38	1,324	52	2,021	3,450	0	
Maine	x	x	x	x	1,174	1,182	0	
Maryland	8	240	2,209	538	3,612	6,607	0	
Massachusetts	22	686	1,141	2,148	10,026	14,023	0	
Michigan	64	153	1,255	462	6,613	8,547	0	
Minnesota	72	110	278	225	2,524	3,209	0	
Mississippi	x	x	886	29	803	1,732	0	
Missouri	6	55	486	104	2,705	3,356	0	
Montana	149	8	12	29	526	724	0	
Nebraska	17	6	55	138	1,047	1,263	0	
Nevada	18	72	140	462	725	1,417	0	
New Hampshire	8	46	35	38	1,143	1,270	0	
New Jersey	10	469	919	1,397	6,020	8,815	0	
New Mexico	370	31	72	1,695	867	3,035	0	
New York	52	1,461	3,697	7,584	19,764	32,558	0	
North Carolina	121	136	1,820	806	3,815	6,698	0	
North Dakota	93	x	12	x	573	691	0	
Ohio	37	183	2,236	544	7,893	10,893	0	
Oklahoma	226	45	324	319	2,103	3,017	0	
Oregon	40	62	80	481	1,741	2,404	0	
Pennsylvania	31	274	2,123	1,102	10,981	14,511	0	
Rhode Island	7	40	76	340	1,147	1,610	0	
South Carolina	x	x	1,195	229	1,680	3,152	0	
South Dakota	238	8	22	23	644	935	0	
Tennessee	11	68	878	247	3,013	4,217	0	
Texas	62	531	2,620	10,167	8,475	21,855	0	
Utah	50	64	34	369	2,164	2,681	0	
Vermont	x	14	14	x	571	610	0	
Virginia	x	x	1,116	514	3,495	5,338	0	
Washington	86	203	120	702	2,596	3,707	541	
West Virginia	x	x	53	27	2,553	2,643	0	
Wisconsin	92	136	878	629	4,168	5,903	0	
Wyoming	40	x	x	95	676	828	0	
50 states and D.C.	2,947	12,781	40,579	59,815	177,153	293,275	541	
American Samoa	x	86	x	x	x	87	0	
Guam	x	x	x	x	x	159	0	
Northern Marianas	x	56	x	x	x	57	0	
Puerto Rico	x	x	x	x	x	3,900	0	
Virgin Islands	x	x	x	25	x	131	0	
U.S. and outlying areas	2,947	13,082	40,676	63,740	177,164	297,609	541	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

Note: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aDiscrepancies arise when there are differences between a state's reported child count total and the state's reported breakout by race/ethnicity.

x Data suppressed to limit disclosure.

Continued on next page

Table 6-7. Infants and toddlers birth through age 2 served under IDEA, Part C, by race/ethnicity and state: Fall 2005 (continued)

State	Percent of race/ethnicity total ^a					White (not Hispanic) (%)	Race/ ethnicity total (%)
	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (not Hispanic)	Hispanic (%)			
Alabama	.	.	34.13	4.20	60.70	100.00	
Alaska	40.81	4.52	4.05	3.27	47.35	100.00	
Arizona	7.87	1.84	3.82	37.42	49.06	100.00	
Arkansas	0.20	1.57	33.06	5.14	60.03	100.00	
California	0.50	9.03	6.95	47.72	35.81	100.00	
Colorado	0.51	3.12	4.34	28.02	64.01	100.00	
Connecticut	0.33	3.02	11.23	19.37	66.05	100.00	
Delaware	.	.	28.63	12.18	58.27	100.00	
District of Columbia	.	.	54.32	23.70	20.49	100.00	
Florida	0.10	1.36	20.44	23.94	54.16	100.00	
Georgia	.	.	33.20	12.00	53.12	100.00	
Hawaii	0.35	81.62	2.17	3.28	12.58	100.00	
Idaho	1.28	0.90	0.69	16.69	80.44	100.00	
Illinois	0.35	2.65	18.58	22.33	56.09	100.00	
Indiana	0.15	1.19	10.17	6.19	82.29	100.00	
Iowa	0.54	1.97	5.22	8.23	84.04	100.00	
Kansas	1.01	2.18	8.98	11.86	75.98	100.00	
Kentucky	0.34	1.89	9.72	3.69	84.36	100.00	
Louisiana	0.43	1.10	38.38	1.51	58.58	100.00	
Maine	.	.	.	.	99.32	100.00
Maryland	0.12	3.63	33.43	8.14	54.67	100.00	
Massachusetts	0.16	4.89	8.14	15.32	71.50	100.00	
Michigan	0.75	1.79	14.68	5.41	77.37	100.00	
Minnesota	2.24	3.43	8.66	7.01	78.65	100.00	
Mississippi	.	.	51.15	1.67	46.36	100.00	
Missouri	0.18	1.64	14.48	3.10	80.60	100.00	
Montana	20.58	1.10	1.66	4.01	72.65	100.00	
Nebraska	1.35	0.48	4.35	10.93	82.90	100.00	
Nevada	1.27	5.08	9.88	32.60	51.16	100.00	
New Hampshire	0.63	3.62	2.76	2.99	90.00	100.00	
New Jersey	0.11	5.32	10.43	15.85	68.29	100.00	
New Mexico	12.19	1.02	2.37	55.85	28.57	100.00	
New York	0.16	4.49	11.36	23.29	60.70	100.00	
North Carolina	1.81	2.03	27.17	12.03	56.96	100.00	
North Dakota	13.46	.	1.74	.	82.92	100.00	
Ohio	0.34	1.68	20.53	4.99	72.46	100.00	
Oklahoma	7.49	1.49	10.74	10.57	69.71	100.00	
Oregon	1.66	2.58	3.33	20.01	72.42	100.00	
Pennsylvania	0.21	1.89	14.63	7.59	75.67	100.00	
Rhode Island	0.43	2.48	4.72	21.12	71.24	100.00	
South Carolina	.	.	37.91	7.27	53.30	100.00	
South Dakota	25.45	0.86	2.35	2.46	68.88	100.00	
Tennessee	0.26	1.61	20.82	5.86	71.45	100.00	
Texas	0.28	2.43	11.99	46.52	38.78	100.00	
Utah	1.86	2.39	1.27	13.76	80.72	100.00	
Vermont	.	2.30	2.30	.	93.61	100.00	
Virginia	.	.	20.91	9.63	65.47	100.00	
Washington	2.32	5.48	3.24	18.94	70.03	100.00	
West Virginia	.	.	2.01	1.02	96.59	100.00	
Wisconsin	1.56	2.30	14.87	10.66	70.61	100.00	
Wyoming	4.83	.	.	11.47	81.64	100.00	
50 states and D.C.	1.00	4.36	13.84	20.40	60.41	100.00	
American Samoa	.	98.85	.	.	.	100.00	
Guam	.	.	.	.	.	100.00
Northern Marianas	.	98.25	.	.	.	100.00	
Puerto Rico	.	.	.	.	.	100.00
Virgin Islands	.	.	.	19.08	.	100.00	
U.S. and outlying areas	0.99	4.40	13.67	21.42	59.53	100.00	

^aPercent = Number of infants and toddlers in the race/ethnicity column divided by number in the race/ethnicity total column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-8. Infants and toddlers birth through age 2 at risk of developmental delay^a served under IDEA, Part C, by race/ethnicity and state: Fall 2005

State	Number							Discrepancy with child count ^b
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	Race/ethnicity total		
	California	11	215	166	1,121	838	2,351		0
Hawaii	x	1,205	x	24	x	1,322	0	
Indiana	x	x	97	31	396	528	0	
Massachusetts	x	x	69	169	354	616	0	
New Hampshire	x	x	x	x	x	9	0	
New Mexico	168	x	x	561	250	1,006	0	
North Carolina	35	20	470	108	545	1,178	0	
West Virginia	x	x	8	x	365	378	0	
Guam	x	x	x	x	x	9	0	
At-risk total	222	1,477	855	2,021	2,822	7,397	0	

State	Percent of race/ethnicity total ^c					
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	Race/ethnicity total
California	0.47	9.15	7.06	47.68	35.64	100.00
Hawaii	.	91.15	.	1.82	.	100.00
Indiana	.	.	18.37	5.87	75.00	100.00
Massachusetts	.	.	11.20	27.44	57.47	100.00
New Hampshire	.	.	.	.	.	100.00
New Mexico	16.70	.	.	55.77	24.85	100.00
North Carolina	2.97	1.70	39.90	9.17	46.26	100.00
West Virginia	.	.	2.12	.	96.56	100.00
Guam	.	.	.	.	.	100.00
At-risk total	3.00	19.97	11.56	27.32	38.15	100.00

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2005. Data updated as of July 17, 2006.

Notes: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aThis table includes only those states that served infants and toddlers who were determined to be at risk of experiencing substantial developmental delays if early intervention services were not provided and who had an active IFSP in place on the child count date.

^bDiscrepancies arise when there are differences between a state's reported child count total and the state's reported breakout by race/ethnicity.

^cPercent = Number of at-risk infants and toddlers in the race/ethnicity column divided by the race/ethnicity total, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

x Data suppressed to limit disclosure.

. Cannot be calculated.

Table 6-9. Infants and toddlers birth through age 2 served under IDEA, Part C, as a percentage of population,^a by race/ethnicity and state: Fall 2005

State	American Indian/ Alaska Native (%)	Asian/ Pacific Islander (%)	Black (not Hispanic) (%)	Hispanic (%)	White (not Hispanic) (%)
Alabama	.	.	1.50	1.21	1.35
Alaska	3.54	1.98	2.73	0.75	1.68
Arizona	1.89	1.44	2.06	1.36	1.78
Arkansas	0.87	2.95	3.76	1.28	1.94
California	2.96	1.62	2.31	1.88	2.23
Colorado	1.82	2.21	2.19	1.68	1.91
Connecticut	2.92	2.31	3.05	3.42	3.15
Delaware	.	.	3.20	2.93	2.95
District of Columbia	.	.	1.47	2.61	1.68
Florida	0.72	1.11	1.63	1.63	2.00
Georgia	.	.	1.33	1.20	1.41
Hawaii	23.21	9.66	4.69	1.37	3.52
Idaho	2.52	2.92	5.63	3.48	2.80
Illinois	12.90	1.89	3.11	2.89	3.07
Indiana	6.67	3.81	3.82	3.13	4.16
Iowa	3.09	2.36	4.22	2.79	2.25
Kansas	2.96	2.27	3.60	2.24	2.61
Kentucky	7.19	3.68	2.46	2.20	2.12
Louisiana	1.52	1.46	1.61	0.98	1.93
Maine	.	.	.	.	3.00
Maryland	2.42	2.15	2.87	2.28	3.08
Massachusetts	6.18	4.93	5.92	6.64	5.84
Michigan	4.95	1.36	1.86	1.93	2.33
Minnesota	1.95	1.10	1.92	1.53	1.56
Mississippi	.	.	1.51	1.51	1.20
Missouri	0.92	1.45	1.45	0.98	1.50
Montana	3.66	4.57	12.63	2.41	1.94
Nebraska	1.47	0.44	1.36	1.37	1.78
Nevada	1.61	1.24	1.60	1.19	1.47
New Hampshire	16.33	4.07	8.56	2.12	2.90
New Jersey	3.80	1.63	1.69	1.71	3.28
New Mexico	3.33	3.49	5.78	3.94	3.46
New York	3.57	2.64	2.72	4.53	5.04
North Carolina	2.48	1.75	2.10	1.68	1.78
North Dakota	3.59	.	5.74	.	2.96
Ohio	7.97	2.49	3.37	3.36	2.26
Oklahoma	1.55	1.88	2.43	1.85	2.08
Oregon	2.40	1.14	3.50	1.89	1.74
Pennsylvania	7.18	2.21	3.53	2.99	3.35
Rhode Island	2.23	2.91	2.32	4.41	4.30
South Carolina	.	.	2.09	2.08	1.72
South Dakota	4.29	3.21	8.87	1.92	2.58
Tennessee	3.25	1.89	1.76	1.68	1.81
Texas	3.18	1.52	2.01	1.86	2.04
Utah	3.18	2.27	4.50	1.76	1.85
Vermont	.	5.20	10.94	.	3.09
Virginia	.	.	1.60	1.56	1.83
Washington	2.13	1.27	1.39	1.66	1.56
West Virginia	.	.	2.87	6.24	4.32
Wisconsin	3.53	2.41	4.76	3.78	2.58
Wyoming	5.22	.	.	4.88	4.16
50 states and D.C.	2.70	2.29	2.25	2.15	2.53
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	.	.	.	.	.

Sources: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 1996-2005. Data updated as of July 17, 2006; U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv.

Note: Please see the Part C Child Count Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aPercent = Number of infants and toddlers served under IDEA, Part C, divided by the number of infants and toddlers in the population, multiplied by 100. See table 6-7 for the numerator and table B-2 for the denominator.

. Cannot be calculated.

Table 6-10a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Number of infants and toddlers			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	x	x	x	x
Alaska	x	8	175	x
Arizona	x	x	285	x
Arkansas	x	x	x	x
California	x	x	135	x
Colorado	x	x	25	x
Connecticut	x	x	9	x
Delaware	x	x	x	x
District of Columbia	x	x	x	x
Florida	x	x	x	x
Georgia	x	x	x	x
Hawaii	x	x	9	x
Idaho	x	x	18	x
Illinois	x	x	20	x
Indiana	x	x	x	x
Iowa	x	x	14	x
Kansas	x	x	10	x
Kentucky	x	x	18	x
Louisiana	x	x	x	x
Maine	x	6	x	x
Maryland	x	x	6	x
Massachusetts	x	x	x	x
Michigan	x	x	67	x
Minnesota	9	x	51	x
Mississippi	x	x	x	x
Missouri	x	x	x	x
Montana	x	5	129	x
Nebraska	x	x	17	x
Nevada	x	x	18	x
New Hampshire	x	x	x	x
New Jersey	x	x	x	x
New Mexico	19	17	338	7
New York	x	x	41	x
North Carolina	x	x	81	x
North Dakota	x	18	56	x
Ohio	x	x	23	x
Oklahoma	x	x	222	x
Oregon	x	7	21	x
Pennsylvania	x	x	23	x
Rhode Island	x	x	x	x
South Carolina	x	x	x	x
South Dakota	x	65	150	x
Tennessee	x	x	x	x
Texas	x	x	54	x
Utah	9	x	41	x
Vermont	x	x	x	x
Virginia	x	x	x	x
Washington	19	x	36	x
West Virginia	x	x	x	x
Wisconsin	x	x	72	x
Wyoming	x	12	29	x
50 states and DC	99	214	2,291	13
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	99	214	2,291	13

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-10a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Number of infants and toddlers			
	Residential facility	Service provider location	Other setting	All settings
Alabama	x	x	x	5
Alaska	x	x	6	192
Arizona	x	6	19	313
Arkansas	x	x	x	7
California	x	15	x	162
Colorado	x	x	x	26
Connecticut	x	x	x	11
Delaware	x	x	x	x
District of Columbia	x	x	x	x
Florida	x	x	5	13
Georgia	x	x	x	7
Hawaii	x	x	x	12
Idaho	x	x	x	24
Illinois	x	x	x	24
Indiana	x	x	x	17
Iowa	x	x	x	18
Kansas	x	x	x	15
Kentucky	x	x	x	19
Louisiana	x	x	x	18
Maine	x	x	x	7
Maryland	x	x	x	8
Massachusetts	x	x	x	14
Michigan	x	x	x	72
Minnesota	x	x	x	64
Mississippi	x	x	x	x
Missouri	x	x	x	10
Montana	x	x	x	144
Nebraska	x	x	x	23
Nevada	x	x	x	21
New Hampshire	x	x	x	6
New Jersey	x	x	x	12
New Mexico	x	x	x	384
New York	x	5	x	51
North Carolina	x	x	x	101
North Dakota	x	x	x	79
Ohio	x	x	x	28
Oklahoma	x	x	17	243
Oregon	x	x	x	34
Pennsylvania	x	x	x	25
Rhode Island	x	x	x	x
South Carolina	x	x	x	x
South Dakota	x	5	x	225
Tennessee	x	x	x	6
Texas	x	x	x	59
Utah	x	8	x	64
Vermont	x	x	x	x
Virginia	x	x	x	x
Washington	x	23	x	84
West Virginia	x	x	x	x
Wisconsin	x	x	x	78
Wyoming	x	x	x	45
50 states and DC	4	95	64	2,780
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	4	95	64	2,780

x Data suppressed to limit disclosure.

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Table 6-10a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama
Alaska	.	4.17	91.15	.
Arizona	.	.	91.05	.
Arkansas
California	.	.	83.33	.
Colorado	.	.	96.15	.
Connecticut	.	.	81.82	.
Delaware
District of Columbia
Florida
Georgia
Hawaii	.	.	75.00	.
Idaho	.	.	75.00	.
Illinois	.	.	83.33	.
Indiana
Iowa	.	.	77.78	.
Kansas	.	.	66.67	.
Kentucky	.	.	94.74	.
Louisiana
Maine	.	85.71	.	.
Maryland	.	.	75.00	.
Massachusetts
Michigan	.	.	93.06	.
Minnesota	14.06	.	79.69	.
Mississippi
Missouri
Montana	.	3.47	89.58	.
Nebraska	.	.	73.91	.
Nevada	.	.	85.71	.
New Hampshire
New Jersey
New Mexico	4.95	4.43	88.02	1.82
New York	.	.	80.39	.
North Carolina	.	.	80.20	.
North Dakota	.	22.78	70.89	.
Ohio	.	.	82.14	.
Oklahoma	.	.	91.36	.
Oregon	.	20.59	61.76	.
Pennsylvania	.	.	92.00	.
Rhode Island
South Carolina
South Dakota	.	28.89	66.67	.
Tennessee
Texas	.	.	91.53	.
Utah	14.06	.	64.06	.
Vermont
Virginia
Washington	22.62	.	42.86	.
West Virginia
Wisconsin	.	.	92.31	.
Wyoming	.	26.67	64.44	.
50 states and DC	3.56	7.70	82.41	0.47
American Samoa
Guam
Northern Marianas
Puerto Rico
Virgin Islands
U.S. and outlying areas	3.56	7.70	82.41	0.47

^aPercent = Number of American Indian/Alaska Native infants and toddlers in the setting column divided by number of American Indian/Alaska Native infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Continued on next page

Table 6-10a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Residential facility	Service provider location	Other setting	All settings
Alabama	.	.	.	100.00
Alaska	.	.	3.13	100.00
Arizona	.	1.92	6.07	100.00
Arkansas	.	.	.	100.00
California	.	9.26	.	100.00
Colorado	.	.	.	100.00
Connecticut	.	.	.	100.00
Delaware
District of Columbia
Florida	.	.	38.46	100.00
Georgia	.	.	.	100.00
Hawaii	.	.	.	100.00
Idaho	.	.	.	100.00
Illinois	.	.	.	100.00
Indiana	.	.	.	100.00
Iowa	.	.	.	100.00
Kansas	.	.	.	100.00
Kentucky	.	.	.	100.00
Louisiana	.	.	.	100.00
Maine	.	.	.	100.00
Maryland	.	.	.	100.00
Massachusetts	.	.	.	100.00
Michigan	.	.	.	100.00
Minnesota	.	.	.	100.00
Mississippi
Missouri	.	.	.	100.00
Montana	.	.	.	100.00
Nebraska	.	.	.	100.00
Nevada	.	.	.	100.00
New Hampshire	.	.	.	100.00
New Jersey	.	.	.	100.00
New Mexico	.	.	.	100.00
New York	.	9.80	.	100.00
North Carolina	.	.	.	100.00
North Dakota	.	.	.	100.00
Ohio	.	.	.	100.00
Oklahoma	.	.	7.00	100.00
Oregon	.	.	.	100.00
Pennsylvania	.	.	.	100.00
Rhode Island
South Carolina
South Dakota	.	2.22	.	100.00
Tennessee	.	.	.	100.00
Texas	.	.	.	100.00
Utah	.	12.50	.	100.00
Vermont
Virginia
Washington	.	27.38	.	100.00
West Virginia
Wisconsin	.	.	.	100.00
Wyoming	.	.	.	100.00
50 states and DC	0.14	3.42	2.30	100.00
American Samoa
Guam
Northern Marianas
Puerto Rico
Virgin Islands
U.S. and outlying areas	0.14	3.42	2.30	100.00

^aPercent = Number of American Indian/Alaska Native infants and toddlers in the setting column divided by number of American Indian/Alaska Native infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-10b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Number of infants and toddlers			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	x	x	x	x
Alaska	x	x	27	x
Arizona	x	x	55	x
Arkansas	x	x	x	x
California	263	x	1,875	x
Colorado	x	x	93	x
Connecticut	x	x	96	x
Delaware	x	x	x	x
District of Columbia	x	x	x	x
Florida	x	x	x	x
Georgia	x	x	x	x
Hawaii	176	59	2,855	x
Idaho	x	x	x	x
Illinois	x	x	323	x
Indiana	x	x	x	x
Iowa	x	x	26	x
Kansas	x	x	56	x
Kentucky	x	x	59	x
Louisiana	x	x	x	x
Maine	x	x	x	x
Maryland	x	x	194	x
Massachusetts	x	103	x	x
Michigan	x	x	107	x
Minnesota	10	x	88	x
Mississippi	x	x	x	x
Missouri	x	5	x	x
Montana	x	x	x	x
Nebraska	x	x	9	x
Nevada	x	x	62	x
New Hampshire	x	x	x	x
New Jersey	x	x	x	x
New Mexico	x	x	19	x
New York	x	x	1,217	x
North Carolina	x	x	83	x
North Dakota	x	x	x	x
Ohio	x	x	113	x
Oklahoma	x	x	63	x
Oregon	31	x	18	x
Pennsylvania	x	x	268	x
Rhode Island	x	11	x	x
South Carolina	x	x	x	x
South Dakota	x	x	7	x
Tennessee	x	x	x	x
Texas	x	x	389	x
Utah	x	10	37	x
Vermont	x	x	14	x
Virginia	x	x	x	x
Washington	49	x	52	x
West Virginia	x	x	11	x
Wisconsin	x	x	109	x
Wyoming	x	x	x	x
50 states and DC	714	340	9,960	5
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	42	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	714	342	10,181	6

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

Continued on next page

Table 6-10b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Number of infants and toddlers			
	Residential facility	Service provider location	Other setting	All settings
Alabama	x	x	x	20
Alaska	x	x	x	28
Arizona	x	x	9	65
Arkansas	x	x	x	28
California	x	161	x	2,304
Colorado	x	x	x	97
Connecticut	x	x	x	100
Delaware	x	x	x	x
District of Columbia	x	x	x	x
Florida	x	x	45	148
Georgia	x	x	x	102
Hawaii	x	168	x	3,264
Idaho	x	x	x	17
Illinois	x	x	x	389
Indiana	x	x	x	136
Iowa	x	x	x	32
Kansas	x	x	x	59
Kentucky	x	x	x	66
Louisiana	x	x	x	10
Maine	x	x	x	x
Maryland	x	x	x	223
Massachusetts	x	x	x	682
Michigan	x	x	x	136
Minnesota	x	x	x	104
Mississippi	x	x	x	x
Missouri	x	x	x	63
Montana	x	x	x	6
Nebraska	x	x	x	17
Nevada	x	x	x	68
New Hampshire	x	x	x	36
New Jersey	x	x	x	404
New Mexico	x	x	x	20
New York	x	88	x	1,417
North Carolina	x	x	x	89
North Dakota	x	x	x	x
Ohio	x	x	x	150
Oklahoma	x	x	x	64
Oregon	x	x	x	52
Pennsylvania	x	x	x	272
Rhode Island	x	x	x	x
South Carolina	x	x	x	x
South Dakota	x	x	x	8
Tennessee	x	x	x	65
Texas	x	x	x	400
Utah	x	x	x	56
Vermont	x	x	x	18
Virginia	x	x	x	x
Washington	x	59	x	166
West Virginia	x	x	x	12
Wisconsin	x	x	x	115
Wyoming	x	x	x	5
50 states and DC	7	632	124	11,782
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	45
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	7	668	124	12,042

x Data suppressed to limit disclosure.

Continued on next page

Table 6-10b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama
Alaska	.	.	96.43	.
Arizona	.	.	84.62	.
Arkansas
California	11.41	.	81.38	.
Colorado	.	.	95.88	.
Connecticut	.	.	96.00	.
Delaware
District of Columbia
Florida
Georgia
Hawaii	5.39	1.81	87.47	.
Idaho
Illinois	.	.	83.03	.
Indiana
Iowa	.	.	81.25	.
Kansas	.	.	94.92	.
Kentucky	.	.	89.39	.
Louisiana
Maine
Maryland	.	.	87.00	.
Massachusetts	.	15.10	.	.
Michigan	.	.	78.68	.
Minnesota	9.62	.	84.62	.
Mississippi
Missouri	.	7.94	.	.
Montana
Nebraska	.	.	52.94	.
Nevada	.	.	91.18	.
New Hampshire
New Jersey
New Mexico	.	.	95.00	.
New York	.	.	85.89	.
North Carolina	.	.	93.26	.
North Dakota
Ohio	.	.	75.33	.
Oklahoma	.	.	98.44	.
Oregon	59.62	.	34.62	.
Pennsylvania	.	.	98.53	.
Rhode Island
South Carolina
South Dakota	.	.	87.50	.
Tennessee
Texas	.	.	97.25	.
Utah	.	17.86	66.07	.
Vermont	.	.	77.78	.
Virginia
Washington	29.52	.	31.33	.
West Virginia	.	.	91.67	.
Wisconsin	.	.	94.78	.
Wyoming
50 states and DC	6.06	2.89	84.54	0.04
American Samoa
Guam
Northern Marianas	.	.	93.33	.
Puerto Rico
Virgin Islands
U.S. and outlying areas	5.93	2.84	84.55	0.05

^aPercent = Number of Asian/Pacific Islander infants and toddlers in the setting column divided by number of Asian/Pacific Islander infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Continued on next page

Table 6-10b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Residential facility	Service provider location	Other setting	All settings
Alabama	.	.	.	100.00
Alaska	.	.	.	100.00
Arizona	.	.	13.85	100.00
Arkansas	.	.	.	100.00
California	.	6.99	.	100.00
Colorado	.	.	.	100.00
Connecticut	.	.	.	100.00
Delaware
District of Columbia
Florida	.	.	30.41	100.00
Georgia	.	.	.	100.00
Hawaii	.	5.15	.	100.00
Idaho	.	.	.	100.00
Illinois	.	.	.	100.00
Indiana	.	.	.	100.00
Iowa	.	.	.	100.00
Kansas	.	.	.	100.00
Kentucky	.	.	.	100.00
Louisiana	.	.	.	100.00
Maine
Maryland	.	.	.	100.00
Massachusetts	.	.	.	100.00
Michigan	.	.	.	100.00
Minnesota	.	.	.	100.00
Mississippi
Missouri	.	.	.	100.00
Montana	.	.	.	100.00
Nebraska	.	.	.	100.00
Nevada	.	.	.	100.00
New Hampshire	.	.	.	100.00
New Jersey	.	.	.	100.00
New Mexico	.	.	.	100.00
New York	.	6.21	.	100.00
North Carolina	.	.	.	100.00
North Dakota
Ohio	.	.	.	100.00
Oklahoma	.	.	.	100.00
Oregon	.	.	.	100.00
Pennsylvania	.	.	.	100.00
Rhode Island
South Carolina
South Dakota	.	.	.	100.00
Tennessee	.	.	.	100.00
Texas	.	.	.	100.00
Utah	.	.	.	100.00
Vermont	.	.	.	100.00
Virginia
Washington	.	35.54	.	100.00
West Virginia	.	.	.	100.00
Wisconsin	.	.	.	100.00
Wyoming	.	.	.	100.00
50 states and DC	0.06	5.36	1.05	100.00
American Samoa
Guam
Northern Marianas	.	.	.	100.00
Puerto Rico
Virgin Islands
U.S. and outlying areas	0.06	5.55	1.03	100.00

^aPercent = Number of Asian/Pacific Islander infants and toddlers in the setting column divided by number of Asian/Pacific Islander infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-10c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Number of infants and toddlers			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	x	64	680	x
Alaska	x	x	23	x
Arizona	x	x	123	x
Arkansas	207	486	293	x
California	x	x	1,915	x
Colorado	x	x	152	x
Connecticut	x	31	418	x
Delaware	19	27	177	x
District of Columbia	70	27	51	x
Florida	x	70	644	x
Georgia	x	22	1,810	x
Hawaii	x	6	59	x
Idaho	x	x	x	x
Illinois	x	232	2,250	x
Indiana	x	32	966	x
Iowa	x	8	70	x
Kansas	8	9	246	x
Kentucky	x	x	372	x
Louisiana	40	305	1,721	x
Maine	5	x	x	x
Maryland	216	186	1,591	x
Massachusetts	12	x	1,057	x
Michigan	54	x	1,149	x
Minnesota	14	15	165	x
Mississippi	83	151	682	x
Missouri	x	45	414	x
Montana	x	x	x	x
Nebraska	x	x	46	x
Nevada	x	5	119	x
New Hampshire	x	x	23	x
New Jersey	6	91	784	x
New Mexico	x	x	50	x
New York	158	21	3,255	x
North Carolina	55	229	1,547	x
North Dakota	x	x	x	x
Ohio	176	20	1,523	x
Oklahoma	x	x	289	x
Oregon	x	x	36	x
Pennsylvania	6	48	1,902	x
Rhode Island	x	x	55	x
South Carolina	x	39	648	x
South Dakota	x	x	11	x
Tennessee	x	93	552	x
Texas	x	109	2,382	x
Utah	x	x	21	x
Vermont	x	x	13	x
Virginia	161	47	985	x
Washington	22	10	56	x
West Virginia	x	x	52	x
Wisconsin	58	67	682	x
Wyoming	x	x	x	x
50 states and DC	1,881	2,625	32,096	51
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	1,881	2,625	32,180	51

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-10c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Number of infants and toddlers			
	Residential facility	Service provider location	Other setting	All settings
Alabama	x	49	13	813
Alaska	x	x	x	27
Arizona	x	x	17	145
Arkansas	x	x	36	1,030
California	x	270	x	2,379
Colorado	x	x	x	159
Connecticut	x	x	x	452
Delaware	x	24	x	253
District of Columbia	x	14	x	163
Florida	x	640	1,201	2,576
Georgia	x	x	x	1,836
Hawaii	x	x	x	71
Idaho	x	x	x	8
Illinois	x	223	x	2,890
Indiana	x	x	39	1,045
Iowa	x	x	x	81
Kansas	x	x	x	266
Kentucky	x	x	x	386
Louisiana	x	x	x	2,073
Maine	x	x	x	x
Maryland	6	100	x	2,101
Massachusetts	x	x	x	1,157
Michigan	x	20	12	1,243
Minnesota	x	x	x	199
Mississippi	x	157	23	1,099
Missouri	x	x	x	464
Montana	x	x	x	13
Nebraska	x	x	x	54
Nevada	x	x	x	128
New Hampshire	x	x	x	25
New Jersey	x	6	x	890
New Mexico	x	x	x	63
New York	x	354	140	3,949
North Carolina	x	10	x	1,846
North Dakota	x	x	x	x
Ohio	x	71	86	1,883
Oklahoma	x	x	8	300
Oregon	x	x	x	65
Pennsylvania	x	7	x	1,964
Rhode Island	x	x	x	61
South Carolina	x	18	x	711
South Dakota	x	x	x	14
Tennessee	x	111	x	799
Texas	x	x	50	2,552
Utah	x	x	x	32
Vermont	x	x	x	16
Virginia	x	38	7	1,241
Washington	x	52	x	141
West Virginia	x	x	x	57
Wisconsin	x	x	x	812
Wyoming	x	x	x	11
50 states and DC	34	2,219	1,652	40,558
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	34	2,246	1,652	40,669

x Data suppressed to limit disclosure.

Continued on next page

Table 6-10c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	.	7.87	83.64	.
Alaska	.	.	85.19	.
Arizona	.	.	84.83	.
Arkansas	20.10	47.18	28.45	.
California	.	.	80.50	.
Colorado	.	.	95.60	.
Connecticut	.	6.86	92.48	.
Delaware	7.51	10.67	69.96	.
District of Columbia	42.94	16.56	31.29	.
Florida	.	2.72	25.00	.
Georgia	.	1.20	98.58	.
Hawaii	.	8.45	83.10	.
Idaho	.	.	.	.
Illinois	.	8.03	77.85	.
Indiana	.	3.06	92.44	.
Iowa	.	9.88	86.42	.
Kansas	3.01	3.38	92.48	.
Kentucky	.	.	96.37	.
Louisiana	1.93	14.71	83.02	.
Maine	.	.	.	.
Maryland	10.28	8.85	75.73	.
Massachusetts	1.04	.	91.36	.
Michigan	4.34	.	92.44	.
Minnesota	7.04	7.54	82.91	.
Mississippi	7.55	13.74	62.06	.
Missouri	.	9.70	89.22	.
Montana	.	.	.	.
Nebraska	.	.	85.19	.
Nevada	.	3.91	92.97	.
New Hampshire	.	.	92.00	.
New Jersey	0.67	10.22	88.09	.
New Mexico	.	.	79.37	.
New York	4.00	0.53	82.43	.
North Carolina	2.98	12.41	83.80	.
North Dakota	.	.	.	.
Ohio	9.35	1.06	80.88	.
Oklahoma	.	.	96.33	.
Oregon	.	.	55.38	.
Pennsylvania	0.31	2.44	96.84	.
Rhode Island	.	.	90.16	.
South Carolina	.	5.49	91.14	.
South Dakota	.	.	78.57	.
Tennessee	.	11.64	69.09	.
Texas	.	4.27	93.34	.
Utah	.	.	65.63	.
Vermont	.	.	81.25	.
Virginia	12.97	3.79	79.37	.
Washington	15.60	7.09	39.72	.
West Virginia	.	.	91.23	.
Wisconsin	7.14	8.25	83.99	.
Wyoming	.	.	.	.
50 states and DC	4.64	6.47	79.14	0.13
American Samoa	.	.	.	.
Guam	.	.	.	.
Northern Marianas	.	.	.	.
Puerto Rico	.	.	.	.
Virgin Islands	.	.	.	.
U.S. and outlying areas	4.63	6.45	79.13	0.13

^aPercent = Number of Black (not Hispanic) infants and toddlers in the setting column divided by number of Black (not Hispanic) infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Continued on next page

Table 6-10c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Residential facility	Service provider location	Other setting	All settings
Alabama	.	6.03	1.60	100.00
Alaska	.	.	.	100.00
Arizona	.	.	11.72	100.00
Arkansas	.	.	3.50	100.00
California	.	11.35	.	100.00
Colorado	.	.	.	100.00
Connecticut	.	.	.	100.00
Delaware	.	9.49	.	100.00
District of Columbia	.	8.59	.	100.00
Florida	.	24.84	46.62	100.00
Georgia	.	.	.	100.00
Hawaii	.	.	.	100.00
Idaho	.	.	.	100.00
Illinois	.	7.72	.	100.00
Indiana	.	.	3.73	100.00
Iowa	.	.	.	100.00
Kansas	.	.	.	100.00
Kentucky	.	.	.	100.00
Louisiana	.	.	.	100.00
Maine
Maryland	0.29	4.76	.	100.00
Massachusetts	.	.	.	100.00
Michigan	.	1.61	0.97	100.00
Minnesota	.	.	.	100.00
Mississippi	.	14.29	2.09	100.00
Missouri	.	.	.	100.00
Montana	.	.	.	100.00
Nebraska	.	.	.	100.00
Nevada	.	.	.	100.00
New Hampshire	.	.	.	100.00
New Jersey	.	0.67	.	100.00
New Mexico	.	.	.	100.00
New York	.	8.96	3.55	100.00
North Carolina	.	0.54	.	100.00
North Dakota
Ohio	.	3.77	4.57	100.00
Oklahoma	.	.	2.67	100.00
Oregon	.	.	.	100.00
Pennsylvania	.	0.36	.	100.00
Rhode Island	.	.	.	100.00
South Carolina	.	2.53	.	100.00
South Dakota	.	.	.	100.00
Tennessee	.	13.89	.	100.00
Texas	.	.	1.96	100.00
Utah	.	.	.	100.00
Vermont	.	.	.	100.00
Virginia	.	3.06	0.56	100.00
Washington	.	36.88	.	100.00
West Virginia	.	.	.	100.00
Wisconsin	.	.	.	100.00
Wyoming	.	.	.	100.00
50 states and DC	0.08	5.47	4.07	100.00
American Samoa
Guam
Northern Marianas
Puerto Rico
Virgin Islands
U.S. and outlying areas	0.08	5.52	4.06	100.00

^aPercent = Number of Black (not Hispanic) infants and toddlers in the setting column divided by number of Black (not Hispanic) infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-10d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Number of infants and toddlers			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	x	x	69	x
Alaska	x	x	19	x
Arizona	x	x	1,321	x
Arkansas	24	54	26	x
California	687	x	10,951	x
Colorado	12	30	934	10
Connecticut	x	32	734	x
Delaware	x	6	76	x
District of Columbia	25	10	26	x
Florida	27	48	690	x
Georgia	x	x	609	x
Hawaii	6	x	119	x
Idaho	x	8	267	x
Illinois	174	x	2,897	x
Indiana	x	11	536	x
Iowa	x	x	148	x
Kansas	6	7	330	x
Kentucky	x	x	136	x
Louisiana	x	15	41	x
Maine	x	x	x	x
Maryland	27	19	419	x
Massachusetts	19	184	1,826	x
Michigan	42	6	412	x
Minnesota	28	17	183	x
Mississippi	x	x	18	x
Missouri	x	x	110	x
Montana	x	x	19	x
Nebraska	29	x	96	x
Nevada	7	11	362	x
New Hampshire	x	x	29	x
New Jersey	14	62	1,099	x
New Mexico	175	254	1,035	15
New York	316	18	6,402	x
North Carolina	24	39	738	x
North Dakota	x	x	9	x
Ohio	48	7	314	x
Oklahoma	x	x	320	x
Oregon	134	18	219	x
Pennsylvania	x	12	891	x
Rhode Island	16	14	207	x
South Carolina	x	x	125	x
South Dakota	x	x	23	x
Tennessee	x	13	121	x
Texas	22	256	9,146	11
Utah	46	39	252	x
Vermont	x	x	x	x
Virginia	67	20	410	x
Washington	128	38	326	x
West Virginia	x	x	x	x
Wisconsin	40	16	547	x
Wyoming	x	25	55	x
50 states and DC	2,177	1,443	45,658	75
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	2,856	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	2,183	1,694	48,551	77

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-10d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Number of infants and toddlers			
	Residential facility	Service provider location	Other setting	All settings
Alabama	x	x	x	79
Alaska	x	x	x	21
Arizona	x	38	202	1,562
Arkansas	x	x	9	114
California	24	1,680	x	13,357
Colorado	x	x	x	992
Connecticut	x	x	x	769
Delaware	x	x	x	99
District of Columbia	x	x	x	62
Florida	x	910	1,269	2,945
Georgia	x	x	x	614
Hawaii	x	13	x	143
Idaho	x	x	x	285
Illinois	x	331	x	3,507
Indiana	x	8	9	566
Iowa	x	x	5	160
Kansas	x	x	x	345
Kentucky	x	x	x	143
Louisiana	x	x	x	57
Maine	x	x	x	x
Maryland	x	x	x	469
Massachusetts	x	x	x	2,030
Michigan	x	18	x	484
Minnesota	x	x	x	233
Mississippi	x	x	x	26
Missouri	x	x	x	115
Montana	x	x	x	23
Nebraska	x	x	x	137
Nevada	x	x	x	385
New Hampshire	x	x	x	34
New Jersey	x	x	x	1,180
New Mexico	x	18	x	1,502
New York	x	655	121	7,525
North Carolina	x	x	x	806
North Dakota	x	x	x	10
Ohio	x	11	12	393
Oklahoma	x	x	x	324
Oregon	6	x	x	379
Pennsylvania	x	x	x	905
Rhode Island	x	x	x	238
South Carolina	x	x	x	130
South Dakota	x	x	x	25
Tennessee	x	25	x	172
Texas	6	25	133	9,599
Utah	x	x	x	345
Vermont	x	x	x	x
Virginia	x	16	x	516
Washington	x	145	x	640
West Virginia	x	x	x	x
Wisconsin	x	x	6	611
Wyoming	x	x	x	83
50 states and DC	44	3,973	1,790	55,160
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	3,138
Virgin Islands	x	x	x	x
U.S. and outlying areas	50	3,992	1,790	58,337

x Data suppressed to limit disclosure.

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Table 6-10d. *Hispanic* infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	.	.	87.34	.
Alaska	.	.	90.48	.
Arizona	.	.	84.57	.
Arkansas	21.05	47.37	22.81	.
California	5.14	.	81.99	.
Colorado	1.21	3.02	94.15	1.01
Connecticut	.	4.16	95.45	.
Delaware	.	6.06	76.77	.
District of Columbia	40.32	16.13	41.94	.
Florida	0.92	1.63	23.43	.
Georgia	.	.	99.19	.
Hawaii	4.20	.	83.22	.
Idaho	.	2.81	93.68	.
Illinois	4.96	.	82.61	.
Indiana	.	1.94	94.70	.
Iowa	.	.	92.50	.
Kansas	1.74	2.03	95.65	.
Kentucky	.	.	95.10	.
Louisiana	.	26.32	71.93	.
Maine	.	.	.	.
Maryland	5.76	4.05	89.34	.
Massachusetts	0.94	9.06	89.95	.
Michigan	8.68	1.24	85.12	.
Minnesota	12.02	7.30	78.54	.
Mississippi	.	.	69.23	.
Missouri	.	.	95.65	.
Montana	.	.	82.61	.
Nebraska	21.17	.	70.07	.
Nevada	1.82	2.86	94.03	.
New Hampshire	.	.	85.29	.
New Jersey	1.19	5.25	93.14	.
New Mexico	11.65	16.91	68.91	1.00
New York	4.20	0.24	85.08	.
North Carolina	2.98	4.84	91.56	.
North Dakota	.	.	90.00	.
Ohio	12.21	1.78	79.90	.
Oklahoma	.	.	98.77	.
Oregon	35.36	4.75	57.78	.
Pennsylvania	.	1.33	98.45	.
Rhode Island	6.72	5.88	86.97	.
South Carolina	.	.	96.15	.
South Dakota	.	.	92.00	.
Tennessee	.	7.56	70.35	.
Texas	0.23	2.67	95.28	0.11
Utah	13.33	11.30	73.04	.
Vermont	.	.	.	.
Virginia	12.98	3.88	79.46	.
Washington	20.00	5.94	50.94	.
West Virginia	.	.	.	.
Wisconsin	6.55	2.62	89.53	.
Wyoming	.	30.12	66.27	.
50 states and DC	3.95	2.62	82.77	0.14
American Samoa	.	.	.	.
Guam	.	.	.	.
Northern Marianas	.	.	.	.
Puerto Rico	.	.	91.01	.
Virgin Islands	.	.	.	.
U.S. and outlying areas	3.74	2.90	83.23	0.13

^aPercent = Number of *Hispanic* infants and toddlers in the setting column divided by number of *Hispanic* infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Continued on next page

Table 6-10d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Residential facility	Service provider location	Other setting	All settings
Alabama	.	.	.	100.00
Alaska	.	.	.	100.00
Arizona	.	2.43	12.93	100.00
Arkansas	.	.	7.89	100.00
California	0.18	12.58	.	100.00
Colorado	.	.	.	100.00
Connecticut	.	.	.	100.00
Delaware	.	.	.	100.00
District of Columbia	.	.	.	100.00
Florida	.	30.90	43.09	100.00
Georgia	.	.	.	100.00
Hawaii	.	9.09	.	100.00
Idaho	.	.	.	100.00
Illinois	.	9.44	.	100.00
Indiana	.	1.41	1.59	100.00
Iowa	.	.	3.13	100.00
Kansas	.	.	.	100.00
Kentucky	.	.	.	100.00
Louisiana	.	.	.	100.00
Maine
Maryland	.	.	.	100.00
Massachusetts	.	.	.	100.00
Michigan	.	3.72	.	100.00
Minnesota	.	.	.	100.00
Mississippi	.	.	.	100.00
Missouri	.	.	.	100.00
Montana	.	.	.	100.00
Nebraska	.	.	.	100.00
Nevada	.	.	.	100.00
New Hampshire	.	.	.	100.00
New Jersey	.	.	.	100.00
New Mexico	.	1.20	.	100.00
New York	.	8.70	1.61	100.00
North Carolina	.	.	.	100.00
North Dakota	.	.	.	100.00
Ohio	.	2.80	3.05	100.00
Oklahoma	.	.	.	100.00
Oregon	1.58	.	.	100.00
Pennsylvania	.	.	.	100.00
Rhode Island	.	.	.	100.00
South Carolina	.	.	.	100.00
South Dakota	.	.	.	100.00
Tennessee	.	14.53	.	100.00
Texas	0.06	0.26	1.39	100.00
Utah	.	.	.	100.00
Vermont
Virginia	.	3.10	.	100.00
Washington	.	22.66	.	100.00
West Virginia
Wisconsin	.	.	0.98	100.00
Wyoming	.	.	.	100.00
50 states and DC	0.08	7.20	3.25	100.00
American Samoa
Guam
Northern Marianas
Puerto Rico	.	.	.	100.00
Virgin Islands
U.S. and outlying areas	0.09	6.84	3.07	100.00

^aPercent = Number of Hispanic infants and toddlers in the setting column divided by number of Hispanic infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-10e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004

State	Number of infants and toddlers			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	16	111	1,105	x
Alaska	x	12	309	x
Arizona	x	45	1,795	x
Arkansas	224	671	539	x
California	554	x	8,997	x
Colorado	27	37	2,119	9
Connecticut	x	98	2,512	x
Delaware	30	51	485	x
District of Columbia	x	x	x	x
Florida	83	250	2,310	x
Georgia	x	40	2,843	x
Hawaii	16	15	359	x
Idaho	25	47	1,214	11
Illinois	x	328	6,440	x
Indiana	8	288	8,130	x
Iowa	26	86	1,876	x
Kansas	47	96	2,097	x
Kentucky	x	x	2,884	x
Louisiana	96	241	2,012	x
Maine	140	667	x	x
Maryland	246	186	2,953	x
Massachusetts	76	1,098	8,696	x
Michigan	782	42	5,259	x
Minnesota	225	80	2,152	x
Mississippi	116	109	672	x
Missouri	71	159	2,537	14
Montana	15	15	435	x
Nebraska	145	91	830	x
Nevada	17	27	657	x
New Hampshire	x	34	1,017	x
New Jersey	17	205	5,069	x
New Mexico	52	71	650	5
New York	385	133	17,419	x
North Carolina	112	287	3,078	x
North Dakota	x	43	450	x
Ohio	1,313	76	5,224	x
Oklahoma	x	24	1,988	x
Oregon	561	40	927	x
Pennsylvania	15	114	9,955	x
Rhode Island	53	152	740	x
South Carolina	x	42	925	x
South Dakota	9	114	489	x
Tennessee	136	304	1,694	x
Texas	11	244	7,662	x
Utah	475	222	1,258	x
Vermont	x	94	433	x
Virginia	445	131	2,718	x
Washington	528	167	934	8
West Virginia	x	42	1,844	x
Wisconsin	88	146	3,872	x
Wyoming	x	107	447	x
50 states and DC	7,457	7,687	141,390	133
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	7,457	7,688	141,398	133

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Program Settings Where Early Intervention Services Are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Settings Data Notes in appendix A for information the states submitted to clarify their data submissions.

x Data suppressed to limit disclosure.

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Table 6-10e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Number of infants and toddlers			
	Residential facility	Service provider location	Other setting	All settings
Alabama	x	62	49	1,344
Alaska	x	16	x	342
Arizona	x	46	223	2,111
Arkansas	x	x	60	1,546
California	6	1,016	x	10,579
Colorado	x	16	x	2,210
Connecticut	x	x	x	2,616
Delaware	x	73	x	643
District of Columbia	x	11	x	63
Florida	x	1,668	2,220	6,532
Georgia	x	x	x	2,891
Hawaii	x	53	x	446
Idaho	x	71	x	1,372
Illinois	x	1,505	x	8,508
Indiana	x	150	392	8,974
Iowa	x	21	20	2,040
Kansas	x	21	x	2,262
Kentucky	x	x	x	3,052
Louisiana	x	25	9	2,385
Maine	x	x	x	1,154
Maryland	x	69	18	3,475
Massachusetts	x	x	x	9,874
Michigan	x	294	35	6,415
Minnesota	x	33	x	2,492
Mississippi	x	75	17	993
Missouri	x	10	x	2,793
Montana	x	23	x	491
Nebraska	x	x	x	1,071
Nevada	x	x	x	706
New Hampshire	x	x	5	1,063
New Jersey	7	5	x	5,304
New Mexico	x	11	x	791
New York	x	1,027	470	19,446
North Carolina	x	53	x	3,533
North Dakota	x	x	8	511
Ohio	x	173	191	6,995
Oklahoma	x	15	49	2,082
Oregon	6	15	x	1,551
Pennsylvania	x	44	x	10,131
Rhode Island	x	x	x	950
South Carolina	x	49	16	1,035
South Dakota	x	7	x	625
Tennessee	x	795	x	2,931
Texas	x	17	87	8,028
Utah	x	x	x	2,027
Vermont	x	21	x	551
Virginia	x	104	18	3,425
Washington	x	833	x	2,472
West Virginia	x	11	5	1,907
Wisconsin	x	10	22	4,140
Wyoming	x	38	x	615
50 states and DC	64	8,805	3,957	169,493
American Samoa	x	x	x	x
Guam	x	x	x	x
Northern Marianas	x	x	x	x
Puerto Rico	x	x	x	x
Virgin Islands	x	x	x	x
U.S. and outlying areas	64	8,807	3,957	169,504

x Data suppressed to limit disclosure.

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Table 6-10e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Developmental delay programs	Typically developing programs	Home	Hospital (inpatient)
Alabama	1.19	8.26	82.22	.
Alaska	.	3.51	90.35	.
Arizona	.	2.13	85.03	.
Arkansas	14.49	43.40	34.86	.
California	5.24	.	85.05	.
Colorado	1.22	1.67	95.88	0.41
Connecticut	.	3.75	96.02	.
Delaware	4.67	7.93	75.43	.
District of Columbia	.	.	.	.
Florida	1.27	3.83	35.36	.
Georgia	.	1.38	98.34	.
Hawaii	3.59	3.36	80.49	.
Idaho	1.82	3.43	88.48	0.80
Illinois	.	3.86	75.69	.
Indiana	0.09	3.21	90.60	.
Iowa	1.27	4.22	91.96	.
Kansas	2.08	4.24	92.71	.
Kentucky	.	.	94.50	.
Louisiana	4.03	10.10	84.36	.
Maine	12.13	57.80	.	.
Maryland	7.08	5.35	84.98	.
Massachusetts	0.77	11.12	88.07	.
Michigan	12.19	0.65	81.98	.
Minnesota	9.03	3.21	86.36	.
Mississippi	11.68	10.98	67.67	.
Missouri	2.54	5.69	90.83	0.50
Montana	3.05	3.05	88.59	.
Nebraska	13.54	8.50	77.50	.
Nevada	2.41	3.82	93.06	.
New Hampshire	.	3.20	95.67	.
New Jersey	0.32	3.87	95.57	.
New Mexico	6.57	8.98	82.17	0.63
New York	1.98	0.68	89.58	.
North Carolina	3.17	8.12	87.12	.
North Dakota	.	8.41	88.06	.
Ohio	18.77	1.09	74.68	.
Oklahoma	.	1.15	95.49	.
Oregon	36.17	2.58	59.77	.
Pennsylvania	0.15	1.13	98.26	.
Rhode Island	5.58	16.00	77.89	.
South Carolina	.	4.06	89.37	.
South Dakota	1.44	18.24	78.24	.
Tennessee	4.64	10.37	57.80	.
Texas	0.14	3.04	95.44	.
Utah	23.43	10.95	62.06	.
Vermont	.	17.06	78.58	.
Virginia	12.99	3.82	79.36	.
Washington	21.36	6.76	37.78	0.32
West Virginia	.	2.20	96.70	.
Wisconsin	2.13	3.53	93.53	.
Wyoming	.	17.40	72.68	.
50 states and DC	4.40	4.54	83.42	0.08
American Samoa	.	.	.	.
Guam	.	.	.	.
Northern Marianas	.	.	.	.
Puerto Rico	.	.	.	.
Virgin Islands	.	.	.	.
U.S. and outlying areas	4.40	4.54	83.42	0.08

^aPercent = Number of White (not Hispanic) infants and toddlers in the setting column divided by number of White (not Hispanic) infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

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Table 6-10e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, by early intervention setting and state: Fall 2004 (continued)

State	Percent of infants and toddlers ^a			
	Residential facility	Service provider location	Other setting	All settings
Alabama	.	4.61	3.65	100.00
Alaska	.	4.68	.	100.00
Arizona	.	2.18	10.56	100.00
Arkansas	.	.	3.88	100.00
California	0.06	9.60	.	100.00
Colorado	.	0.72	.	100.00
Connecticut	.	.	.	100.00
Delaware	.	11.35	.	100.00
District of Columbia	.	17.46	.	100.00
Florida	.	25.54	33.99	100.00
Georgia	.	.	.	100.00
Hawaii	.	11.88	.	100.00
Idaho	.	5.17	.	100.00
Illinois	.	17.69	.	100.00
Indiana	.	1.67	4.37	100.00
Iowa	.	1.03	0.98	100.00
Kansas	.	0.93	.	100.00
Kentucky	.	.	.	100.00
Louisiana	.	1.05	0.38	100.00
Maine	.	.	.	100.00
Maryland	.	1.99	0.52	100.00
Massachusetts	.	.	.	100.00
Michigan	.	4.58	0.55	100.00
Minnesota	.	1.32	.	100.00
Mississippi	.	7.55	1.71	100.00
Missouri	.	0.36	.	100.00
Montana	.	4.68	.	100.00
Nebraska	.	.	.	100.00
Nevada	.	.	.	100.00
New Hampshire	.	.	0.47	100.00
New Jersey	0.13	0.09	.	100.00
New Mexico	.	1.39	.	100.00
New York	.	5.28	2.42	100.00
North Carolina	.	1.50	.	100.00
North Dakota	.	.	1.57	100.00
Ohio	.	2.47	2.73	100.00
Oklahoma	.	0.72	2.35	100.00
Oregon	0.39	0.97	.	100.00
Pennsylvania	.	0.43	.	100.00
Rhode Island	.	.	.	100.00
South Carolina	.	4.73	1.55	100.00
South Dakota	.	1.12	.	100.00
Tennessee	.	27.12	.	100.00
Texas	.	0.21	1.08	100.00
Utah	.	.	.	100.00
Vermont	.	3.81	.	100.00
Virginia	.	3.04	0.53	100.00
Washington	.	33.70	.	100.00
West Virginia	.	0.58	0.26	100.00
Wisconsin	.	0.24	0.53	100.00
Wyoming	.	6.18	.	100.00
50 states and DC	0.04	5.19	2.33	100.00
American Samoa
Guam
Northern Marianas
Puerto Rico
Virgin Islands
U.S. and outlying areas	0.04	5.20	2.33	100.00

^aPercent = Number of White (not Hispanic) infants and toddlers in the setting column divided by number of White (not Hispanic) infants and toddlers in the all settings column, multiplied by 100. The sum of the settings percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-11a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Number of infants and toddlers				Eligibility not determined
	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b	
Alabama	x	x	x	x	x
Alaska	10	66	7	x	11
Arizona	x	141	x	x	x
Arkansas	x	x	x	x	x
California	12	61	27	x	13
Colorado	x	7	x	x	x
Connecticut	x	x	x	x	x
Delaware	x	x	x	x	x
District of Columbia	x	x	x	x	x
Florida	x	6	x	x	x
Georgia	x	x	x	x	x
Hawaii	5	x	x	x	x
Idaho	x	11	x	x	x
Illinois	x	8	x	x	x
Indiana	57	x	x	x	x
Iowa	6	x	x	x	x
Kansas	x	12	x	x	x
Kentucky	x	10	x	x	x
Louisiana	x	5	x	x	x
Maine	x	x	x	x	x
Maryland	x	x	x	x	x
Massachusetts	x	x	x	x	x
Michigan	x	18	16	x	x
Minnesota	x	21	x	x	x
Mississippi	x	x	x	x	x
Missouri	x	x	x	x	x
Montana	14	15	5	x	16
Nebraska	x	x	x	x	5
Nevada	x	9	x	x	x
New Hampshire	x	x	x	x	x
New Jersey	x	x	x	x	x
New Mexico	9	93	14	8	x
New York	x	26	x	x	6
North Carolina	x	25	x	x	9
North Dakota	x	32	x	x	x
Ohio	x	x	x	x	x
Oklahoma	24	84	x	x	13
Oregon	x	15	x	x	x
Pennsylvania	6	15	x	x	x
Rhode Island	x	x	x	x	x
South Carolina	x	x	x	x	x
South Dakota	x	109	16	x	14
Tennessee	x	x	x	x	x
Texas	8	18	x	x	6
Utah	10	21	x	x	x
Vermont	x	x	x	x	x
Virginia	x	x	x	x	x
Washington	7	37	x	x	9
West Virginia	x	x	x	x	x
Wisconsin	8	32	8	x	5
Wyoming	5	15	x	5	x
50 states and DC	221	998	146	56	142
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	221	998	146	56	142

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-11a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Number of infants and toddlers				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	x	x	x	x	x
Alaska	x	6	11	21	140
Arizona	10	x	12	x	183
Arkansas	x	x	x	x	x
California	x	x	34	14	168
Colorado	x	x	x	x	13
Connecticut	x	x	x	x	12
Delaware	x	x	x	x	x
District of Columbia	x	x	x	x	x
Florida	x	x	x	x	14
Georgia	x	x	x	x	6
Hawaii	x	x	x	x	15
Idaho	x	x	5	x	26
Illinois	x	x	x	x	12
Indiana	x	x	39	x	158
Iowa	x	x	x	x	15
Kansas	x	x	x	x	25
Kentucky	x	x	x	x	15
Louisiana	x	x	x	x	14
Maine	x	x	x	x	8
Maryland	x	x	x	x	7
Massachusetts	x	x	x	x	15
Michigan	x	5	x	6	55
Minnesota	x	x	x	x	23
Mississippi	x	x	x	x	x
Missouri	x	x	x	x	7
Montana	x	13	15	33	112
Nebraska	x	x	x	x	12
Nevada	x	x	x	x	17
New Hampshire	x	x	x	x	x
New Jersey	x	x	x	x	8
New Mexico	x	16	37	32	215
New York	x	x	x	x	45
North Carolina	x	x	8	6	59
North Dakota	x	7	7	5	57
Ohio	x	x	5	x	20
Oklahoma	x	12	38	39	225
Oregon	x	x	x	x	29
Pennsylvania	x	x	x	x	26
Rhode Island	x	x	x	x	5
South Carolina	x	x	x	x	8
South Dakota	x	12	18	12	190
Tennessee	x	x	x	x	x
Texas	x	x	9	5	55
Utah	x	x	x	7	51
Vermont	x	x	x	x	x
Virginia	x	x	x	x	x
Washington	x	x	5	x	73
West Virginia	x	x	x	x	x
Wisconsin	x	x	6	6	69
Wyoming	x	x	x	x	33
50 states and DC	29	136	285	249	2,262
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	29	136	285	249	2,262

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

Continued on next page

Table 6-11a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				
	Complete prior to max age	Part B eligible	Exit to other programs ^c	Exit with no referrals ^c	Eligibility not determined
Alabama	.	.	.	.	.
Alaska	7.14	47.14	5.00	.	7.86
Arizona	.	77.05	.	.	.
Arkansas	.	.	.	.	.
California	7.14	36.31	16.07	.	7.74
Colorado	.	53.85	.	.	.
Connecticut	.	.	.	.	.
Delaware	.	.	.	.	.
District of Columbia	.	.	.	.	.
Florida	.	42.86	.	.	.
Georgia	.	.	.	.	.
Hawaii	33.33	.	.	.	.
Idaho	.	42.31	.	.	.
Illinois	.	66.67	.	.	.
Indiana	36.08	.	.	.	.
Iowa	40.00	.	.	.	.
Kansas	.	48.00	.	.	.
Kentucky	.	66.67	.	.	.
Louisiana	.	35.71	.	.	.
Maine	.	.	.	.	.
Maryland	.	.	.	.	.
Massachusetts	.	.	.	.	.
Michigan	.	32.73	29.09	.	.
Minnesota	.	91.30	.	.	.
Mississippi	.	.	.	.	.
Missouri	.	.	.	.	.
Montana	12.50	13.39	4.46	.	14.29
Nebraska	.	.	.	.	41.67
Nevada	.	52.94	.	.	.
New Hampshire	.	.	.	.	.
New Jersey	.	.	.	.	.
New Mexico	4.19	43.26	6.51	3.72	.
New York	.	57.78	.	.	13.33
North Carolina	.	42.37	.	.	15.25
North Dakota	.	56.14	.	.	.
Ohio	.	.	.	.	.
Oklahoma	10.67	37.33	.	.	5.78
Oregon	.	51.72	.	.	.
Pennsylvania	23.08	57.69	.	.	.
Rhode Island	.	.	.	.	.
South Carolina	.	.	.	.	.
South Dakota	.	57.37	8.42	.	7.37
Tennessee	.	.	.	.	.
Texas	14.55	32.73	.	.	10.91
Utah	19.61	41.18	.	.	.
Vermont	.	.	.	.	.
Virginia	.	.	.	.	.
Washington	9.59	50.68	.	.	12.33
West Virginia	.	.	.	.	.
Wisconsin	11.59	46.38	11.59	.	7.25
Wyoming	15.15	45.45	.	15.15	.
50 states and DC	9.77	44.12	6.45	2.48	6.28
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	9.77	44.12	6.45	2.48	6.28

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of American Indian/Alaska Native infants and toddlers in the exit reason column divided by the number of American Indian/Alaska Native infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

^cDetermined to be not eligible for Part B.

. Cannot be calculated.

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Table 6-11a. American Indian/Alaska Native infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama
Alaska	.	4.29	7.86	15.00	100.00
Arizona	5.46	.	6.56	.	100.00
Arkansas
California	.	.	20.24	8.33	100.00
Colorado	100.00
Connecticut	100.00
Delaware
District of Columbia
Florida	100.00
Georgia	100.00
Hawaii	100.00
Idaho	.	.	19.23	.	100.00
Illinois	100.00
Indiana	.	.	24.68	.	100.00
Iowa	100.00
Kansas	100.00
Kentucky	100.00
Louisiana	100.00
Maine	100.00
Maryland	100.00
Massachusetts	100.00
Michigan	.	9.09	.	10.91	100.00
Minnesota	100.00
Mississippi
Missouri	100.00
Montana	.	11.61	13.39	29.46	100.00
Nebraska	100.00
Nevada	100.00
New Hampshire
New Jersey	100.00
New Mexico	.	7.44	17.21	14.88	100.00
New York	100.00
North Carolina	.	.	13.56	10.17	100.00
North Dakota	.	12.28	12.28	8.77	100.00
Ohio	.	.	25.00	.	100.00
Oklahoma	.	5.33	16.89	17.33	100.00
Oregon	100.00
Pennsylvania	100.00
Rhode Island	100.00
South Carolina	100.00
South Dakota	.	6.32	9.47	6.32	100.00
Tennessee
Texas	.	.	16.36	9.09	100.00
Utah	.	.	.	13.73	100.00
Vermont
Virginia
Washington	.	.	6.85	.	100.00
West Virginia
Wisconsin	.	.	8.70	8.70	100.00
Wyoming	100.00
50 states and DC	1.28	6.01	12.60	11.01	100.00
American Samoa
Guam
Northern Marianas
Puerto Rico
Virgin Islands
U.S. and outlying areas	1.28	6.01	12.60	11.01	100.00

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of American Indian/Alaska Native infants and toddlers in the exit reason column divided by the number of American Indian/Alaska Native infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-11b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Number of infants and toddlers				Eligibility not determined
	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b	
Alabama	x	x	x	x	x
Alaska	x	12	x	x	x
Arizona	x	33	x	x	x
Arkansas	x	x	x	x	x
California	137	1,278	490	x	152
Colorado	x	40	x	x	x
Connecticut	x	x	x	x	x
Delaware	x	x	x	x	x
District of Columbia	x	x	x	x	x
Florida	x	82	x	x	x
Georgia	x	x	x	x	x
Hawaii	464	322	132	x	397
Idaho	x	9	x	x	x
Illinois	x	131	x	x	x
Indiana	295	274	135	32	47
Iowa	9	x	x	x	x
Kansas	x	26	x	x	x
Kentucky	x	19	x	x	x
Louisiana	x	5	x	x	x
Maine	x	x	x	x	x
Maryland	x	x	x	x	x
Massachusetts	x	x	x	x	x
Michigan	x	46	12	x	x
Minnesota	x	39	x	x	x
Mississippi	x	x	x	x	x
Missouri	5	x	x	x	x
Montana	x	x	x	x	x
Nebraska	x	x	x	x	5
Nevada	x	22	x	x	x
New Hampshire	9	14	x	x	x
New Jersey	x	x	x	14	x
New Mexico	x	6	x	x	x
New York	x	674	x	x	201
North Carolina	x	18	x	x	10
North Dakota	x	x	x	x	x
Ohio	x	x	x	x	x
Oklahoma	10	19	x	x	7
Oregon	x	28	x	x	x
Pennsylvania	54	100	x	x	x
Rhode Island	x	x	7	x	x
South Carolina	x	x	x	x	x
South Dakota	x	x	x	x	x
Tennessee	x	x	x	x	x
Texas	47	138	x	x	61
Utah	x	15	x	x	6
Vermont	x	9	x	x	x
Virginia	x	x	x	x	x
Washington	23	83	x	7	12
West Virginia	x	x	x	x	5
Wisconsin	21	31	7	x	8
Wyoming	x	15	x	x	x
50 states and DC	1,785	4,278	1,058	295	1,116
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	21	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	1,797	4,341	1,059	297	1,117

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-11b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Number of infants and toddlers				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	x	x	x	x	x
Alaska	x	x	x	8	31
Arizona	x	x	x	x	41
Arkansas	x	x	x	x	x
California	x	37	340	199	2,659
Colorado	x	8	x	x	72
Connecticut	x	x	x	x	121
Delaware	x	x	x	x	x
District of Columbia	x	x	x	x	x
Florida	x	x	x	x	181
Georgia	x	x	x	x	103
Hawaii	x	125	1,237	396	3,139
Idaho	x	x	x	x	18
Illinois	x	x	x	x	342
Indiana	20	49	439	161	1,452
Iowa	x	x	x	x	21
Kansas	x	x	x	x	53
Kentucky	x	x	13	x	57
Louisiana	x	7	x	x	26
Maine	x	x	x	x	x
Maryland	x	x	x	x	213
Massachusetts	x	x	x	x	667
Michigan	x	10	x	9	115
Minnesota	x	5	x	x	61
Mississippi	x	x	x	x	x
Missouri	x	x	x	x	54
Montana	x	x	x	x	7
Nebraska	x	x	x	x	19
Nevada	x	x	x	x	53
New Hampshire	x	x	x	x	32
New Jersey	x	x	x	x	378
New Mexico	x	x	x	x	16
New York	x	x	x	x	1,381
North Carolina	x	x	10	7	54
North Dakota	x	x	x	x	x
Ohio	x	x	22	x	111
Oklahoma	x	6	7	7	60
Oregon	x	5	7	x	44
Pennsylvania	x	x	x	x	221
Rhode Island	x	5	x	x	43
South Carolina	x	x	x	x	10
South Dakota	x	x	x	x	7
Tennessee	x	x	x	x	x
Texas	x	x	101	35	443
Utah	x	5	14	x	54
Vermont	x	x	x	x	12
Virginia	x	x	x	x	x
Washington	x	x	6	x	144
West Virginia	x	x	7	x	26
Wisconsin	x	x	15	10	101
Wyoming	x	x	x	x	19
50 states and DC	93	562	2,675	1,056	12,918
American Samoa	x	x	x	x	x
Guam	x	x	24	x	98
Northern Marianas	x	x	x	x	30
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	97	570	2,704	1,069	13,051

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

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Table 6-11b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				
	Complete prior to max age	Part B eligible	Exit to other programs ^c	Exit with no referrals ^c	Eligibility not determined
Alabama	.	.	.	.	.
Alaska	.	38.71	.	.	.
Arizona	.	80.49	.	.	.
Arkansas	.	.	.	.	.
California	5.15	48.06	18.43	.	5.72
Colorado	.	55.56	.	.	.
Connecticut	.	.	.	.	.
Delaware	.	.	.	.	.
District of Columbia	.	.	.	.	.
Florida	.	45.30	.	.	.
Georgia	.	.	.	.	.
Hawaii	14.78	10.26	4.21	.	12.65
Idaho	.	50.00	.	.	.
Illinois	.	38.30	.	.	.
Indiana	20.32	18.87	9.30	2.20	3.24
Iowa	42.86	.	.	.	.
Kansas	.	49.06	.	.	.
Kentucky	.	33.33	.	.	.
Louisiana	.	19.23	.	.	.
Maine	.	.	.	.	.
Maryland	.	.	.	.	.
Massachusetts	.	.	.	.	.
Michigan	.	40.00	10.43	.	.
Minnesota	.	63.93	.	.	.
Mississippi	.	.	.	.	.
Missouri	9.26	.	.	.	.
Montana	.	.	.	.	.
Nebraska	.	.	.	.	26.32
Nevada	.	41.51	.	.	.
New Hampshire	28.13	43.75	.	.	.
New Jersey	.	.	.	3.70	.
New Mexico	.	37.50	.	.	.
New York	.	48.81	.	.	14.55
North Carolina	.	33.33	.	.	18.52
North Dakota	.	.	.	.	.
Ohio	.	.	.	.	.
Oklahoma	16.67	31.67	.	.	11.67
Oregon	.	63.64	.	.	.
Pennsylvania	24.43	45.25	.	.	.
Rhode Island	.	.	16.28	.	.
South Carolina	.	.	.	.	.
South Dakota	.	.	.	.	.
Tennessee	.	.	.	.	.
Texas	10.61	31.15	.	.	13.77
Utah	.	27.78	.	.	11.11
Vermont	.	75.00	.	.	.
Virginia	.	.	.	.	.
Washington	15.97	57.64	.	4.86	8.33
West Virginia	.	.	.	.	19.23
Wisconsin	20.79	30.69	6.93	.	7.92
Wyoming	.	78.95	.	.	.
50 states and DC	13.82	33.12	8.19	2.28	8.64
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	70.00	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	13.77	33.26	8.11	2.28	8.56

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Asian/Pacific Islander infants and toddlers in the exit reason column divided by the number of Asian/Pacific Islander infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

^cDetermined to be not eligible for Part B.

. Cannot be calculated.

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Table 6-11b. Asian/Pacific Islander infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama
Alaska	.	.	.	25.81	100.00
Arizona	100.00
Arkansas
California	.	1.39	12.79	7.48	100.00
Colorado	.	11.11	.	.	100.00
Connecticut	100.00
Delaware
District of Columbia
Florida	100.00
Georgia	100.00
Hawaii	.	3.98	39.41	12.62	100.00
Idaho	100.00
Illinois	100.00
Indiana	1.38	3.37	30.23	11.09	100.00
Iowa	100.00
Kansas	100.00
Kentucky	.	.	22.81	.	100.00
Louisiana	.	26.92	.	.	100.00
Maine
Maryland	100.00
Massachusetts	100.00
Michigan	.	8.70	.	7.83	100.00
Minnesota	.	8.20	.	.	100.00
Mississippi
Missouri	100.00
Montana	100.00
Nebraska	100.00
Nevada	100.00
New Hampshire	100.00
New Jersey	100.00
New Mexico	100.00
New York	100.00
North Carolina	.	.	18.52	12.96	100.00
North Dakota
Ohio	.	.	19.82	.	100.00
Oklahoma	.	10.00	11.67	11.67	100.00
Oregon	.	11.36	15.91	.	100.00
Pennsylvania	100.00
Rhode Island	.	11.63	.	.	100.00
South Carolina	100.00
South Dakota	100.00
Tennessee
Texas	.	.	22.80	7.90	100.00
Utah	.	9.26	25.93	.	100.00
Vermont	100.00
Virginia
Washington	.	.	4.17	.	100.00
West Virginia	.	.	26.92	.	100.00
Wisconsin	.	.	14.85	9.90	100.00
Wyoming	100.00
50 states and DC	0.72	4.35	20.71	8.17	100.00
American Samoa
Guam	.	.	24.49	.	100.00
Northern Marianas	100.00
Puerto Rico
Virgin Islands
U.S. and outlying areas	0.74	4.37	20.72	8.19	100.00

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Asian/Pacific Islander infants and toddlers in the exit reason column divided by the number of Asian/Pacific Islander infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-11c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Number of infants and toddlers				Eligibility not determined
	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b	
Alabama	108	375	29	18	83
Alaska	5	15	x	x	x
Arizona	x	117	x	5	x
Arkansas	42	102	40	x	38
California	199	969	564	x	181
Colorado	11	62	6	x	x
Connecticut	47	230	28	x	45
Delaware	15	71	16	13	13
District of Columbia	9	11	x	x	126
Florida	397	1,637	80	480	x
Georgia	146	765	40	11	191
Hawaii	17	28	x	x	x
Idaho	x	11	x	x	x
Illinois	317	973	211	x	264
Indiana	179	125	63	x	24
Iowa	14	15	x	x	x
Kansas	55	95	5	x	x
Kentucky	43	217	x	13	32
Louisiana	125	263	29	18	136
Maine	x	7	x	x	x
Maryland	216	761	22	9	258
Massachusetts	252	381	127	65	x
Michigan	31	242	163	49	174
Minnesota	21	132	x	x	x
Mississippi	59	219	148	100	62
Missouri	25	135	x	x	37
Montana	x	x	x	x	x
Nebraska	x	18	x	x	12
Nevada	x	45	x	x	31
New Hampshire	x	16	x	x	x
New Jersey	86	384	25	x	124
New Mexico	x	15	x	x	x
New York	247	1,938	187	95	706
North Carolina	45	350	100	x	196
North Dakota	x	5	x	x	x
Ohio	127	276	171	119	x
Oklahoma	26	100	14	x	35
Oregon	x	16	x	x	x
Pennsylvania	194	785	25	45	142
Rhode Island	18	23	x	x	x
South Carolina	39	239	38	25	97
South Dakota	x	x	x	x	x
Tennessee	92	234	33	x	167
Texas	319	724	149	90	435
Utah	x	18	x	x	x
Vermont	x	x	x	x	x
Virginia	174	430	67	81	93
Washington	8	64	9	x	14
West Virginia	5	17	x	x	11
Wisconsin	101	212	63	x	95
Wyoming	x	6	x	x	x
50 states and DC	3,832	13,890	2,493	1,345	3,863
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	3,857	13,914	2,499	1,349	3,895

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-11c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Number of infants and toddlers				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	6	25	73	113	830
Alaska	x	6	x	x	30
Arizona	x	x	x	16	148
Arkansas	x	26	68	39	368
California	x	45	385	331	2,700
Colorado	x	x	10	22	128
Connecticut	x	27	41	58	499
Delaware	x	20	28	x	178
District of Columbia	x	5	6	17	179
Florida	x	x	367	598	3,583
Georgia	19	72	247	195	1,686
Hawaii	x	x	x	x	112
Idaho	x	x	x	x	20
Illinois	x	68	142	301	2,307
Indiana	x	35	179	71	703
Iowa	x	5	11	7	55
Kansas	x	16	15	30	225
Kentucky	x	13	28	21	374
Louisiana	5	103	97	113	889
Maine	x	x	x	x	8
Maryland	10	60	155	214	1,705
Massachusetts	x	18	95	293	1,241
Michigan	11	79	103	267	1,119
Minnesota	x	8	x	x	168
Mississippi	7	64	70	40	769
Missouri	8	23	17	34	290
Montana	x	x	x	x	11
Nebraska	x	x	x	x	35
Nevada	x	9	7	15	112
New Hampshire	x	x	x	x	x
New Jersey	x	33	66	101	839
New Mexico	x	x	x	x	39
New York	12	135	266	232	3,818
North Carolina	x	52	146	87	983
North Dakota	x	x	x	x	10
Ohio	x	38	168	156	1,072
Oklahoma	x	21	42	98	341
Oregon	x	x	x	7	32
Pennsylvania	12	45	256	200	1,704
Rhode Island	x	x	12	12	71
South Carolina	11	16	48	42	555
South Dakota	x	x	x	x	20
Tennessee	x	33	76	68	721
Texas	21	83	306	424	2,551
Utah	x	x	x	x	35
Vermont	x	x	x	x	x
Virginia	6	45	44	88	1,028
Washington	x	6	9	6	121
West Virginia	x	11	13	5	65
Wisconsin	x	19	70	148	716
Wyoming	x	5	x	x	14
50 states and DC	280	1,323	3,720	4,495	35,241
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	280	1,325	3,733	4,502	35,354

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

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Table 6-11c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				Eligibility not determined
	Complete prior to max age	Part B eligible	Exit to other programs ^c	Exit with no referrals ^c	
Alabama	13.01	45.18	3.49	2.17	10.00
Alaska	16.67	50.00	.	.	.
Arizona	.	79.05	.	3.38	.
Arkansas	11.41	27.72	10.87	.	10.33
California	7.37	35.89	20.89	.	6.70
Colorado	8.59	48.44	4.69	.	.
Connecticut	9.42	46.09	5.61	.	9.02
Delaware	8.43	39.89	8.99	7.30	7.30
District of Columbia	5.03	6.15	.	.	70.39
Florida	11.08	45.69	2.23	13.40	.
Georgia	8.66	45.37	2.37	0.65	11.33
Hawaii	15.18	25.00	.	.	.
Idaho	.	55.00	.	.	.
Illinois	13.74	42.18	9.15	.	11.44
Indiana	25.46	17.78	8.96	.	3.41
Iowa	25.45	27.27	.	.	.
Kansas	24.44	42.22	2.22	.	.
Kentucky	11.50	58.02	.	3.48	8.56
Louisiana	14.06	29.58	3.26	2.02	15.30
Maine	.	87.50	.	.	.
Maryland	12.67	44.63	1.29	0.53	15.13
Massachusetts	20.31	30.70	10.23	5.24	.
Michigan	2.77	21.63	14.57	4.38	15.55
Minnesota	12.50	78.57	.	.	.
Mississippi	7.67	28.48	19.25	13.00	8.06
Missouri	8.62	46.55	.	.	12.76
Montana	.	.	.	.	.
Nebraska	.	51.43	.	.	34.29
Nevada	.	40.18	.	.	27.68
New Hampshire	.	.	.	.	.
New Jersey	10.25	45.77	2.98	.	14.78
New Mexico	.	38.46	.	.	.
New York	6.47	50.76	4.90	2.49	18.49
North Carolina	4.58	35.61	10.17	.	19.94
North Dakota	.	50.00	.	.	.
Ohio	11.85	25.75	15.95	11.10	.
Oklahoma	7.62	29.33	4.11	.	10.26
Oregon	.	50.00	.	.	.
Pennsylvania	11.38	46.07	1.47	2.64	8.33
Rhode Island	25.35	32.39	.	.	.
South Carolina	7.03	43.06	6.85	4.50	17.48
South Dakota	.	.	.	.	.
Tennessee	12.76	32.45	4.58	.	23.16
Texas	12.50	28.38	5.84	3.53	17.05
Utah	.	51.43	.	.	.
Vermont	.	.	.	.	.
Virginia	16.93	41.83	6.52	7.88	9.05
Washington	6.61	52.89	7.44	.	11.57
West Virginia	7.69	26.15	.	.	16.92
Wisconsin	14.11	29.61	8.80	.	13.27
Wyoming	.	42.86	.	.	.
50 states and DC	10.87	39.41	7.07	3.82	10.96
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	10.91	39.36	7.07	3.82	11.02

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Black (not Hispanic) infants and toddlers in the exit reason column divided by the number of Black (not Hispanic) infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

^cDetermined to be not eligible for Part B.

. Cannot be calculated.

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Table 6-11c. Black (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	All exits
Alabama	0.72	3.01	8.80	13.61	100.00
Alaska	.	20.00	.	.	100.00
Arizona	.	.	.	10.81	100.00
Arkansas	.	7.07	18.48	10.60	100.00
California	.	1.67	14.26	12.26	100.00
Colorado	.	.	7.81	17.19	100.00
Connecticut	.	5.41	8.22	11.62	100.00
Delaware	.	11.24	15.73	.	100.00
District of Columbia	.	2.79	3.35	9.50	100.00
Florida	.	.	10.24	16.69	100.00
Georgia	1.13	4.27	14.65	11.57	100.00
Hawaii	.	.	.	.	100.00
Idaho	.	.	.	.	100.00
Illinois	.	2.95	6.16	13.05	100.00
Indiana	.	4.98	25.46	10.10	100.00
Iowa	.	9.09	20.00	12.73	100.00
Kansas	.	7.11	6.67	13.33	100.00
Kentucky	.	3.48	7.49	5.61	100.00
Louisiana	0.56	11.59	10.91	12.71	100.00
Maine	.	.	.	.	100.00
Maryland	0.59	3.52	9.09	12.55	100.00
Massachusetts	.	1.45	7.66	23.61	100.00
Michigan	0.98	7.06	9.20	23.86	100.00
Minnesota	.	4.76	.	.	100.00
Mississippi	0.91	8.32	9.10	5.20	100.00
Missouri	2.76	7.93	5.86	11.72	100.00
Montana	.	.	.	.	100.00
Nebraska	.	.	.	.	100.00
Nevada	.	8.04	6.25	13.39	100.00
New Hampshire	.	.	.	.	100.00
New Jersey	.	3.93	7.87	12.04	100.00
New Mexico	.	.	.	.	100.00
New York	0.31	3.54	6.97	6.08	100.00
North Carolina	.	5.29	14.85	8.85	100.00
North Dakota	.	.	.	.	100.00
Ohio	.	3.54	15.67	14.55	100.00
Oklahoma	.	6.16	12.32	28.74	100.00
Oregon	.	.	.	21.88	100.00
Pennsylvania	0.70	2.64	15.02	11.74	100.00
Rhode Island	.	.	16.90	16.90	100.00
South Carolina	1.98	2.88	8.65	7.57	100.00
South Dakota	.	.	.	.	100.00
Tennessee	.	4.58	10.54	9.43	100.00
Texas	0.82	3.25	12.00	16.62	100.00
Utah	.	.	.	.	100.00
Vermont	.	.	.	.	100.00
Virginia	0.58	4.38	4.28	8.56	100.00
Washington	.	4.96	7.44	4.96	100.00
West Virginia	.	16.92	20.00	7.69	100.00
Wisconsin	.	2.65	9.78	20.67	100.00
Wyoming	.	35.71	.	.	100.00
50 states and DC	0.79	3.75	10.56	12.76	100.00
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	0.79	3.75	10.56	12.73	100.00

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Black (not Hispanic) infants and toddlers in the exit reason column divided by the number of Black (not Hispanic) infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-11d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Number of infants and toddlers				
	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b	Eligibility not determined
Alabama	8	16	x	x	5
Alaska	x	15	x	x	x
Arizona	11	820	x	21	x
Arkansas	7	26	x	x	x
California	1,155	6,082	2,849	x	854
Colorado	69	262	28	16	8
Connecticut	97	358	52	x	92
Delaware	13	30	8	x	5
District of Columbia	x	x	x	x	32
Florida	475	1,227	84	322	x
Georgia	54	249	x	12	69
Hawaii	20	x	7	x	18
Idaho	30	71	7	x	x
Illinois	439	1,194	146	7	274
Indiana	2,704	2,294	1,062	415	212
Iowa	32	21	x	5	x
Kansas	69	151	x	9	9
Kentucky	15	68	5	x	9
Louisiana	x	8	x	x	6
Maine	x	x	x	x	x
Maryland	68	177	x	x	49
Massachusetts	441	792	244	112	x
Michigan	25	122	36	28	x
Minnesota	23	107	x	x	x
Mississippi	x	x	x	x	x
Missouri	x	45	x	x	9
Montana	6	9	x	x	x
Nebraska	x	47	x	x	22
Nevada	19	139	5	6	69
New Hampshire	x	x	x	x	x
New Jersey	75	462	40	x	121
New Mexico	60	314	42	28	x
New York	509	3,872	370	235	1,384
North Carolina	23	229	71	x	136
North Dakota	x	x	x	x	x
Ohio	37	87	27	25	x
Oklahoma	46	88	17	x	21
Oregon	16	163	x	x	5
Pennsylvania	103	400	5	25	37
Rhode Island	44	119	21	x	x
South Carolina	x	23	x	x	11
South Dakota	x	10	x	x	x
Tennessee	13	46	x	x	46
Texas	1,459	2,885	478	275	1,740
Utah	38	109	x	20	50
Vermont	x	8	x	x	x
Virginia	73	145	24	23	26
Washington	42	261	43	31	58
West Virginia	x	x	x	x	x
Wisconsin	99	164	33	x	87
Wyoming	5	24	x	x	x
50 states and DC	8,454	23,791	5,763	1,720	5,538
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	12	x	x	7
U.S. and outlying areas	9,066	24,565	5,817	1,753	6,840

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-11d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Number of infants and toddlers				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	x	5	7	11	56
Alaska	x	x	x	x	30
Arizona	20	52	31	72	1,029
Arkansas	x	10	10	x	65
California	170	x	1,606	1,730	14,600
Colorado	10	52	92	71	608
Connecticut	x	60	67	83	856
Delaware	x	6	5	x	76
District of Columbia	x	x	x	x	44
Florida	27	x	293	448	2,887
Georgia	x	44	72	35	549
Hawaii	x	19	31	9	128
Idaho	x	10	21	36	181
Illinois	22	111	227	213	2,633
Indiana	88	336	1,573	959	9,643
Iowa	x	11	10	5	90
Kansas	x	37	26	30	341
Kentucky	x	8	x	10	128
Louisiana	x	x	x	6	36
Maine	x	x	x	x	x
Maryland	x	26	34	27	389
Massachusetts	x	42	163	549	2,362
Michigan	x	33	43	48	358
Minnesota	x	x	x	x	135
Mississippi	x	5	x	x	18
Missouri	x	12	x	7	91
Montana	x	x	x	x	31
Nebraska	x	7	x	x	84
Nevada	5	16	18	37	314
New Hampshire	x	x	x	x	29
New Jersey	x	48	62	84	913
New Mexico	x	92	138	113	796
New York	11	237	502	370	7,490
North Carolina	x	81	237	49	833
North Dakota	x	x	x	x	x
Ohio	x	20	33	27	258
Oklahoma	x	28	27	44	277
Oregon	x	13	19	17	239
Pennsylvania	5	37	108	65	785
Rhode Island	x	20	30	52	289
South Carolina	x	8	5	x	66
South Dakota	x	x	x	x	16
Tennessee	x	25	18	15	168
Texas	57	264	1,181	1,212	9,551
Utah	x	21	33	37	315
Vermont	x	x	x	x	14
Virginia	x	x	35	33	380
Washington	x	x	29	50	544
West Virginia	x	5	x	x	x
Wisconsin	x	24	34	75	528
Wyoming	x	10	x	7	55
50 states and DC	481	2,061	6,865	6,659	61,332
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	29
U.S. and outlying areas	493	2,192	6,976	6,774	64,476

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

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Table 6-11d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				
	Complete prior to max age	Part B eligible	Exit to other programs ^c	Exit with no referrals ^c	Eligibility not determined
Alabama	14.29	28.57	.	.	8.93
Alaska	.	50.00	.	.	.
Arizona	1.07	79.69	.	2.04	.
Arkansas	10.77	40.00	.	.	.
California	7.91	41.66	19.51	.	5.85
Colorado	11.35	43.09	4.61	2.63	1.32
Connecticut	11.33	41.82	6.07	.	10.75
Delaware	17.11	39.47	10.53	.	6.58
District of Columbia	.	.	.	.	72.73
Florida	16.45	42.50	2.91	11.15	.
Georgia	9.84	45.36	.	2.19	12.57
Hawaii	15.63	.	5.47	.	14.06
Idaho	16.57	39.23	3.87	.	.
Illinois	16.67	45.35	5.55	0.27	10.41
Indiana	28.04	23.79	11.01	4.30	2.20
Iowa	35.56	23.33	.	5.56	.
Kansas	20.23	44.28	.	2.64	2.64
Kentucky	11.72	53.13	3.91	.	7.03
Louisiana	.	22.22	.	.	16.67
Maine	.	.	.	.	.
Maryland	17.48	45.50	.	.	12.60
Massachusetts	18.67	33.53	10.33	4.74	.
Michigan	6.98	34.08	10.06	7.82	.
Minnesota	17.04	79.26	.	.	.
Mississippi	.	.	.	.	.
Missouri	.	49.45	.	.	9.89
Montana	19.35	29.03	.	.	.
Nebraska	.	55.95	.	.	26.19
Nevada	6.05	44.27	1.59	1.91	21.97
New Hampshire	.	.	.	.	.
New Jersey	8.21	50.60	4.38	.	13.25
New Mexico	7.54	39.45	5.28	3.52	.
New York	6.80	51.70	4.94	3.14	18.48
North Carolina	2.76	27.49	8.52	.	16.33
North Dakota	.	.	.	.	.
Ohio	14.34	33.72	10.47	9.69	.
Oklahoma	16.61	31.77	6.14	.	7.58
Oregon	6.69	68.20	.	.	2.09
Pennsylvania	13.12	50.96	0.64	3.18	4.71
Rhode Island	15.22	41.18	7.27	.	.
South Carolina	.	34.85	.	.	16.67
South Dakota	.	62.50	.	.	.
Tennessee	7.74	27.38	.	.	27.38
Texas	15.28	30.21	5.00	2.88	18.22
Utah	12.06	34.60	.	6.35	15.87
Vermont	.	57.14	.	.	.
Virginia	19.21	38.16	6.32	6.05	6.84
Washington	7.72	47.98	7.90	5.70	10.66
West Virginia	.	.	.	.	.
Wisconsin	18.75	31.06	6.25	.	16.48
Wyoming	9.09	43.64	.	.	.
50 states and DC	13.78	38.79	9.40	2.80	9.03
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	41.38	.	.	24.14
U.S. and outlying areas	14.06	38.10	9.02	2.72	10.61

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Hispanic infants and toddlers in the exit reason column divided by the number of Hispanic infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

^cDetermined to be not eligible for Part B.

. Cannot be calculated.

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Table 6-11d. Hispanic infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	.	8.93	12.50	19.64	100.00
Alaska	.	.	.	.	100.00
Arizona	1.94	5.05	3.01	7.00	100.00
Arkansas	.	15.38	15.38	.	100.00
California	1.16	.	11.00	11.85	100.00
Colorado	1.64	8.55	15.13	11.68	100.00
Connecticut	.	7.01	7.83	9.70	100.00
Delaware	.	7.89	6.58	.	100.00
District of Columbia	.	.	.	.	100.00
Florida	0.94	.	10.15	15.52	100.00
Georgia	.	8.01	13.11	6.38	100.00
Hawaii	.	14.84	24.22	7.03	100.00
Idaho	.	5.52	11.60	19.89	100.00
Illinois	0.84	4.22	8.62	8.09	100.00
Indiana	0.91	3.48	16.31	9.95	100.00
Iowa	.	12.22	11.11	5.56	100.00
Kansas	.	10.85	7.62	8.80	100.00
Kentucky	.	6.25	.	7.81	100.00
Louisiana	.	.	.	16.67	100.00
Maine	.	.	.	.	.
Maryland	.	6.68	8.74	6.94	100.00
Massachusetts	.	1.78	6.90	23.24	100.00
Michigan	.	9.22	12.01	13.41	100.00
Minnesota	.	.	.	.	100.00
Mississippi	.	27.78	.	.	100.00
Missouri	.	13.19	.	7.69	100.00
Montana	.	.	.	.	100.00
Nebraska	.	8.33	.	.	100.00
Nevada	1.59	5.10	5.73	11.78	100.00
New Hampshire	.	.	.	.	100.00
New Jersey	.	5.26	6.79	9.20	100.00
New Mexico	.	11.56	17.34	14.20	100.00
New York	0.15	3.16	6.70	4.94	100.00
North Carolina	.	9.72	28.45	5.88	100.00
North Dakota	.	.	.	.	.
Ohio	.	7.75	12.79	10.47	100.00
Oklahoma	.	10.11	9.75	15.88	100.00
Oregon	.	5.44	7.95	7.11	100.00
Pennsylvania	0.64	4.71	13.76	8.28	100.00
Rhode Island	.	6.92	10.38	17.99	100.00
South Carolina	.	12.12	7.58	.	100.00
South Dakota	.	.	.	.	100.00
Tennessee	.	14.88	10.71	8.93	100.00
Texas	0.60	2.76	12.37	12.69	100.00
Utah	.	6.67	10.48	11.75	100.00
Vermont	.	.	.	.	100.00
Virginia	.	.	9.21	8.68	100.00
Washington	.	.	5.33	9.19	100.00
West Virginia	.	.	.	.	.
Wisconsin	.	4.55	6.44	14.20	100.00
Wyoming	.	18.18	.	12.73	100.00
50 states and DC	0.78	3.36	11.19	10.86	100.00
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	100.00
U.S. and outlying areas	0.76	3.40	10.82	10.51	100.00

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of Hispanic infants and toddlers in the exit reason column divided by the number of Hispanic infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-11e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a

State	Number of infants and toddlers				
	Complete prior to max age	Part B eligible	Exit to other programs ^b	Exit with no referrals ^b	Eligibility not determined
Alabama	188	544	50	34	114
Alaska	42	137	18	13	x
Arizona	39	1,371	x	43	x
Arkansas	126	289	66	x	49
California	933	5,196	2,375	x	730
Colorado	143	995	107	54	57
Connecticut	469	1,271	181	127	165
Delaware	63	192	34	27	37
District of Columbia	x	x	x	x	26
Florida	1,708	3,521	139	807	x
Georgia	374	1,054	36	51	357
Hawaii	87	77	32	x	68
Idaho	191	592	55	32	16
Illinois	1,420	3,762	660	28	537
Indiana	7	x	x	x	x
Iowa	342	368	56	64	x
Kansas	570	1,064	39	64	44
Kentucky	488	1,446	46	84	210
Louisiana	194	366	33	46	133
Maine	109	1,215	x	x	44
Maryland	857	1,387	62	25	352
Massachusetts	2,935	4,088	491	557	51
Michigan	352	1,997	746	413	398
Minnesota	254	963	x	x	9
Mississippi	93	228	66	55	x
Missouri	154	1,143	89	81	163
Montana	121	149	33	11	31
Nebraska	22	406	x	6	155
Nevada	60	264	8	15	87
New Hampshire	182	424	35	x	96
New Jersey	760	2,143	206	146	536
New Mexico	62	235	44	12	x
New York	3,336	9,087	746	556	1,680
North Carolina	125	678	198	x	414
North Dakota	x	135	25	31	11
Ohio	662	1,775	567	742	19
Oklahoma	296	628	99	31	140
Oregon	58	639	28	18	5
Pennsylvania	1,647	4,406	157	333	419
Rhode Island	225	439	95	x	x
South Carolina	91	366	23	32	137
South Dakota	x	283	49	32	21
Tennessee	305	960	82	73	486
Texas	1,289	2,760	367	326	1,130
Utah	299	729	37	148	194
Vermont	74	396	35	8	x
Virginia	679	1,005	202	215	176
Washington	222	1,168	116	99	193
West Virginia	76	466	x	70	271
Wisconsin	824	1,696	264	117	366
Wyoming	86	208	x	21	7
50 states and DC	23,649	64,718	8,892	5,676	10,229
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	23,653	64,723	8,892	5,676	10,232

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2004-05. Data updated as of July 17, 2006.

Note: Please see the Part C Exiting Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aData are from a cumulative 12-month reporting period.

^bDetermined to be not eligible for Part B.

x Data suppressed to limit disclosure.

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Table 6-11e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Number of infants and toddlers				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	14	66	111	64	1,185
Alaska	x	40	33	25	321
Arizona	17	95	81	58	1,721
Arkansas	x	47	167	34	803
California	x	307	1,500	1,047	12,155
Colorado	23	146	196	147	1,868
Connecticut	8	107	438	77	2,843
Delaware	x	14	63	x	437
District of Columbia	x	9	9	x	52
Florida	38	x	794	622	7,652
Georgia	13	143	478	190	2,696
Hawaii	x	59	103	34	466
Idaho	11	67	105	56	1,125
Illinois	33	261	756	326	7,783
Indiana	x	x	5	x	25
Iowa	x	149	125	67	1,188
Kansas	13	126	143	91	2,154
Kentucky	16	97	211	101	2,699
Louisiana	8	105	153	88	1,126
Maine	x	x	39	x	1,454
Maryland	11	188	247	118	3,247
Massachusetts	13	174	898	1,197	10,404
Michigan	30	366	502	543	5,347
Minnesota	x	51	8	x	1,288
Mississippi	x	76	65	x	647
Missouri	19	103	108	85	1,945
Montana	5	40	50	35	475
Nebraska	6	34	30	x	672
Nevada	6	63	24	38	565
New Hampshire	x	46	88	33	906
New Jersey	8	129	424	96	4,448
New Mexico	x	83	67	27	543
New York	38	447	731	502	17,123
North Carolina	x	150	418	175	2,177
North Dakota	x	16	24	14	262
Ohio	53	216	829	336	5,199
Oklahoma	10	135	286	242	1,867
Oregon	8	56	74	105	991
Pennsylvania	33	210	1,082	253	8,540
Rhode Island	x	41	91	44	936
South Carolina	7	55	80	29	820
South Dakota	x	34	50	8	487
Tennessee	22	123	293	136	2,480
Texas	44	328	1,407	642	8,293
Utah	8	85	228	70	1,798
Vermont	x	33	24	x	587
Virginia	14	148	190	112	2,741
Washington	7	90	84	87	2,066
West Virginia	x	103	248	96	1,398
Wisconsin	16	98	264	197	3,842
Wyoming	x	64	23	27	448
50 states and DC	691	5,661	14,447	8,332	142,295
American Samoa	x	x	x	x	x
Guam	x	x	x	x	x
Northern Marianas	x	x	x	x	x
Puerto Rico	x	x	x	x	x
Virgin Islands	x	x	x	x	x
U.S. and outlying areas	691	5,662	14,449	8,332	142,310

^aData are from a cumulative 12-month reporting period.

x Data suppressed to limit disclosure.

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Table 6-11e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				Eligibility not determined
	Complete prior to max age	Part B eligible	Exit to other programs ^c	Exit with no referrals ^c	
Alabama	15.86	45.91	4.22	2.87	9.62
Alaska	13.08	42.68	5.61	4.05	.
Arizona	2.27	79.66	.	2.50	.
Arkansas	15.69	35.99	8.22	.	6.10
California	7.68	42.75	19.54	.	6.01
Colorado	7.66	53.27	5.73	2.89	3.05
Connecticut	16.50	44.71	6.37	4.47	5.80
Delaware	14.42	43.94	7.78	6.18	8.47
District of Columbia	.	.	.	.	50.00
Florida	22.32	46.01	1.82	10.55	.
Georgia	13.87	39.09	1.34	1.89	13.24
Hawaii	18.67	16.52	6.87	.	14.59
Idaho	16.98	52.62	4.89	2.84	1.42
Illinois	18.24	48.34	8.48	0.36	6.90
Indiana	28.00	.	.	.	.
Iowa	28.79	30.98	4.71	5.39	.
Kansas	26.46	49.40	1.81	2.97	2.04
Kentucky	18.08	53.58	1.70	3.11	7.78
Louisiana	17.23	32.50	2.93	4.09	11.81
Maine	7.50	83.56	.	.	3.03
Maryland	26.39	42.72	1.91	0.77	10.84
Massachusetts	28.21	39.29	4.72	5.35	0.49
Michigan	6.58	37.35	13.95	7.72	7.44
Minnesota	19.72	74.77	.	.	0.70
Mississippi	14.37	35.24	10.20	8.50	.
Missouri	7.92	58.77	4.58	4.16	8.38
Montana	25.47	31.37	6.95	2.32	6.53
Nebraska	3.27	60.42	.	0.89	23.07
Nevada	10.62	46.73	1.42	2.65	15.40
New Hampshire	20.09	46.80	3.86	.	10.60
New Jersey	17.09	48.18	4.63	3.28	12.05
New Mexico	11.42	43.28	8.10	2.21	.
New York	19.48	53.07	4.36	3.25	9.81
North Carolina	5.74	31.14	9.10	.	19.02
North Dakota	.	51.53	9.54	11.83	4.20
Ohio	12.73	34.14	10.91	14.27	0.37
Oklahoma	15.85	33.64	5.30	1.66	7.50
Oregon	5.85	64.48	2.83	1.82	0.50
Pennsylvania	19.29	51.59	1.84	3.90	4.91
Rhode Island	24.04	46.90	10.15	.	.
South Carolina	11.10	44.63	2.80	3.90	16.71
South Dakota	.	58.11	10.06	6.57	4.31
Tennessee	12.30	38.71	3.31	2.94	19.60
Texas	15.54	33.28	4.43	3.93	13.63
Utah	16.63	40.55	2.06	8.23	10.79
Vermont	12.61	67.46	5.96	1.36	.
Virginia	24.77	36.67	7.37	7.84	6.42
Washington	10.75	56.53	5.61	4.79	9.34
West Virginia	5.44	33.33	.	5.01	19.38
Wisconsin	21.45	44.14	6.87	3.05	9.53
Wyoming	19.20	46.43	.	4.69	1.56
50 states and DC	16.62	45.48	6.25	3.99	7.19
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	16.62	45.48	6.25	3.99	7.19

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of White (not Hispanic) infants and toddlers in the exit reason column divided by the number of White (not Hispanic) infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

^cDetermined to be not eligible for Part B.

. Cannot be calculated.

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Table 6-11e. White (not Hispanic) infants and toddlers birth through age 2 served under IDEA, Part C, who exited Part C programs, by exit reason and state: 2004–05^a (continued)

State	Percent of all exiting infants and toddlers ^b				All exits
	Deceased	Moved out of state	Withdrawal by parent	Unsuccessful contact	
Alabama	1.18	5.57	9.37	5.40	100.00
Alaska	.	12.46	10.28	7.79	100.00
Arizona	0.99	5.52	4.71	3.37	100.00
Arkansas	.	5.85	20.80	4.23	100.00
California	.	2.53	12.34	8.61	100.00
Colorado	1.23	7.82	10.49	7.87	100.00
Connecticut	0.28	3.76	15.41	2.71	100.00
Delaware	.	3.20	14.42	.	100.00
District of Columbia	.	17.31	17.31	.	100.00
Florida	0.50	.	10.38	8.13	100.00
Georgia	0.48	5.30	17.73	7.05	100.00
Hawaii	.	12.66	22.10	7.30	100.00
Idaho	0.98	5.96	9.33	4.98	100.00
Illinois	0.42	3.35	9.71	4.19	100.00
Indiana	.	.	20.00	.	100.00
Iowa	.	12.54	10.52	5.64	100.00
Kansas	0.60	5.85	6.64	4.22	100.00
Kentucky	0.59	3.59	7.82	3.74	100.00
Louisiana	0.71	9.33	13.59	7.82	100.00
Maine	.	.	2.68	.	100.00
Maryland	0.34	5.79	7.61	3.63	100.00
Massachusetts	0.12	1.67	8.63	11.51	100.00
Michigan	0.56	6.84	9.39	10.16	100.00
Minnesota	.	3.96	0.62	.	100.00
Mississippi	.	11.75	10.05	.	100.00
Missouri	0.98	5.30	5.55	4.37	100.00
Montana	1.05	8.42	10.53	7.37	100.00
Nebraska	0.89	5.06	4.46	.	100.00
Nevada	1.06	11.15	4.25	6.73	100.00
New Hampshire	.	5.08	9.71	3.64	100.00
New Jersey	0.18	2.90	9.53	2.16	100.00
New Mexico	.	15.29	12.34	4.97	100.00
New York	0.22	2.61	4.27	2.93	100.00
North Carolina	.	6.89	19.20	8.04	100.00
North Dakota	.	6.11	9.16	5.34	100.00
Ohio	1.02	4.15	15.95	6.46	100.00
Oklahoma	0.54	7.23	15.32	12.96	100.00
Oregon	0.81	5.65	7.47	10.60	100.00
Pennsylvania	0.39	2.46	12.67	2.96	100.00
Rhode Island	.	4.38	9.72	4.70	100.00
South Carolina	0.85	6.71	9.76	3.54	100.00
South Dakota	.	6.98	10.27	1.64	100.00
Tennessee	0.89	4.96	11.81	5.48	100.00
Texas	0.53	3.96	16.97	7.74	100.00
Utah	0.44	4.73	12.68	3.89	100.00
Vermont	.	5.62	4.09	.	100.00
Virginia	0.51	5.40	6.93	4.09	100.00
Washington	0.34	4.36	4.07	4.21	100.00
West Virginia	.	7.37	17.74	6.87	100.00
Wisconsin	0.42	2.55	6.87	5.13	100.00
Wyoming	.	14.29	5.13	6.03	100.00
50 states and DC	0.49	3.98	10.15	5.86	100.00
American Samoa	.	.	.	.	.
Guam	.	.	.	.	.
Northern Marianas	.	.	.	.	.
Puerto Rico	.	.	.	.	.
Virgin Islands	.	.	.	.	.
U.S. and outlying areas	0.49	3.98	10.15	5.85	100.00

^aData are from a cumulative 12-month reporting period.

^bPercent = Number of White (not Hispanic) infants and toddlers in the exit reason column divided by the number of White (not Hispanic) infants and toddlers in the all exits column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Table 6-12a. Infants and toddlers birth through age 2 receiving *assistive technology services/devices* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	52	169	1,079	1,193	4,518	7,011
1999	76	248	1,460	1,571	5,236	8,591
2000	106	176	1,009	1,632	6,045	8,968
2001	94	246	964	1,247	5,539	8,090
2002	110	303	1,065	1,087	5,981	8,546
2003	96	304	1,181	1,123	6,079	8,783
2004	101	293	1,015	1,178	6,304	8,891

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	2.6	2.8	3.7	4.4	4.5	4.2
1999	3.5	3.7	4.4	5.2	4.7	4.7
2000	4.6	2.3	2.9	4.6	4.6	4.2
2001	4.1	2.5	2.6	2.8	3.7	3.3
2002	4.4	2.5	2.6	2.0	3.7	3.2
2003	3.7	2.5	3.0	2.1	3.7	3.2
2004	3.6	2.4	2.5	2.0	3.7	3.1

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12b. Infants and toddlers birth through age 2 receiving *audiology* services under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	145	439	1,989	2,377	6,815	11,765	
1999	198	613	1,902	3,028	7,895	13,636	
2000	172	633	1,915	3,041	9,789	15,550	
2001	185	805	2,595	3,569	10,742	17,896	
2002	147	679	2,710	3,504	11,026	18,066	
2003	155	660	1,746	2,640	9,433	14,634	
2004	118	639	1,834	3,083	9,095	14,769	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	7.3	7.2	6.8	8.8	6.8	7.1	
1999	9.1	9.2	5.8	10.0	7.1	7.4	
2000	7.5	8.1	5.6	8.5	7.4	7.3	
2001	8.0	8.1	7.0	7.9	7.1	7.3	
2002	5.8	5.6	6.7	6.6	6.9	6.7	
2003	5.9	5.5	4.4	4.9	5.7	5.3	
2004	4.2	5.3	4.5	5.3	5.3	5.2	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12c. Infants and toddlers birth through age 2 receiving *family training, counseling, home visits and other support* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	438	2,366	6,879	6,271	26,020		41,974
1999	730	2,573	7,808	8,595	30,979	50,685	
2000	559	2,920	5,892	7,721	26,956	44,048	
2001	486	3,691	7,148	8,533	30,336	50,194	
2002	637	4,376	7,709	10,312	31,467	54,501	
2003	694	3,677	7,018	9,582	31,978	52,949	
2004	566	3,625	7,263	9,922	32,800	54,176	

Year	Percent of child count ^a						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	22.0	38.6	23.4	23.3	25.8		25.4
1999	33.5	38.7	23.8	28.4	27.9	27.7	
2000	24.3	37.4	17.1	21.5	20.3	20.7	
2001	21.0	37.0	19.3	18.9	20.1	20.5	
2002	25.3	36.3	19.1	19.4	19.6	20.3	
2003	26.4	30.8	17.6	17.6	19.3	19.3	
2004	20.4	30.0	17.7	17.0	19.3	19.1	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12d. Infants and toddlers birth through age 2 receiving *health services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	172	502	2,179	3,077	9,639	15,569
1999	347	596	2,407	3,081	11,436	17,867
2000	175	591	2,252	3,589	13,662	20,269
2001	113	208	1,210	1,693	3,911	7,135
2002	123	214	1,014	1,607	3,906	6,864
2003	123	237	1,021	955	4,350	6,686
2004	143	213	1,163	960	4,590	7,069

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	8.6	8.2	7.4	11.4	9.6	9.4
1999	15.9	9.0	7.3	10.2	10.3	9.8
2000	7.6	7.6	6.5	10.0	10.3	9.5
2001	4.9	2.1	3.3	3.8	2.6	2.9
2002	4.9	1.8	2.5	3.0	2.4	2.6
2003	4.7	2.0	2.6	1.8	2.6	2.4
2004	5.1	1.8	2.8	1.6	2.7	2.5

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12e. Infants and toddlers birth through age 2 receiving *medical services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	166	248	3,007	3,828	7,271	14,520
1999	151	343	3,131	4,889	9,173	17,687
2000	173	251	2,493	4,835	7,767	15,519
2001	257	319	2,411	4,776	7,603	15,366
2002	190	241	2,530	4,403	7,448	14,812
2003	224	127	1,588	855	4,603	7,397
2004	137	102	1,387	568	4,145	6,339

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	8.3	4.0	10.2	14.2	7.2	8.8
1999	6.9	5.2	9.5	16.1	8.2	9.7
2000	7.5	3.2	7.2	13.5	5.8	7.3
2001	11.1	3.2	6.5	10.6	5.0	6.3
2002	7.5	2.0	6.3	8.3	4.6	5.5
2003	8.5	1.1	4.0	1.6	2.8	2.7
2004	4.9	0.8	3.4	1.0	2.4	2.2

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12f. Infants and toddlers birth through age 2 receiving *nursing services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	170	839	2,829	3,583	7,256	14,677
1999	140	931	2,255	4,205	6,758	14,289
2000	213	898	1,799	4,423	6,678	14,011
2001	122	866	1,767	4,658	7,865	15,278
2002	135	877	1,926	4,194	7,809	14,941
2003	148	837	1,154	1,557	6,297	9,993
2004	115	797	1,136	1,341	5,874	9,263

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	8.5	13.7	9.6	13.3	7.2	8.9
1999	6.4	14.0	6.9	13.9	6.1	7.8
2000	9.3	11.5	5.2	12.3	5.0	6.6
2001	5.3	8.7	4.8	10.3	5.2	6.2
2002	5.4	7.3	4.8	7.9	4.9	5.6
2003	5.6	7.0	2.9	2.9	3.8	3.6
2004	4.1	6.6	2.8	2.3	3.5	3.3

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12g. Infants and toddlers birth through age 2 receiving *nutrition services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	152	367	1,654	1,893	4,762	8,828
1999	156	395	1,766	2,565	5,657	10,539
2000	180	437	1,865	2,779	6,792	12,053
2001	213	716	1,993	3,040	6,980	12,942
2002	187	910	2,057	3,065	6,900	13,119
2003	184	374	1,391	2,076	6,075	10,100
2004	176	364	1,428	2,238	6,480	10,686

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	7.6	6.0	5.6	7.0	4.7	5.3
1999	7.2	5.9	5.4	8.5	5.1	5.8
2000	7.8	5.6	5.4	7.8	5.1	5.7
2001	9.2	7.2	5.4	6.7	4.6	5.3
2002	7.4	7.5	5.1	5.8	4.3	4.9
2003	7.0	3.1	3.5	3.8	3.7	3.7
2004	6.3	3.0	3.5	3.8	3.8	3.8

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12h. Infants and toddlers birth through age 2 receiving *occupational therapy* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	408	1,253	7,580	6,227	27,885	43,353
1999	609	1,853	9,852	8,384	35,531	56,229
2000	712	2,089	11,239	10,793	44,777	69,610
2001	730	2,970	13,357	14,177	55,129	86,363
2002	828	3,017	13,928	17,069	56,947	91,789
2003	878	3,270	13,035	16,274	58,527	91,984
2004	974	3,338	12,840	16,439	59,442	93,033

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	20.5	20.4	25.8	23.2	27.6	26.2
1999	28.0	27.8	30.0	27.7	31.9	30.7
2000	31.0	26.7	32.6	30.1	33.7	32.6
2001	31.5	29.8	36.1	31.4	36.5	35.2
2002	32.8	25.0	34.6	32.2	35.5	34.2
2003	33.4	27.4	32.6	30.0	35.3	33.5
2004	35.1	27.6	31.3	28.2	35.0	32.7

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12i. Infants and toddlers birth through age 2 receiving *physical therapy* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	410	1,297	8,183	6,053	30,957	46,900
1999	646	1,710	10,480	8,469	39,149	60,454
2000	731	1,965	11,105	10,226	45,392	69,419
2001	810	2,563	12,799	13,834	57,223	87,229
2002	792	2,869	14,337	16,481	58,316	92,795
2003	892	3,041	13,253	15,795	59,045	92,026
2004	977	3,143	13,129	16,444	59,011	92,704

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	20.6	21.1	27.9	22.5	30.7	28.4
1999	29.7	25.7	31.9	27.9	35.2	33.0
2000	31.8	25.1	32.2	28.5	34.2	32.6
2001	34.9	25.7	34.6	30.7	37.9	35.6
2002	31.4	23.8	35.6	31.1	36.3	34.6
2003	34.0	25.5	33.2	29.1	35.6	33.5
2004	35.2	26.0	32.1	28.2	34.7	32.6

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12j. Infants and toddlers birth through age 2 receiving *psychological services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	49	238	1,297	1,561	3,378	6,523
1999	56	415	894	1,417	2,662	5,444
2000	29	422	931	1,744	3,284	6,410
2001	45	657	1,524	2,198	5,246	9,670
2002	39	338	1,527	1,989	5,148	9,041
2003	45	429	995	1,738	4,198	7,405
2004	38	573	1,167	2,240	4,614	8,632

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	2.5	3.9	4.4	5.8	3.3	3.9
1999	2.6	6.2	2.7	4.7	2.4	3.0
2000	1.3	5.4	2.7	4.9	2.5	3.0
2001	1.9	6.6	4.1	4.9	3.5	3.9
2002	1.5	2.8	3.8	3.7	3.2	3.4
2003	1.7	3.6	2.5	3.2	2.5	2.7
2004	1.4	4.7	2.8	3.8	2.7	3.0

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12k. Infants and toddlers birth through age 2 receiving *respite care* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	114	317	567	900	3,015	4,913	
1999	167	351	852	1,308	4,100	6,778	
2000	168	383	873	1,972	4,790	8,186	
2001	165	509	1,187	2,596	5,512	9,969	
2002	135	660	940	3,127	5,305	10,167	
2003	135	532	962	2,801	4,962	9,392	
2004	95	445	746	1,977	4,196	7,459	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	5.7	5.2	1.9	3.3	3.0	3.0	
1999	7.7	5.3	2.6	4.3	3.7	3.7	
2000	7.3	4.9	2.5	5.5	3.6	3.8	
2001	7.1	5.1	3.2	5.8	3.7	4.1	
2002	5.4	5.5	2.3	5.9	3.3	3.8	
2003	5.1	4.5	2.4	5.2	3.0	3.4	
2004	3.4	3.7	1.8	3.4	2.5	2.6	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12l. Infants and toddlers birth through age 2 receiving *social work services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	170	1,013	9,782	6,407	20,963	38,335
1999	159	1,004	2,816	3,883	7,576	15,438
2000	167	1,129	2,739	4,122	9,197	17,354
2001	153	1,588	4,062	5,764	14,301	25,868
2002	170	1,288	4,554	6,015	14,381	26,408
2003	159	882	2,405	3,404	9,873	16,723
2004	134	895	2,316	3,343	9,226	15,914

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	8.5	16.5	33.3	23.8	20.8	23.2
1999	7.3	15.1	8.6	12.8	6.8	8.4
2000	7.3	14.4	7.9	11.5	6.9	8.1
2001	6.6	15.9	11.0	12.8	9.5	10.5
2002	6.7	10.7	11.3	11.3	9.0	9.8
2003	6.1	7.4	6.0	6.3	6.0	6.1
2004	4.8	7.4	5.7	5.7	5.4	5.6

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12m. Infants and toddlers birth through age 2 receiving *special instruction* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	879	2,045	12,356	12,339	43,483		71,102
1999	1,242	2,529	15,724	16,375	51,368	87,238	
2000	1,223	2,928	16,635	21,635	61,508	103,929	
2001	1,276	3,565	18,625	26,796	65,099	115,361	
2002	1,252	4,193	18,718	31,022	66,739	121,924	
2003	1,511	4,609	19,087	29,859	72,520	127,586	
2004	1,745	5,146	19,499	32,952	75,934	135,276	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	44.1	33.3	42.1	45.9	43.1		43.0
1999	57.0	38.0	47.9	54.0	46.2	47.6	
2000	53.2	37.5	48.3	60.4	46.3	48.7	
2001	55.0	35.7	50.3	59.4	43.1	47.0	
2002	49.7	34.8	46.5	58.5	41.6	45.4	
2003	57.5	38.7	47.7	55.0	43.8	46.5	
2004	62.8	42.5	47.6	56.5	44.7	47.6	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12n. Infants and toddlers birth through age 2 receiving *speech language pathology* services under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	652	1,730	11,003	8,410	44,390		66,185
1999	986	2,371	13,663	11,877	56,392	85,289	
2000	1,096	2,754	14,624	14,706	67,097	100,277	
2001	1,177	3,612	17,183	18,895	83,386	124,253	
2002	1,239	4,258	18,879	23,810	89,495	137,681	
2003	1,339	4,652	17,370	23,109	89,770	136,240	
2004	1,467	4,910	17,313	24,946	90,800	139,436	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	32.7	28.2	37.5	31.3	44.0		40.0
1999	45.3	35.6	41.6	39.2	50.7	46.6	
2000	47.7	35.2	42.4	41.0	50.5	47.0	
2001	50.8	36.2	46.4	41.9	55.3	50.6	
2002	49.1	35.3	46.9	44.9	55.7	51.3	
2003	51.0	39.0	43.4	42.6	54.2	49.6	
2004	52.8	40.6	42.3	42.8	53.4	49.1	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

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^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12o. Infants and toddlers birth through age 2 receiving *transportation and related costs* services under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	273	671	3,897	2,848	10,963		18,652
1999	307	536	4,576	3,573	12,636	21,628	
2000	189	590	3,956	4,011	11,636	20,382	
2001	151	811	4,418	4,846	12,540	22,766	
2002	166	744	4,332	5,234	11,147	21,623	
2003	159	458	3,085	3,927	8,259	15,888	
2004	116	466	2,491	3,501	7,533	14,107	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
	1998	13.7	10.9	13.3	10.6	10.9		11.3
1999	14.1	8.1	13.9	11.8	11.4	11.8	
2000	8.2	7.5	11.5	11.2	8.8	9.6	
2001	6.5	8.1	11.9	10.7	8.3	9.3	
2002	6.6	6.2	10.8	9.9	6.9	8.1	
2003	6.1	3.8	7.7	7.2	5.0	5.8	
2004	4.2	3.9	6.1	6.0	4.4	5.0	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

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^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12p. Infants and toddlers birth through age 2 receiving *vision services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	90	253	1,516	1,266	4,593	7,718
1999	100	198	1,133	1,087	4,046	6,564
2000	121	174	1,026	1,164	4,572	7,057
2001	123	291	1,518	1,418	4,978	8,328
2002	102	223	1,672	1,653	5,053	8,703
2003	98	223	905	1,139	3,854	6,219
2004	117	199	853	1,095	3,625	5,889

Year	Percent of child count ^b					Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
1998	4.5	4.1	5.2	4.7	4.6	4.7
1999	4.6	3.0	3.5	3.6	3.6	3.6
2000	5.3	2.2	3.0	3.2	3.4	3.3
2001	5.3	2.9	4.1	3.1	3.3	3.4
2002	4.0	1.8	4.2	3.1	3.1	3.2
2003	3.7	1.9	2.3	2.1	2.3	2.3
2004	4.2	1.6	2.1	1.9	2.1	2.1

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

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^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Table 6-12q. Infants and toddlers birth through age 2 receiving *other early intervention services* under IDEA, Part C, in the U.S. and outlying areas,^a by race/ethnicity and year: Fall 1998 through fall 2004

Year	Number						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	421	435	8,600	4,194	26,141	39,791	
1999	743	965	14,846	9,580	43,844	69,978	
2000	768	1,020	10,996	7,339	37,980	58,103	
2001	652	964	6,904	5,004	17,849	31,373	
2002	582	993	4,678	4,300	14,135	24,688	
2003	640	661	3,292	4,660	12,990	22,243	
2004	167	317	1,609	2,312	7,511	11,916	

Year	Percent of child count ^b						Race/ ethnicity total
	American Indian/Alaska Native	Asian/Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)		
1998	21.1	7.1	29.3	15.6	25.9	24.1	
1999	34.1	14.5	45.2	31.6	39.4	38.2	
2000	33.4	13.1	31.9	20.5	28.6	27.2	
2001	28.1	9.7	18.6	11.1	11.8	12.8	
2002	23.1	8.2	11.6	8.1	8.8	9.2	
2003	24.4	5.5	8.2	8.6	7.8	8.1	
2004	6.0	2.6	3.9	4.0	4.4	4.2	

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0556: "Early Intervention Services on IFSPs Provided To Infants and Toddlers and Their Families in Accordance with Part C," 2004. Data updated as of July 17, 2006.

Note: Please see the Part C Services Data Notes in appendix A for information the states submitted to clarify their data submissions.

^aIncludes the 50 states, District of Columbia, Puerto Rico and the four outlying areas.

^bPercent = Number reported in the service category divided by the child count for the particular year, multiplied by 100. Denominators are not available in this report but may be found in the relevant *Annual Reports to Congress* at <http://www.ed.gov/about/reports/annual/osep/index.html>. Last accessed Oct. 17, 2008.

Appendix A

Data Notes for *IDEA*, Part C

DATA NOTES FOR *IDEA*, PART C

These data notes contain information provided by the states¹ on the ways in which they collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions, (b) other information provided by states that they believe is necessary for understanding the data they have reported and (c) states' explanations in the event of *substantial changes* in data reported from the previous year. For the latter, OSEP flags *substantial changes* in the state-reported data for further inquiry. Specifically, OSEP asks states to explain whether a flagged change is indicative of a change in policy, a change in reporting practices, a change in practices in the field or a data validity problem.

The Part C data covered in these data notes are:

- 2005 Child Count,
- 2004 Program Settings,
- 2004–05 Exiting, and
- 2004 Early Intervention Services.

Year-to-Year Substantial Change Criteria

In 2005, OSEP changed the criteria to define what constitutes a *substantial change*—that is, a change in numbers reported by a state in a given data category from one year to the next (e.g., Part C Child Count from 2004 to 2005; Part C Early Intervention Services from 2003 to 2004). That change is reflected for the first time in this *29th Annual Report to Congress*. Known as the “more than 10 percent and more than 10 people rule,” the new criteria require that a reported number be flagged if:

- There is an increase or decrease of 10 percent or more from the number reported for the previous year. A change of more than 10 percent occurs when the result of the difference reported for two consecutive years, divided by the number reported for the prior year, multiplied by 100, is larger than 10.0 or smaller than -10.0.
- An additional threshold of “more than 10 people” is applied, whereby any change of 10 percent or more must represent a numeric change greater than 10.

The “more than 10 percent and more than 10 people” rule differs noticeably in the following three ways from the criteria explained in the *28th Annual Report to Congress* (see <http://www.ed.gov/about/reports/annual/osep/index.html>, last accessed Oct. 24, 2008):

- The “more than 10 percent and more than 10 people” criteria are more stringent than the year-to-year substantial change criteria described in the *28th Annual Report to Congress*, which ranged from 20 to 30 percent and 25 to 10,000 children/students, depending on the data category.
- The “more than 10 percent and more than 10 people” criteria apply consistently across the data collection categories in the *29th Annual Report to Congress* instead of varying across the categories, as the criteria did for the *28th Annual Report to Congress*.

¹ In these Data Notes, references to “states” may encompass the 50 states, the District of Columbia, Puerto Rico and the outlying areas (American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands).

- The new criteria led to lengthier data notes in the *29th Annual Report to Congress* than have appeared in previous annual reports. The more stringent criteria increased the number of year-to-year changes flagged by OSEP as substantial, causing OSEP to make more requests for explanations, resulting in many more data notes being provided by the states.²

OSEP instituted the more restrictive “more than 10 percent and more than 10 people” criteria for flagging substantial year-to-year changes in fall 2005 to enhance data quality, standardize the criteria across the data categories and encourage states to investigate changes at the state and district levels.

Compilation of Part C Data Notes

The data notes that follow accurately reflect data notes as submitted by the states to OSEP. Some data notes were added to point out data changes that were not explained by the states. In some cases, light edits were made to the data notes for clarity and consistency in format for publication in this annual report to Congress.

Part C Data Categories and Subcategories

Table A-1 lists the data categories and subcategories that states are required to report to OSEP regarding infants and toddlers birth through age 2 served under *IDEA*, Part C.

² Where a change occurred that met the “more than 10 percent and more than 10 people” criteria described above, and there was no accompanying data note, it was because the state did not explain the change in the data.

Table A-1. Categories and subcategories of data required for infants and toddlers birth through age 2 served under IDEA, Part C: 2004–05

Data Category	Data Subcategories
Child Count	Total served Total at risk served <i>Race/ethnicity (by total served and total at risk served)</i> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)
Program Settings*	<i>Program settings</i> Total program settings Program designed for children with developmental delay or disabilities Program designed for typically developing children Home Hospital (inpatient) Residential facility Service provider location Other setting <i>Race/ethnicity (by program setting and total program settings)</i> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)
Exiting	<i>Basis (reason) for exit</i> Total exiting Completion of IFSP prior to reaching maximum age for Part C Part B eligible Not eligible for Part B, exit to other programs Not eligible for Part B, exit with no referrals Part B eligibility not determined Deceased Moved out of state Withdrawal by parent (or guardian) Attempts to contact unsuccessful

* References in this report to natural settings refer to a subcategory that collapses *home* and *program for typically developing children*.

Continued on next page

Table A-1. Categories and subcategories of data required for infants and toddlers birth through age 2 served under IDEA, Part C: 2004–05 (continued)

Data Category	Data Subcategories
Exiting (continued)	<p><i>Race/ethnicity (by exit reason and total exit reasons)</i></p> <ul style="list-style-type: none"> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)
Early intervention services	<p><i>Type of services</i></p> <ul style="list-style-type: none"> Assistive technology services/devices Audiology Family training, counseling, home visits and other support Health services Medical services (for diagnostic or evaluation purposes) Nursing services Nutrition services Occupational therapy Physical therapy Psychological services Respite care Social work services Special instruction Speech-language pathology Transportation and related costs Vision services Other early intervention services <p><i>Race/ethnicity (by type of service)</i></p> <ul style="list-style-type: none"> American Indian or Alaska Native Asian or Pacific Islander Black (not Hispanic) Hispanic White (not Hispanic)

Table 6-1 Through 6-3, 6-7 Through 6-9: IDEA Part C Count of Infants and Toddlers Served, 2005

Alabama—The state attributed the increase in the number of white (not Hispanic) and Hispanic infants and toddlers served to an increase in the white (not Hispanic) and Hispanic population in the state. The state reported that 61 percent and 4 percent of infants and toddlers receiving services were white (not Hispanic) and Hispanic, respectively. The Center for Demographic Research at Auburn University reported that Census data showed that 62 percent and 4 percent of the state’s birth through 3 population were white (not Hispanic) and Hispanic, respectively.

Alaska—Alaska estimated race/ethnicity for 20 infants and toddlers (3 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Infant Learning Program (ILP) service improvements in two remote regions of the state resulted in an increase in the number of Alaska Natives enrolled and served by the programs. These two programs saw increases of 43 and 12 enrolled Native infants and toddlers. The decrease in the number of white (not Hispanic) infants and toddlers served was relatively small, and the state believed the decrease was a product of normal fluctuations in a small overall population. The fluctuations happened in several regions of the state with no direct cause.

American Samoa—The increase in the child count for American Samoa was due to efforts over the past two years to rebuild the entire early intervention program. These efforts included the implementation of a database management system. These improvements resulted in a significant increase in both the number of infants and toddlers served and the territory’s ability to collect and manage its data.

Arizona—Arizona estimated race/ethnicity for 182 infants and toddlers (4 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Arkansas—There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to an influx of Hispanic people entering Arkansas and the Child Find Campaign, which resulted in an increase in Hispanic children and families receiving services.

The decrease in the number of black (not Hispanic) infants and toddlers served was attributed to the increase in infants and toddlers transferring out of the early intervention (EI) program and attending the Child Health Management Services program (CHMS) that is funded by Medicaid.

The increase in Asian/Pacific Islander infants and toddlers was due to the Public Awareness Project Child Find and influx into Arkansas’ population. Child Find, which affects the referral process, has been emphasized and used in Early Child Care Centers and other state programs.

California—California estimated the number of at-risk infants and toddlers it served. Although the state serves at-risk infants and toddlers, its database cannot always distinguish the at-risk infants and toddlers from other Early Start participants. Early Start is California’s Part C program. Some participants enter the program classified as at-risk (e.g., referral soon after birth) and later manifest developmental delays. Other participants enter Early Start with developmental delays, and risk factors are later identified. This updated information may not be present in the database for several months (up to a year) after the delay is identified. In order to report the number of at-risk infants and toddlers served, in 2002, the state conducted a cohort analysis to determine the percentage of infants and toddlers it served who were best described as “solely at risk.” The state followed up on a 1998 cohort of regional center Early Start participants to determine how many entered school-age services because of a diagnosed developmental disability. The remaining infants and toddlers were deduced to be at risk. From this study, the state determined that 8 percent of Early Start participants are best described as “solely at risk.” California applied this percentage

to its Early Start child count and reported the result as the number of at-risk infants and toddlers served. It attributed the increase in the number of at-risk infants and toddlers served to an increase in the child count. Because this estimate was based on the state's total child count, any increase in the child count would be expected in the at-risk count.

California estimated race/ethnicity for 4,743 infants and toddlers (15 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. It also estimated race/ethnicity for 381 at-risk infants and toddlers (16 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. All of these infants and toddlers received services through the state's Department of Developmental Services.

The state attributed the increase in the number of Asian/Pacific Islander and Hispanic infants and toddlers served to an increase in the Asian/Pacific Islander and Hispanic populations in the state. These populations are growing at faster rates than California's overall population.

California attributed the increase in the total number of infants and toddlers receiving services to an increase in the state's birth through 3 population and to an increase in the number of infants and toddlers served by Early Start. Typically, Early Start averages a 5 percent growth annually. In 2005, there was an 11 percent increase in the number of infants and toddlers served in Early Start. The state attributed this increase in caseload to a variety of factors:

- All of the state's 21 regional centers have liaison activities with Neonatal Intensive Care Units.
- Through the use of a Hilton Special Quest Grant, Early Head Start now uses an Infant Development Scale to assess siblings and other infants and toddlers.
- The Department of Developmental Services coordinates with the California Department of Social Services on the referral requirements of the *Child Abuse Prevention and Treatment Act (CAPTA)*.
- California's Interagency Coordinating Council focused on child outreach activities and related referrals in which 21 different activities were identified.
- A revised public outreach brochure entitled "Reasons for Concern" was developed and disseminated in collaboration with the California Department of Education.
- In Los Angeles, where 28 percent of Californians reside, the BEST Primary Care Physicians began using a standardized assessment for pediatric patients.
- California expanded its Newborn Hearing Screening Program to statewide.

Colorado—The state believed the increase in the number of Asian/Pacific Islander infants and toddlers receiving services was due to an increase in the number of adoptions of female infants from Asian countries. Some of these infants and toddlers were referred to Part C.

Connecticut—The state believed the increase in the number of Asian/Pacific Islander infants and toddlers receiving services was due to an increase in the number of adoptions of Chinese female infants. Some of these infants and toddlers were referred to Part C.

Delaware—As a result of prorating the unknown race category, a higher number of infants and toddlers were categorized as white (not Hispanic) in 2005 than in 2004. For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent

years, documentation indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers were entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child's race; however, it has become increasingly difficult for Delaware to provide a single race in this category. The demographic determination for 88 infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

The state resubmitted its 2005 child count data. The table was resubmitted because Delaware holds the cases of children who are born between May 1 and August 31 open until August 31 (until they transition into the schools). Some of these children require additional follow-up to ensure a smooth transition. The cases are closed as of August 31, but the data entry to close those cases sometimes does not happen automatically and is often delayed. Usually, there is a small change in the counts, fewer than a dozen children. Unfortunately, the state was without a local management analyst, who was responsible for reviewing the local charts and ensuring their proper closure in a timely fashion, in one of the counties. The position was vacant for about nine months. The position was filled, and the state worked closely with the new person. Appropriate closures were made, and the adjustments were reflected.

District of Columbia—The District of Columbia attributed the increase in the total number of infants and toddlers served to a change in the way it collected data. The District conducted a caseload validation process, pulled each active file in its database and verified that the most recent individualized family service plan (IFSP) was on file. The District cross-referenced this list with the Part C intake data of all Part C-eligible infants and toddlers to ensure that all eligible infants and toddlers were identified and reported. The District changed its early intervention database and can now track families on a monthly basis. The District believed the increase in the total number of infants and toddlers served also may have been the result of its attempt to meet the *Child Abuse Prevention and Treatment Act (CAPTA)* regulations, by increasing the number of infants and toddlers referred from foster care and protective service agencies.

Florida—The state attributed the increase in the number of Asian/Pacific Islander infants and toddlers served to an increase in the population of Asian/Pacific Islanders in the state and to an increase in the number of adoptions of Asian/Pacific Islander infants and toddlers. The state believed this increase was partly due to better data reporting and partly due to face-to-face intakes that allowed service coordinators to more accurately report race/ethnicity.

Georgia—Georgia estimated race/ethnicity for 329 infants and toddlers (6 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

The state had a decrease in the number of Asian/Pacific Islanders served in 2004. The decrease was attributed to families moving back and forth across state lines. As demonstrated in the state demographics, the largest loss of Asian/Pacific Islanders was from rural counties that border neighboring states. Another possibility was that the imputation formula used for infants and toddlers in the *other* category could have artificially indicated change.

Guam—Guam submitted revisions to its 2001, 2002 and 2003 child count data. The revisions significantly lowered the number of at-risk infants and toddlers.

Hawaii—The decrease in the number of Hispanic infants and toddlers served was explained as follows. Upon comparing child count data between 2003 and 2005, it was found that 2004 had an increase in the number of Hispanic infants and toddlers. The data reported for 2005 were more in line with 2003's data and may have reflected a return to the more historical trend. The number of Hispanic infants and toddlers served in 2003 was 124, and in 2005, it was 121. Further, closer scrutiny of the data submitted by individual Part C providers in the state revealed that most groups had a slight decrease in the number of

infants and toddlers served. This follows with the overall decrease in the number of infants and toddlers served from 3,936 in 2004 to 3,688 in 2005.

The decrease in the number of at-risk infants and toddlers served was attributed to the steady decrease in the number of families enrolled in the Healthy Start Home visiting program, which is responsible for serving the at-risk population in Hawaii. The change was attributed to more parents working full time and being unavailable for services. Many families identified as at risk were also using illegal drugs and in need of more intensive support services. A new program called Enhanced Healthy Start was created to serve high-risk families and was implemented as of November 2005. The state may see an increase in the number of at-risk families served, with the influx of new referrals from the program.

The state resubmitted its 2005 child count data. The Part C data manager accidentally left out data from two programs. When these data were added, the total child count was 8,395.

Idaho—The state attributed the increase in the total number of infants and toddlers served and in the number of white (not Hispanic) infants and toddlers served to an increase in the number of people moving into the state. According to the Census Bureau, the state's population is one of the fastest growing in the country. The state attributed the increase in the number of Hispanic infants and toddlers served to an increase in the total Hispanic population in the state. The Census Bureau reports that between 2003 and 2004, the state's Hispanic population increased at double the rate of the state's overall population.

Illinois—Illinois estimated race/ethnicity for 210 infants and toddlers (1 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 210 infants and toddlers, 32 were reported as ages birth to less than 1; a total of 66 were reported as ages 1 to less than 2; and 112 were reported as ages 2 to 3.

The state attributed the 6 percent increase in the total number of infants and toddlers served to a reduction in the length of time between a referral to early intervention and the development of an initial IFSP. The state believed that because a family spent an average of 30 days in intake, infants and toddlers were determined eligible to receive services more quickly. As a result, fewer families left the program before eligibility determination.

The state attributed the increase in the number of Asian/Pacific Islander infants and toddlers served to outreach efforts in three counties. Census data showed that Asian/Pacific Islander infants and toddlers were heavily concentrated in those counties.

Indiana—The state attributed the increase in the number of Hispanic infants and toddlers served to an increase in the Hispanic population in the state.

The state attributed the decrease in the number of at-risk infants and toddlers served to better data reporting. The state emphasized the importance of correctly reporting the eligibility status of infants and toddlers who were eligible for more than one reason. One of these reasons was the child was biologically at risk.

Iowa—The state attributed the increase in the total number of infants and toddlers served to regional continuous improvement plans based on regional performance data, early identification procedures in 2004 and focused monitoring that targeted early identification.

For the 2005 data collection, Iowa began using the last Friday in October as its collection date for Part C. Although historically this was not a data collection option for Part C, Iowa's Part C program is run by the state's Department of Education. Iowa's Part B program also uses the last Friday in October for its data collection date.

Kansas—The population in the western part of the state was decreasing, and the state's population center shifted to the east. In the western part of the state, the towns with industry, i.e., beef-packing and hog-farming operations, were generally maintaining their populations. The state also saw an increase in the migrant population, particularly during the wheat and corn harvest seasons. This group's entries and exits influenced the state's annual and December 1 counts.

The Asian population increased, primarily in metropolitan areas and, somewhat, in beef-packing communities.

The state attributed the increase in the number of American Indian/Alaska Native infants and toddlers receiving services to successful child find efforts. In 2005, the total number of infants and toddlers screened increased 69 percent, and the number of referrals for evaluation increased by 6 percent. The state also believed its American Indian/Alaska Native population increased. Data from the Census Bureau revealed that the American Indian/Alaska Native population in the state increased 55 percent from 2003 to 2004. The state believed this population continued to increase in 2005.

Kentucky—The decrease in number of black (not Hispanic) infants and toddlers served was most likely a result of better collection of ethnicity data from the field. Since fall 2005, Kentucky implemented penalties to contracted providers for not submitting this important information. The result was that the number of infants and toddlers with ethnicity unknown (requiring estimates of ethnicity for the OSEP tables) decreased. Estimates based on the distribution for which ethnicity was known were applied to the unknown infants and toddlers. In 2004, it was likely that these estimates overstated the number of black (not Hispanic) infants and toddlers. The 2005 data were more accurate. Thus, the change was most likely due to a reduction in the number of infants and toddlers for whom ethnicity was estimated rather than an actual reduction in the number of black (not Hispanic) infants and toddlers served.

Louisiana—Louisiana estimated race/ethnicity for 60 infants and toddlers (2 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the total number of infants and toddlers served, as well as in the number of black (not Hispanic) and Hispanic infants and toddlers served. The drop in numbers was due to Hurricanes Katrina and Rita. Families were displaced in two areas of the state. One of the areas (New Orleans) was the largest urban area and served over 1,000 infants and toddlers.

Maryland—The state attributed the increase in the number of Hispanic infants and toddlers served to changing demographics, an increased number of infants, toddlers and families served statewide and sustained efforts to target public awareness activities to underserved and special populations. Thirteen jurisdictions reported increases in Hispanic infants and toddlers served, and those with the most significant increases had comparable increases in the overall Hispanic population for the jurisdiction.

Starting in 2004, Maryland uses the last Friday in October as its collection date for Part C. Although historically this was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education. Maryland's Part B program also uses the last Friday in October for its data collection date.

Michigan—There was an increase in the number of Asian/Pacific Islander infants and toddlers served. Michigan could not provide an explanation for the significant year-to-year change and planned to further investigate the change.

Minnesota—Minnesota attributed the increase in child count to a change in formula for allocating funds to local areas for public awareness and outreach activities that took effect July, 1 2005. A multi-factorial appropriation system was implemented that increased the proportion of funds allocated to local areas with higher proportions of families in poverty and families speaking a language other than English. Through the annual application for these funds, local areas were required to develop action plans to improve outreach activities to the general public and to underserved segments of the state's population. The implementation of these activities resulted in improved child find efforts to families of diverse language or cultural backgrounds. These efforts resulted in more infants and toddlers identified from minority racial backgrounds.

Mississippi—The state attributed the decrease in the total number of infants and toddlers served to families moving out of the state following the aftermath of Hurricane Katrina. The state expected this number to increase in the coming years as families move back to Mississippi.

Nebraska—The decrease in the number of Asian/Pacific Islanders served was due to the movement of Asian/Pacific families to other states. The state will further investigate the change.

New Jersey—The increase in the number of Hispanic infants and toddlers served was due to an influx of Hispanic families to the state. This resulted in an increase in referral to the New Jersey Early Intervention System. In addition, child find efforts addressed reaching Hispanic families in the state. The child find efforts included significant outreach in potentially underserved local areas of the state and increased public awareness activities. The state also created a child find poster in Spanish.

New Mexico—Significant increases were made in the efforts of New Mexico's *IDEA* Part C program to serve minorities and underserved populations. This resulted in an increase in the number of children who were Asian or Hispanic being served in 2005.

New York—New York's Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2005, there were 1,064 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in the child count.

New York estimated race/ethnicity for 10,348 infants and toddlers (31.8 percent of the child count) with an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level. The state worked with the New York Department of Health to resolve its problems of missing race/ethnicity data. Starting in 2006, IFSPs had a field indicating a child's race/ethnicity. The only categories permitted on this form were the five race/ethnicity categories currently used by OSEP. The state believed this would improve its reporting on race/ethnicity in the future.

North Carolina—The increase in the number of American Indian/Alaska Native and Asian/Pacific Islander infants and toddlers receiving services was most likely due to random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina's Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

The state resubmitted its 2005 child count data. After review of the 2005 settings data, it was determined that the child count numbers had some errors. These errors were corrected.

North Dakota—There were increases in the total number of infants and toddlers served, the number of American Indian/Alaska Native infants and toddlers served and the number of white (not Hispanic) infants and toddlers served. The increases were attributed to ongoing child find activities that included the Right Track and Birth Review programs and increased collaboration with Tribal Early Childhood programs.

Right Track is a statewide initiative that offers a free developmental screening to all infants and toddlers in North Dakota. The Birth Review program is a collaborative effort of the North Dakota Department of Health and the North Dakota Department of Human Services. If a family indicates on its child's birth certificate that it would like additional information, the family receives follow-up correspondence containing information based on risk factors identified on the birth certificate and information regarding developmental screenings through the Right Track program. In 2005, a total of 9,003 Right Track screenings were completed, and 5,879 families received information from the Birth Review program (72 percent of all resident births). The increase in the percentage of infants and toddlers served who were less than 1 year of age also affected the total number of infants and toddlers served.

Tribal Early Childhood Programs are members of Regional Interagency Coordinating Committees. The Part C lead agency meets quarterly with Tribal Early Childhood Programs to facilitate communication and identify areas of potential collaboration.

Northern Marianas Islands—There was an increase in the number of infants and toddlers served in 2005. The increase was attributed to a more focused and effective public awareness and child find campaign. The purpose of the campaign was to ensure that all infants and toddlers were located and identified, including infants and toddlers who were not being served or were part of underserved populations. The child find activities included daily visits to the neonatal intensive care unit (NICU) and pediatric ward and personal visits to private clinics with referral process information, including information for parents of premature infants. Public awareness materials also were translated into 10 languages and disseminated at local grocery stores, laundromats, garment factories and clinics and in the Head Start Centers.

Ohio—The state attributed the increase in the total number of infants and toddlers served to new performance-based funding. This funding served as an incentive to counties that achieved their target numbers of infants and toddlers served. The state also believed the increase in the number of infants and toddlers receiving services was the result of the Bureau of Early Intervention staff emphasizing the importance of child find efforts and meeting Part C targets.

The state resubmitted its 2005 child count data. Some children were excluded from the count because their data were not entered. Data entry for these children was completed, and the revised Table 1 reflected the accurate child count for Dec. 1, 2005. The number of infants and toddlers with an IFSP receiving early intervention services on Dec. 1, 2005 changed to 10,985. This was a change of 92 children from the original Table 1 submission due Feb. 1, 2006.

Oklahoma—The state attributed the decrease in the number of Asian/Pacific Islander infants and toddlers receiving services to a decrease in the state's overall population. The state believed it was serving an appropriate percentage of Asian infants and toddlers. Asian/Pacific Islanders make up 1 percent of the state's population, and the state served more than 1 percent of its Asian/Pacific Islander population.

Oregon—The state attributed the 16 percent increase in the total number of infants and toddlers served to an increase in the total population in the state and to an increased focus on child find efforts as a result of the implementation of Oregon's Special Education System Performance Review and Improvement model. This model requires agencies (early intervention contractors and subcontractors) to look at how their data

compare to the state and national targets. If an agency's data are less than the state and national data, the agency specifically addresses how to meet targets. The state believed that it had been reporting fewer Part C infants and toddlers than expected for many years and believed these new child find efforts resulted in an increased child count.

The state attributed the increase in the number of Hispanic and black (not Hispanic) infants and toddlers reported to the model mentioned above. The model provides a breakdown of Part C infants and toddlers by race/ethnicity, and the state compares it to the breakdown of race/ethnicity of all infants and toddlers in the contractor area. Again, if an agency's data are less than the state and national data, it focuses its child find efforts in areas that may have higher minority populations. The state also attributed the increase in the number of Hispanic and black (not Hispanic) infants and toddlers reported to an increase in these populations across the state.

Pennsylvania—Pennsylvania estimated race/ethnicity for 1,596 infants and toddlers (11 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 1,596 infants and toddlers, 288 were ages birth through 1; a total of 536 were ages 1 to 2; and 772 were ages 2 to 3.

The state attributed the increase in the number of Hispanic infants and toddlers served to its continuing efforts to monitor child find activities. The state believes that monitoring such activities ensures that county programs are locating and identifying infants and toddlers who are representative of the population in their local areas.

Puerto Rico—There was an increase in the number of infants and toddlers served for fiscal year 2005. This increase followed the trend of the past two years. The number of Part C infants and toddlers served in 2005 represented 2.6 percent of the total population. The steady increase was due to an increase in child find efforts. Puerto Rico has been meeting with physicians and hospitals to try to find infants and toddlers who need Part C services.

Rhode Island—Rhode Island estimated race/ethnicity for 140 infants and toddlers (9 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Rhode Island had 135 infants and toddlers (9.15 percent of the overall December 1 count) who fell outside of the noted race/ethnicity categories. The percentages were proportionally distributed among the categories.

Rhode Island's Early Intervention Program changed lead agencies in January 2005. The Rhode Island Department of Human Services (DHS) reviewed the Early Intervention Management Information System (EIMIS) data collection process and implemented new data collection policies and EIMIS improvements that enhanced its reporting capabilities. EIMIS was developed by the Department of Health and was transferred to DHS. DHS updated the system to a higher version of Microsoft Access and added new data elements as required by the State Performance Plan (SPP). All drop-down lists were reviewed and updated to match federal wording and federal definitions (location, race and discharge). Definitions and policies surrounding data entry were then distributed to all providers. These policies also were in line with new certification standards that went into effect Jan. 1, 2006. These improvements and an increase in the number of infants and toddlers served in Rhode Island were all factors that caused an increase in total, black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served.

South Carolina—There was an increase in the total number of children served, the number of Asian/Pacific Islander children served, the number of black (not Hispanic) children served, the number of Hispanic children served and the number of white (not Hispanic) children served. These increases were due to the fact that during the past three years, South Carolina was under a compliance agreement.

Through aggressive child find efforts, the state increased the number of children with IFSPs by 37.7 percent. The child count also climbed to 3,152 children, which was close to 2 percent of the newborn population and was in accordance the compliance agreement with OSEP. The increase in the numbers was also in direct proportion to the racial breakdown in the state.

Tennessee—There was an increase in the number of Hispanic infants and toddlers served. The increase was due to changes in three counties. Shelby County has the largest city in Tennessee: Memphis. The Tennessee Early Intervention System (TEIS) Point of Entry Office targeted the Hispanic community for child find/public awareness activities. Davidson County is the location for the second largest city in Tennessee: Nashville. There has always been a high Hispanic population in Nashville. The lead agency operates an early intervention program in Nashville that solely targets this population for child find and the provision of services to eligible infants/toddlers. Hamblen County is a smaller county in East Tennessee. This county has the fastest growing Hispanic population in East Tennessee. Agriculture, factory, industries and home building draw this population for work opportunities. In July of 2005, the state Interagency Coordinating Council added a new voting member from the state's Migrant Head Start Program, which is a program that targets Hispanic families.

Texas—The increase in the number of Asian/Pacific Islander infants and toddlers who were served appeared to be due to increases in the number of infants and toddlers served in some urban areas of the state, particularly communities in and around Dallas, Austin and Houston. This was a result of population growth in those areas and outreach efforts conducted by the 58 local agencies.

Utah—The state attributed the decrease in the number of American Indian/Alaska Native infants and toddlers receiving services to caseload turnovers in two regions in the state with high concentrations of American Indian/Alaska Native infants and toddlers.

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

Virginia—There was an increase in Asian/Pacific Islanders served and a decrease in black (not Hispanic) infants and toddlers served. These changes were because the percentage of infants and toddlers served in the Part C system in Virginia who were Asian or black (not Hispanic) reflected Virginia's birth to 4 Asian and black (not Hispanic) populations more closely than before.

Virginia's 2005 child count included 1,003 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom were under the age of 3, were served using local, not Part B, funds.

Washington—Because Washington did not estimate race/ethnicity for 541 infants and toddlers (13 percent of the child count) who had missing or multiple races/ethnicities, the number of infants and toddlers reported by race/ethnicity was smaller than the number of infants and toddlers reported by age. These children were reported as other race or multiracial or as did not wish to provide information.

The Infant Toddler Early Intervention Program (ITEIP) served 389 more infants and toddlers on Dec. 1, 2005, than on Dec. 1, 2004. The increase may have been due to enhanced child find activities.

In 2005, the total Asian/Pacific Islander birth to 3 population of the state was 8.6 percent. From 2001 through 2004, ITEIP consistently served 4 percent of the birth to 3 population. For Dec. 1, 2005, ITEIP served 4.8 percent of the birth to 3 population (203 of 4,238). ITEIP continues to look at outreach to this population.

ITEIP served 8.2 percent (347 of 4,248) of infants and toddlers whose families self-identified as multiracial/other. This may have accounted for the decrease in the number of infants and toddlers identified as black (not Hispanic). In addition, the following outreach/child find activities were conducted statewide:

- A statewide distribution (8,400 brochures) to pediatricians, hospitals, audiologists and local lead agencies;
- Distribution of 5,453 public awareness letters to all appropriate Medicaid providers, including physicians, accredited registered nurse practitioners, therapists and managed care plans;
- Public awareness materials sent to First Steps case managers statewide (the First Steps program is for Medicaid-eligible pregnant women);
- Dissemination of “Please Ask; Babies Can’t Wait!” brochures to all licensed child care providers;
- ITEIP funding of CHILDP Profile developmental screening information in English and Spanish for parents of all newborns in the state (approximately 80,482 births in 2003). Developmental screening and referral information was sent for each child to his/her parents, at intervals of three to six months, six to 12 months and 12 to 18 months;
- ITEIP information added to the Department of Social and Health Services (DSHS) Children’s Administration (foster care agency) Web site.
- ITEIP development of a parent information brochure titled *Infants and Toddlers Who Are Deaf or Hard of Hearing*. The brochure provides the statewide Central Directory 1-800 number to call to connect with the local Family Resources Coordinators (FRCs).

West Virginia—West Virginia estimated race/ethnicity for 766 infants and toddlers (29 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There were increases in the total number of infants and toddlers served, in the number of Hispanic and white (not Hispanic) infants and toddlers served and in the number of at-risk infants and toddlers served. These changes occurred because the state redesigned its Part C System in 2003. As a result, the system had an increase in visibility and continued child find activities. In a state as small as West Virginia, a change in a few infants and toddlers makes a large percentage change. The increase of infants and toddlers in the at-risk category was due in part to the overall increase in the number of infants and toddlers identified. The early intervention system also experienced a significant increase in referrals from Child Protective Services, many of whom were eligible under the at-risk category.

Wisconsin—The state attributed the increase in the number of American Indian/Alaska Native infants and toddlers served to a contract with the Great Lakes Inter-Tribal Council to provide outreach to Native American families and work with counties to ensure integration of Native American infants and toddlers into county birth to 3 programs.

Wyoming—The state attributed the increase in the number of Hispanic infants and toddlers reported to improved screening and identification and an increase in the Hispanic population in the state.

Table 6-4 and Table 6-10: IDEA Part C Early Intervention Service Settings, 2004

Early intervention service settings as used by OSEP are defined as follows:

<i>Home</i>	The principal residence of the eligible infant's or toddler's family or caregivers.
<i>Hospital (in patient)</i>	A residential medical treatment facility, in which a child receives services on an inpatient basis.
<i>Other setting</i>	Service settings other than a <i>program designed for children with developmental delay or disabilities</i> , a <i>program designed for typically developing children</i> , <i>home</i> , <i>hospital (in patient)</i> , <i>residential facility</i> or <i>service provider location</i> .
<i>Program designed for children with developmental delay or disabilities</i>	An organized program of at least 1 hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental child care programs.
<i>Program designed for typically developing children</i>	A program or service designed primarily for children without disabilities and regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.
<i>Residential facility</i>	Treatment facility that is not primarily medical in nature where the infant or toddler currently resides and where he receives early intervention services.
<i>Service provider location</i>	Services are provided at an office, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.

Alaska—Alaska estimated race/ethnicity for 28 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The decrease in the number of Hispanic infants and toddlers served was attributed to a new emphasis by authorities on eliminating illegal immigration. There is a significant population of migrants who work at fish processing plants and other seasonal jobs in the state. These families were reluctant to seek early intervention services because of the emphasis on illegal immigration. This was consistent with program data and state trends of Hispanic families seeking social services.

American Samoa—The increase in infants and toddlers served in total settings and decrease in infants and toddlers served in the *program designed for children with developmental delay or disabilities* setting was due to efforts over the past two years to rebuild the entire early intervention program. These improvements resulted in a significant increase in both the number of infants and toddlers served and the territory's ability to collect and manage its data. These improvements also included a greater emphasis on delivering services in natural environments.

Arizona—The children reported in the *other setting* category included infants and toddlers and families who received services at parks, libraries and community centers.

The increase in the number of infants and toddlers served in all of the settings reflected the significant increase in the state's child count. The increases in the *program designed for typically developing children, home* and *other setting* categories reflected the continued emphasis on the state's policy to provide services in natural environments.

There were increases in the total number of infants and toddlers served, along with Asian/Pacific Islanders, white (not Hispanic) and Hispanic infants and toddlers. These changes were due to the increased child count in the race/ethnicity categories.

There was a decrease in the number of black (not Hispanic) infants and toddlers served. The black (not Hispanic) population represented a small percentage of Arizona's population, and, therefore, any change in the number of infants and toddlers served resulted in a significant change in percentage.

Arkansas—The children reported in the *other setting* category included infants and toddlers and families whose service settings were unknown. In some cases, these infants and toddlers had closed cases, were not eligible for services, had parents who refused services or could not be contacted.

The children reported in the *other setting* category included infants and toddlers and families who did not have active IFSPs. The state planned to resubmit these data.

There was a decrease in total number of infants and toddlers served and in the number reported in the *program designed for children with developmental delay or disabilities, home* and *service provider location* categories. These changes were due to a data entry error. The lead agency chose to report only those infants and toddlers whose data were immediately verifiable. The lead agency worked with local providers and staff to update the data system and verify current numbers, thereby ensuring accuracy of future reports.

There was an increase in the number of infants and toddlers reported in the *other setting* category. The increase was attributed to data being inadvertently entered in this category, due to lack of staff training. Staff were trained, and data were entered and verified.

The decrease in black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served was due to the revision of the child count, reflecting the most accurate information.

California—The state attributed the increase in the number of American Indian/Alaska Native children to an increase in the total population of these infants and toddlers and to state and program outreach efforts.

Children reported in the *hospital (in patient)* category were primarily those in NICUs. The state believed the small decline in the number of infants and toddlers reported in the *hospital (in patient)* category was partly the result of developing less-institutional options for infants and toddlers with intense medical needs. The state also believed that this practice contributed to the increase in the number of infants and toddlers reported in the *residential facility* category. Infants and toddlers reported in the *residential facility* category primarily received early intervention services at specially licensed community care facilities for infants and toddlers with special health care needs.

Most infants and toddlers who received services primarily in programs designed for children with developmental delay or disabilities were participants in the California Department of Education (CDE) programs. This category included infants and toddlers served in pediatric subacute care facilities and in Intermediate Care Facility for the Developmentally Disabled (ICF/DD) nursing facilities. These programs were individually designed for these infants and toddlers. It also included 20 infants and toddlers under the age of 1 who received services in a health facility.

California estimated race/ethnicity for 6,856 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Of these 6,856 infants and toddlers, 6,470 were reported in the *home* category, seven were reported in the *residential facility* category, 324 were reported in the *service provider location* category and 55 were reported in the *program designed for children with developmental delay or disabilities* category. All of these infants and toddlers received services through the DDS.

Colorado—The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of communities that received training in 2004 in best practices that emphasized that early intervention should occur as part of a family’s daily routine. The changes were also attributed to a statewide enforcement in place since 1998 that requires the state to use public funding to provide early intervention in the child’s natural environment.

The state believed the increases in the number of Asian/Pacific Islander, black (not Hispanic) and Hispanic infants and toddlers served may have been the result of increases in the total population of those races/ethnicities or better child find activities.

Delaware—The infants and toddlers reported in the *other setting* category included infants and toddlers and families who received early intervention services primarily in pediatric prescribed extended care facilities for infants and toddlers who are medically fragile.

There was a decrease in the number of services provided in the *program designed for children with developmental delay or disabilities* and *service provider location* categories. There was an increase in the number of services provided in *program designed for typically developing children* and *home* categories. The reason for these changes was that the state enacted improvement activities to increase services in locations considered to be natural environments. The state’s multifaceted improvement activities to increase services in natural environments were referenced under Indicator 2 of Delaware’s SPP.

As a result of prorating the unknown race category, a higher number of infants and toddlers than last year were categorized as white (not Hispanic). For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent years, documentation indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers were entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child’s race; however, it is becoming increasingly difficult for Delaware to provide a single race in this category. The demographic determination for 88 infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

District of Columbia—The District of Columbia attributed the increase in the number of infants and toddlers reported in the *home* category to an increase in the total number of infants and toddlers served in the birth through 1 age category. These infants and toddlers were more likely to receive services in the *home*. The District also attributed this increase to better cooperation from Medicaid and managed care organizations to pay for services received in the *home*.

The District attributed the increase in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of white (not Hispanic), middle-class families receiving Part C services. The District of Columbia has a sliding fee scale system, and these families do not typically qualify for financial assistance and generally pay for Part C services with their private insurance. Some private insurers encourage families to receive services at outpatient clinic facilities or private offices.

Florida—The children reported in the *other setting* category included infants and toddlers and families whose settings were unknown and those who received early intervention in various public places.

Infants and toddlers reported in the *program designed for typically developing children* category included those who received early intervention services in family daycare and childcare centers. Infants and toddlers reported in the *service provider location* category received early intervention services in schools, outpatient clinics, Child and Medical Services clinics, county public health clinics and other locations in the community.

The state uses records from the state's Family Support Plan Service Authorization database to derive primary setting. Although these records are intended to document all services recommended in the family support plan, they do not include all services planned. The state worked with local providers to improve the quality of these data and expected that, over time, these data would include all services listed on the IFSP. The state planned to review these data quarterly and to improve the quality of these records as part of its continuous improvement plan.

The state implemented a team-based service provider model to ensure that as many families as possible received services in natural environments. Some service providers were unwilling to participate in this delivery system, and the state believed they were discouraging families from participating in Part C. The state believed this resulted in a decrease in the total number of infants and toddlers served, as well as in the number of infants and toddlers served in the *program designed for children with developmental delay or disabilities* and *service provider location* categories.

The state attributed the decrease in the number of infants and toddlers reported in the *other setting* category to better data reporting. This category included infants and toddlers with an unknown setting. The state provided technical assistance to service providers on improving data entry. The state believed this technical assistance resulted in a decrease in the number of infants and toddlers with an unknown setting.

Georgia—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a health district office.

The state attributed the increase in the number of white (not Hispanic), Hispanic and black (not Hispanic) infants and toddlers served to improved statewide child find activities.

Guam—The increase in number of services provided in the *home* setting was attributed to the state's emphasis on the importance of providing services in the child's natural environment, which begins with the *home*. As referrals increased in 2004, the number of services provided in the *home* setting increased. Program policy allows the delivery of services in settings appropriate to the needs of the child and family, which might include a setting other than the *home*.

Hawaii—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a community park.

There were decreases in the number of infants and toddlers receiving services in the *program designed for children with developmental delay or disabilities*, *program designed for typically developing children* and *service provider location* categories. These decreases were due to an increased emphasis by the Hawaii Early Intervention system on providing services in the *home* and moving away from center-based services. The following initiatives were implemented:

- Statewide Part C training for all Part C providers emphasizing the purpose and rationale for *home*-based services.
- Contracted providers were paid for both travel time and mileage to provide *home*-based services.
- When quality assurance efforts identified a family receiving center-based services, the IFSPs were reviewed to ensure appropriate reasons were documented.
- Contracted programs had a performance objective that focused on the percentage of infants and toddlers served at *home* and in other natural environments.

Illinois—The state attributed the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category and the increase in the number of infants and toddlers reported in the *service provider location* category to a change in definitions. While making the early intervention system *Health Insurance Portability and Accountability Act (HIPAA)* compliant, the wording of the definition for a *program designed for children with developmental delay or disabilities* was unintentionally altered. This alteration resulted in some services provided in a *program designed for children with developmental delay or disabilities* being coded as services provided in a *service provider location*. The state believed that, overall, there was little change in the number of services provided in non-natural environments.

The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category to encouragement by the early intervention program to increase the delivery of services in community settings.

Illinois' early intervention program does not provide early intervention services in a *hospital (in patient)* or a *residential facility*; therefore, no children were reported in these settings.

Indiana—The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* and *service provider location* categories to training service providers on the importance of serving infants and toddlers and families in their natural environments.

The children reported in the *other setting* category included infants and toddlers and families who received services at churches, community centers and restaurants.

Kansas—The decrease in the number of children reported in the *program designed for typically developing children* setting was attributed to a combination of large and urban infant-toddler networks that decreased the number of infants and toddlers served in daycare settings and increased the number of infants and toddlers served in the *home*.

There was an increase in the *home* setting and a decrease in the *service provider location* setting. These changes were due to increases in the number of infants and toddlers identified statewide as Part C eligible and one network amending its *service provider location* practices and providing services to 69 infants and toddlers in the *home* or other natural environment settings.

There was a decrease in the number of American Indian/Alaska Native children served in all settings. There was no one network or reason for the decrease.

There was an increase in the number of Pacific Islanders served in all settings. The changes cannot be attributed to one network or reason. No local network realized a net increase of more than five infants and toddlers.

There was an increase in the number of black (not Hispanic) infants and toddlers served in all settings. The change was attributed to one network experiencing an increase of 22 infants and toddlers (45 percent). This may have been due to the introduction of a collaborative newborn at-risk screening program, which led to increased identification among minority populations.

Kentucky—Kentucky’s data collection system includes only two types of service setting categories: *home/community-based* and *office/center-based*. Infants and toddlers in the *home/community-based* setting category are reported to OSEP in the *home* category, and infants and toddlers in the *office/center-based* category are reported to OSEP in the *service provider location* category. In practice, some of the infants and toddlers reported in the *office/center-based* category actually received services in a *program designed for children with developmental delay or disabilities*, while others received services in a *program designed for typically developing children*.

The state attributed the decrease in the number of infants and toddlers reported in the *service provider location* category to a decrease in the total child count and to its use of independent contractors, who are more likely to provide services in the *home*.

Louisiana—There was an increase in total settings and *program designed for typically developing children* and *home* settings. There was a decrease in *program designed for children with developmental delay or disabilities* and *other setting* categories. The reason for these changes was that the state’s Part C Program, EarlySteps, developed training materials and instructions for use of a statewide IFSP document that included the provision of services in natural environments. EarlySteps provided training and technical assistance to service coordinators and IFSP teams on appropriate settings for the child based on the child’s needs.

Maine—The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category and the decreases in the number of infants and toddlers reported in the *program designed for children with developmental delay disabilities* and *service provider location* categories to initiatives started in 2003 that resulted in improved training programs for Child Development Services case managers and service providers. One of the initiatives related to the definitions of primary settings.

The state believed the decrease in the number of infants and toddlers reported in the *hospital (in patient)* category was the result of normal fluctuation in a small population.

Maryland—The state attributed the increase in the number of infants and toddlers served in the *home* and in a *program designed for typically developing children* categories and the decrease in the number of infants and toddlers served in the *program designed for children with developmental delay or disabilities* category to the Maryland State Department of Education (MSDE) targeting the number of infants and toddlers served in natural environments in its State Improvement Plan, primarily through training and technical assistance. Maryland requires local infants and toddlers programs to increase the provision of services in the *home, program designed for typically developing children* and other natural environments in local improvement plans.

The state attributed the increase in the number of Asian/Pacific Islander, black (not Hispanic) or Hispanic infants and toddlers served to an MSDE requirement that local infants and toddlers programs implement public awareness activities to ensure that they are reaching all potentially eligible infants and toddlers,

especially typically underrepresented populations, and to track data to indicate progress. A combination of changing demographics, increased numbers of infants and toddlers served throughout the state and sustained efforts to reach underserved populations resulted in an increase in the number of Asian/Pacific Islander, black (not Hispanic) or Hispanic infants and toddlers served.

For the 2005 data collection, Maryland continued to use the last Friday in October as its data collection date for Part C. Although this historically was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education, and Maryland's Part B program uses an October count date.

The children reported in the *other setting* category included infants and toddlers and families who received services at a parent's place of employment, a library and community centers.

Massachusetts—The state had a decrease in the percentage of infants and toddlers whose primary setting was a *program designed for children with developmental delay or disabilities*. This was a result of the continued movement into natural environment settings. Massachusetts also implemented a change in the service provision standards in January 2003. This resulted in early intervention programs cutting back services focused on infants and toddlers with developmental delay. The change implemented was fewer allowable hours per week for child group services. Child group services could include either a community-based child group service (must include both infants and toddlers enrolled in early intervention and infants and toddlers not enrolled in early intervention) or an early intervention-segregated child group service (all infants and toddlers in the group are enrolled in early intervention). The result was a shift into home visit services.

Michigan—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in playgroups, restaurants and other public places. Michigan estimated race/ethnicity for 145 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the number of services provided in the category *program designed for typically developing children* and an increase in the number of services provided in *other settings*. Michigan placed increased focus on serving infants and toddlers in their natural environment.

There were decreases in the number of services provided in a *service provider location* and a *program designed for children with developmental delay or disabilities* settings. There was an increase in services provided in the *home*. These changes were attributed to districts within the state changing their service model and moving most of the infants and toddlers to a *home* setting. For the *service provider location*, two districts (of 57) accounted for 69 percent of the infants and toddlers served in this setting. For *program designed for children with developmental delay or disabilities*, three districts accounted for 54 percent of the infants and toddlers in this setting.

Minnesota—Minnesota attributed the decrease in total setting, *program designed for children with developmental delay or disabilities*, *program for typically developing children* and *service provider location* categories to the fact that prior to Dec. 1, 2004, Minnesota reported infants and toddlers on Dec. 1 based on their age as of Sept. 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on Dec. 1 had turned 3 after Sept. 1. Many of these 3-year-old infants and toddlers were served in center-based program options rather than in their *homes*.

Mississippi—In Mississippi, there was an ongoing emphasis on providing services in natural settings. Training sessions, meetings and correspondence consistently emphasized the importance and rationale for providing services through normal routines and activities. Service provider contracts contained clauses requiring the individuals and agencies to provide early intervention services in natural settings.

The decrease in services provided in the category *program designed for children with developmental delay or disabilities* was attributed to the drop in the number of noninclusive programs. The Mississippi Department of Mental Health, the largest public provider of early intervention services in Mississippi, decreased the number of center-based therapies while increasing the number of sessions offered in natural settings. This trend continued in Mississippi, as a result of closer interagency collaboration and training.

There was an increase in services provided in a *program designed for typically developing children and the home*. There was a decrease in the services provided in a *service provider location*. The changes were a result of contract provisions and the change in service delivery by the Department of Mental Health. There was a decrease in services provided in the *other setting* category. This resulted from the removal of this option from the database, so eventually the number should drop to zero. Service coordinators had to choose a setting. If the setting was outside the natural environment, service coordinators had to tell where it was and why it was chosen.

Montana—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in the Gateway Treatment Facility, a Nurturing Center on the Blackfoot Indian Reservation and in a restaurant. The Gateway Treatment Facility allows parents and infants and toddlers to live on-site while the parent receives treatment for addiction. The Nurturing Center on the Blackfoot Reservation is the Early Head Start Program.

The increase of American Indian/Alaska Native infants and toddlers was due to the enhanced relationship with the reservations through clearer collaborative agreements and ongoing public relationships.

Nevada—There were increases in the number of infants and toddlers served in all settings, in a *program designed for typically developing children* and at *home*. There were also increases in the number of black (not Hispanic), Hispanic, white (not Hispanic) and Asian/Pacific Islander infants and toddlers served. Nevada attributed the increase in the total number of infants and toddlers receiving Part C services to a \$3.5 million increase of funds during the state's 2004–05 fiscal year. As a result of this funding increase, the state was able to increase the number of direct service personnel providing early intervention services. This increase in personnel allowed the state to serve more infants and toddlers.

There was a decrease in the *program designed for children with developmental delay or disabilities* category. The decrease was attributed to the early intervention programs in Nevada continuing the shift to provide services in natural environments.

New Jersey—There were decreases in the *program designed for children with developmental delay or disabilities* and *service provider location* settings. The decreases were attributed to a systemic review of all IFSP services that were provided in other than natural environments. The services with insufficient justification resulted in immediate technical assistance.

There was an increase in *residential* provider locations. The increase was due to a change in the population identified and referred from year to year.

There was a decrease in the *other setting* category. The decrease occurred after a close review of the data entered into the electronic database by the system. This resulted in the appropriate reporting of settings previously reported as *other*.

There was an increase in the number of American Indian/Alaska Native infants and toddlers served. The change was attributed to revisions in intake questions related to race/ethnicity and an expansion of race/ethnicity reporting categories. Data were entered in an electronic data system and collapsed into the federal reporting categories by the lead agency.

New Mexico—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

New York—New York’s Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in the child count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

The children reported in the *other setting* category included infants and toddlers and families receiving services at a child care center or at a community recreation center.

New York attributed the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category to the overall decrease in the number of infants and toddlers participating in the Early Intervention Program. New York monitors and provides technical assistance to municipalities to ensure that infants and toddlers receive services in settings that are most appropriate for their needs, including services in natural environments.

North Carolina—The *program designed for typically developing children* category included infants and toddlers who received services in Head Start.

There was an increase in the number of infants and toddlers reported in the *service provider location* category. The increase was most likely due to random fluctuations associated with categories with small numbers.

There was a decrease in the number of infants and toddlers reported in the *other setting* category. The decrease was attributed to a reporting error in 2003. In 2003, the *other setting* category was used for infants and toddlers for whom the primary service setting was missing. The issue was corrected for 2004 so that no missing data were reported, which eliminated the need for the *other setting* category.

There were increases in the number of American Indian/Alaska Native and Hispanic infants and toddlers receiving services. There was a decrease in the number of Asian/Pacific Islander infants and toddlers receiving services. The increase in the number of infants and toddlers receiving services was most likely due to random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina’s Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

North Dakota—The children reported in the *other setting* category included infants, toddlers and families receiving early intervention services primarily in homeless shelters, safe homes, parents’ place of employment and the Tribal Early Childhood Office. The Tribal Early Childhood Office monitors at-risk infants and toddlers living on reservations.

There was an increase in the all settings and *program designed for typically developing children and home* categories. The increase in the total settings area was due to an increase in the number of infants and toddlers served. Training to clarify data entry and the role of consultation with childcare providers also affected the *program designed for typically developing children and home* settings.

Ohio—The state attributed the increase in the total number of infants and toddlers served to successful child find efforts. The state attributed the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities, service provider location* and *other setting* categories to training that focused on the importance of serving infants and toddlers in natural environments.

The state attributed the increase in the number of infants and toddlers reported in the *hospital (inpatient)* category to successful child find efforts, an increase in total number of infants and toddlers served and an increase in the number of infants and toddlers ages birth through 1 served. Many infants and toddlers ages birth through 1 received the majority of early intervention services in the *home*.

The decreases in the *program designed for children with developmental delay or disabilities, service provider location* and *other settings* categories were attributed to an increased focus on training and promoting services in a natural environment.

The increase in the number of infants and toddlers served at *home* was attributed to the state's stressing the importance of providing services in natural environments whenever possible.

Oklahoma—There was a decrease in the number of services provided in all settings, *program designed for typically developing children, service provider location* and *other setting* categories. These changes were due to the fact that Oklahoma implemented a new *IDEA* Part C database. The new system allowed the state to better track infants and toddlers who transferred between the 10 regions in Oklahoma. This provided more accurate data.

Oregon—There was an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The increase was attributed to the overall population increase in Oregon and the focus on child find through Oregon's Special Education System Performance Review and Improvement (SPR&I) system of accountability. The SPR&I system focuses on procedural compliance and key performance indicators identified through federal and state regulations and previous state accountability findings. Early intervention programs with annual identification rates below the state target for infants and toddlers ages birth to age 3 receiving Part C services were required to gather and analyze additional data and develop and implement improvement plans for ensuring that all infants and toddlers with disabilities were identified. This type of reporting and improvement planning was implemented with all programs in 2003.

There were also increases in the number of infants and toddlers served in a *program designed for typically developing children* and at *home*. These increases were attributed to Oregon's child find efforts and work on increasing settings in natural environments.

There was a decrease in the number of infants and toddlers served in the *service provider location* category. This decrease was attributed to changes in service delivery model and errors in the special education child count coding in previous years. Two programs accounted for the majority of this decrease. One program decreased from 22 to 0, the other from 11 to 0.

There was an increase in the number of black (not Hispanic), Hispanic and white (not Hispanic) infants and toddlers served. This increase was attributed to the fact that the SPR&I system provides a breakdown of infants and toddlers receiving Part C and Part B 619 services (Oregon has a birth-to-school-age Early Intervention/Early Childhood Special Education (EI/ECSE) program) by race/ethnicity in comparison to the ratio of the race ethnicity of all infants and toddlers in same geographic area. Since Oregon does not have data available on the race/ethnicity of the general population of preschool infants and toddlers, the EI/ECSE data were compared to the race/ethnicity of children in public school, kindergarten through third grade. These were the best comparison data available in Oregon. These data provided early intervention programs information to see where race ethnicity ratios differed from what could be expected. This encouraged programs to focus child find efforts in areas that may have had higher minority populations.

Another reason for the increase in black (not Hispanic) and Hispanic infants and toddlers was the fact that there was an overall rise in the proportion of minorities in Oregon. Based on the U.S. Census estimates, the majority (single race) population in Oregon (white (not Hispanic)) dropped from 89.2 percent in 2000 to 87.8 percent in 2003.

Pennsylvania—The state attributed the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category to ensuring that infants and toddlers received their services in a natural environment and through their regular family routines and activities.

The state attributed the decrease in the total number of American Indian/Alaska Native infants and toddlers it served to a decrease in the number of American Indian/Alaska Native families living in the state. The state attributed the increase in the total number of Asian/Pacific Islander and Hispanic infants and toddlers it served to effective child find activities in the local county programs in identifying underrepresented groups.

Puerto Rico—There was an increase in the number of services provided in the *home* and in *program designed for typically developing children* categories. The change was attributed to the fact that since 1999, Puerto Rico has had an increasing trend of providing early intervention services in natural environments, primarily in these two settings.

South Carolina—The children reported in the *other setting* category included infants and toddlers and families who received services at a family day care.

There was an increase in the number of services provided in *program designed for typically developing children* and *home* settings. There was a decrease in the number of services provided in the *service provider location* category. These changes occurred because the state made a major effort to serve children in their natural environments.

There was an increase in the number of Hispanic children served due to the overall increase in the Hispanic population in South Carolina.

There was an increase in the number of white (not Hispanic) children served because of general child find efforts.

The settings data showed more children than were reported in the child count. This discrepancy was attributed to the state's contracting for a Web-based data collection system: BabyTrac. The contractor worked to correct the flaw in the report from the program.

South Dakota—There was an increase in the number of infants and toddlers who received services at *home*. The reason for this change was that South Dakota grew in population about 2.7 percent in the last five years. The number of infants and toddlers in South Dakota’s Part C program increased from 614 in 2003 to 680 in 2004. In addition, the state emphasized providing services in the *home* setting, which is an appropriate natural environment for infants and toddlers.

There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to a large increase in the Hispanic population in Minnehaha County. According to Census data, the Hispanic population in Minnehaha County increased by 310 from 2003 to 2004.

Tennessee—Investigation of the data revealed one primary issue related to the increase in *service provider location* as a primary setting. One of the largest managed care organizations for the state’s Medicaid Program (TennCare) implemented a policy that refused to pay for early intervention services provided in *home* settings unless the provider was designated as a home health agency. In several of the larger districts, there was a decline in therapeutic providers for the Part C system as these providers chose not to seek the home health agency designation. As a result of this policy, there was a decline in the availability of therapeutic service providers to provide services in the *home* and other natural environment settings. Approximately 60 percent of the state’s population of Part C eligible infants and toddlers were covered under the TennCare system.

Texas—The children reported in the *other setting* category included infants, toddlers and families who received services at parks, community centers, playgrounds and gymnasiums.

The slight increase in the number of infants and toddlers in the *other setting* category could have been the result of more infants and toddlers in day care settings and state emphasis (to local programs) on the importance of providing services in natural environments in addition to the *home*. This increase may also have been related to the corresponding decrease in the *program designed for children with developmental delay or disabilities* category. However, the slight decrease for this setting yielded a significant change in percentage only because the total in the setting was very small (less than .3 percent of the total).

The increase in the number of black (not Hispanic) infants and toddlers in the settings data was a result of an increase in infants and toddlers served in the Houston area.

Utah—The state attributed the increase in the number of infants and toddlers reported in the settings *program designed for children with developmental delay or disabilities* and *program designed for typically developing children* to an increase in playgroup and family training groups offered in early intervention classrooms and community locations. While most infants and toddlers received some early intervention services in the *home*, many toddlers, especially those over 24 months of age, received additional services in early intervention classrooms or community locations. These groups offered parents the opportunity to network with and learn from others and for toddlers to interact with other toddlers. The state also attributed the increase in the number of infants and toddlers reported in the categories *program designed for children with developmental delay or disabilities* and *program designed for typically developing children* to an increase in the number of toddlers over 24 months of age receiving early intervention services.

The state attributed the increase in the number of infants and toddlers reported in the *service provider location* category to better data reporting. Last year, the state believed it underreported infants and toddlers in this category. Even though the Part C data entry staff received training on the definitions of each setting category, there was still some confusion on the difference between *program designed for children with developmental delay or disabilities* category, *program designed for typically developing children* category and *service provider location*.

The state attributed the decrease in the number of infants and toddlers reported in the *other setting* category to the effect of introducing parent fees in 2003. While parent fees resulted in many families declining IFSP services, other families chose instead to receive only service coordination, which required no fee. Families who received only service coordination in 2003 were reported in the *other setting* category. In 2004, no families received only service coordination, and no families were reported in this category.

Vermont—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily at school.

Virgin Islands—The children reported in the *other setting* category included infants and toddlers and families who received services at a park.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

The state had a greater number of children reported in one or more categories for these data than are reported in their child count data. The state did not explain this discrepancy.

Virginia—The children reported in the *other setting* category included infants and toddlers and families receiving early intervention services primarily in a babysitter's home, grandparent's home, foster care and parents' place of employment.

These data included infants and toddlers receiving services through the public schools.

Virginia's 2004 settings count included 1,076 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom were under the age of 3, were served using local, not Part B, funds.

Virginia's increase in service to Asian/Pacific Islander and Hispanic infants and toddlers was due to Virginia's changing population demographics.

Virginia had decreases in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* and *service provider location* categories. There were increases in the number of infants and toddlers reported in the *program designed for typically developing children* and *other setting* categories. Virginia attributed these changes to its continued emphasis on individualizing Part C services and provision of services in natural environments.

The changes implemented by Virginia included technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia created the *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places* technical assistance document. Increased adoption of the practices outlined in the document resulted in Part C services being more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

Washington—Washington did not report race/ethnicity for 381 infants and toddlers. Of the 93 infants and toddlers served in programs for children with developmental delays or disabilities, 58 were multiracial; 18 were other race; and 17 did not provide race/ethnicity information.

The state attributed the increases in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities*, *program designed for typically developing children*, *hospital (in patient)* and *service provider location* categories and the decrease in the number of infants and toddlers reported in the *home* category to training in September and October 2005 that included clarification on the federal definitions of the primary setting categories. The state included strategies to ensure that the primary service setting was correctly identified in its SPP.

The state attributed the decrease in the number of American/Indian and Asian/Pacific Islander and the increase in the number of Hispanic infants and toddlers served to changes in the birth through 3-year-old population of these racial/ethnic groups within the state. The state believed these changes were not statistically significant when compared to the birth through 3-year-old population.

West Virginia—The children reported in the *other setting* category included infants, toddlers and families who received services at community centers.

There were increases in the number of infants and toddlers served and reported in the *program designed for typically developing children* and *home* categories. These changes reflected the overall increase in number of eligible infants and toddlers.

West Virginia's *residential facility* setting is used primarily for infants and toddlers who are staying with their mothers in a Women's Correctional Facility in Greenbrier County.

Wyoming—The state attributed the increase in the total number of infants and toddlers receiving services and in the number of infants and toddlers reported in the *program designed for typically developing children* and *service provider location* categories and a 100 percent decrease in the number of infants and toddlers reported in the *other setting* category to training on how to determine primary setting. This training included additional edits when reporting a child in the *other setting* category. Some infants and toddlers who had previously been reported in the *other setting* category were reported in the *program designed for typically developing children* and *service provider location* categories. The state also attributed the increase in the total number of infants and toddlers reported to an increase in its child count.

The state attributed the increase in the number of Hispanic and white (not Hispanic) infants and toddlers reported to an increase in the child count. The total number of infants and toddlers served was proportional to the number of Hispanic and white (not Hispanic) infants and toddlers served.

Table 6-5 and Table 6-11: IDEA Part C Early Intervention Program Exiting, 2004–05

Alabama—The state attributed the increase in the number of infants and toddlers reported in the *Part B eligible* and *Part B eligibility not determined* categories to an increase in the child count, resulting in an increase in the number of infants and toddlers turning 3 during the exit period. Some of these infants and toddlers were eligible for Part B, and some were determined not eligible for Part B.

Alaska—There were decreases in the total number of infants and toddlers who exited Part C, the number of infants and toddlers who were determined *Part B eligible* and the number of infants and toddlers who were determined not *Part B eligible*. These decreases were a result of the Alaska early intervention program efforts to enroll infants and toddlers before their first birthday where possible. The state also made an effort to clear up discrepancies in enrollment eligibility criteria, especially for infants and toddlers enrolled based on clinical opinion. These two efforts affected infants and toddlers exiting the program right after the changes were implemented because the infants and toddlers who were enrolled had significant needs and were expected to remain enrolled longer.

The race/ethnicity of 13 exiting students was estimated for this report.

American Samoa—There was a decrease in the total number of infants and toddlers who exited Part C. The decrease was due to efforts over the past two years to rebuild the entire early intervention program. These efforts included the implementation of a database management system that allowed for more reliable tracking of data such as changes of address, phone number and living situation. There were also major improvements in service coordination and service delivery that ensured that infants and toddlers are assessed and evaluated appropriately and were not exited prematurely if a need continued. Major improvements were also made in transition services to ensure that infants and toddlers remained in the program so long as they needed to and transitioned to Part B and other services if necessary.

Arizona—There were increases in the total number of infants and toddlers who exited Part C, along with the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*, were considered *Part B eligible*, exited without a referral, *moved out of state* and *withdrawn by parent (or guardian)*. These increases reflected the increases in Arizona's child count. In addition, focused monitoring and technical assistance efforts resulted in improved reporting of these data by providers.

Arkansas—There was a decrease in the total number of infants and toddlers exiting and the *Part B eligible* and *not eligible for Part B, exit with no referrals* categories. There was also an increase in the number of infants and toddlers who were determined *not eligible for Part B*. These changes were due to the lack of current information in Arkansas' Data System. All data needed were not entered into the data system due to the lack of staff. The lead agency worked toward ensuring that all data were collected and entered into the data system.

The state changed the exiting reporting period from December 2002-November 2003 to July 2004-June 2005. The new data manager in 2005 determined that to use the fiscal year would ensure a more accurate report and show continuity with Part B. OSEP instructions specified that states could decide which 12-year period could be used. This fiscal year will be used in the future.

California—The state attributed the increase in the number of infants and toddlers reported in the *moved out of state* category to an increase in the total number of families leaving the state. This trend was confirmed by the state's Department of Finance.

California estimated race/ethnicity for 4,143 infants and toddlers (13 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 4,143 infants and toddlers, 34 were reported in the *deceased* category; 72 were reported in the *moved out of state* category; 622 were reported in the *completion of IFSP prior to reaching maximum age for Part C* category; 582 were reported in the *Part B eligibility not determined* category; 850 were reported in the *withdrawal by parent (or guardian)* category; 613 were reported in the *attempts to contact unsuccessful* category; 831 were reported in the *not eligible for Part B, exit to other program* category; and 539 were reported in the *Part B eligible* category. All of these infants and toddlers received services through the DDS.

Colorado—The state attributed the increase in the total number of infants and toddlers exiting to better data reporting. The Colorado Department of Education identified data errors when reporting infants' and toddlers' exit reasons. As a result, it held a statewide training on how to record and use all of the exit categories appropriately. Because local data managers sometimes forgot to close a child's record in the database after a child exited Part C, this training reinforced the importance of closing a child's record when he/she exited Part C.

The state attributed the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to an increase in the number of infants and toddlers who were eligible for Part C due to low birth weight. In the early 2000s, the state started serving more infants and toddlers with low birth weights from NICUs. However, when these infants and toddlers reached age 3, many no longer had low birth weight. Infants and toddlers who were eligible for Part C due to low birth weight, but no longer had low birth weight at age 3, did not have a Part B eligibility determination.

The Colorado School Finance Law allows infants and toddlers younger than age 3 to go to Part B programs if they qualify for preschool education services and will turn age 3 in fall of the school year. Districts receive half of the per-pupil operating amount for a preschool placement for these infants and toddlers. The state believed fewer infants and toddlers younger than age 3 were qualifying for preschool education services and were, therefore, moving to other non-special education preschool programs, such as Head Start or the Colorado Preschool Program. The state attributed the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* category to this shift.

Connecticut—Connecticut estimated race/ethnicity for 95 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The apparent decline in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category compared with the number reported for 2003–04 was actually the result of a data anomaly caused by the introduction of parent fees. The introduction of parent fees resulted in a large number of families withdrawing from Part C in 2003–04. Fewer parents withdrew from Part C in 2004–05 because they knew about the parent fees when their child entered Part C. The number of infants and toddlers exiting in 2004–05 was comparable to the number of infants and toddlers exiting in 2002–03.

The apparent decline in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category compared with the number reported for 2003–04 was the result of fewer families deciding to exit Part C because they believed their child no longer required services. In 2003–04, the number of parents who decided that their child did not need early intervention may have been related to the introduction of parent fees. If the IFSP team agreed that that a child met his/her outcomes, the child was reported in the *completion of IFSP prior to reaching maximum age for Part C* category. If the IFSP team believed the child had not met his/her outcomes, the child was reported in the *withdrawal by parent (or guardian)* category.

Delaware—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. There was a decrease in the number of infants and toddlers who were determined *eligible for Part B*. These changes were attributed to the state’s Interagency Coordinating Council Ad Hoc Committee reviewing both eligibility and exit criteria and developing guidelines to reinforce exit reasons. The committee emphasized the category *completion of IFSP prior to reaching maximum age for Part C*. As a result, fewer infants and toddlers exited in the category of *Part B eligible*.

There was a decrease in the number of infants and toddlers who *exited to other programs*. There was an increase in the number of infants and toddlers who *exited without a referral*. These changes resulted from data entry staff turnover and data analyst vacancies. Analysts closely review and verify data for these two categories, as well as the other categories, entered by data entry staff. The analyst positions were filled; however, the state still experienced a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst took all possible measures to be current with data. Additionally, the state cross-trained staff to minimize future delays in data entry and data monitoring.

District of Columbia—The District of Columbia had a decrease in the number of children who *exited to other programs*. The reason for the decrease was that families who had Medicaid funding chose to remain in the program when their children were past the age of 3. These families eventually accessed Head Start, a Charter School or Part B (DCPS) but had not completed the process by the time their children reached age 3.

The increase in the number of children who were *withdrawn by their parent (or guardian)* was attributed to improvements in the Part C office for child find and an increase in the number of children served over the past year. Another factor was that a large number of families who participated in Part C services (68 percent) were Medicaid funded. Payment also may have been a factor in families choosing to participate after eligibility for Part C was determined. The District of Columbia is a cost participation state, and families may have to pay some or all of their costs. The District of Columbia's office planned to analyze those cases where a parent refused services to determine to what degree cost of services was a factor.

The increase in the number of children in the *attempts to contact unsuccessful* category was due to increases in the number of children served, which also meant an increase in the number of families who may not have responded after initial eligibility was determined. The District of Columbia also had a significant number of families who were homeless or experiencing some type of crisis. The District of Columbia believed that families were so well connected with other agencies and in services that they did not understand the need to be linked to the Part C office. In some cases, the Part C office needed to rely on the service provider to find a family or get a response from it.

Registration for Part B involved a new process as of January 2006. The process included registration, review of documents, identification of any additional information/assessment needed and eligibility determination in the same day. The IEP was developed if all information was present for Part B to complete the process. Families needed to access the Part B system for their child's file to be retrieved and activated after the transition conference.

The decrease in the number of *Part B eligible* children reflected the number of families who were either delaying Part B access or had chosen another option. Part B early childhood staff in the District of Columbia are made aware of all children who will be exiting the Part C system when the children are 2 years of age or upon their entry if they are over 2 years old. A representative also participates in the IFSP transition conference when a child is 2.5 years old; however, Part B does not determine eligibility at that time. The process in place through DCPS allows eligibility to be determined only if the family actually accesses Part B services. Families must give DCPS permission to evaluate and consider them for Part B services. This is done through the Part B registration process. If families do not access Part B in a timely manner, eligibility will not be determined by the time their child is 3 years of age. The majority of families either do not access Part B before their children are 3 years of age or choose another option altogether.

Approximately 200 children exit the Part C system each year. While well over 90 percent of eligible children have a transition conference, less than 50 percent actually access Part B for eligibility determination. Families who do not wish to access Part B usually inform the state of their decision during the transition conference. One of the forms completed is a "next steps" page where the family lets Part C know how it would like to proceed. At that time, families have the option to identify whether they intend or are considering Part B registration, Head Start or other plans. Approximately 75 percent (150) look at Head Start or have other plans. Other plans include remaining in the program they are currently attending.

The following are reasons for not accessing Part B:

- They have a space and want to stay in the early intervention program facility;
- They are participating in early Head Start and plan to continue into regular Head Start;
- They are utilizing a child care center, need extended day care and know that few Part B schools have before/after care available;
- They do not want their child in public school;
- They do not want a full-day/5-day a week program;
- They have Medicaid, and Medicaid has agreed to continue to pay for therapy.

The following are other programs parents are choosing:

- Early intervention programs that also serve older children and receive funding through Medicaid;
- DC Public Charter Schools (about four serve 3-year-olds) (Part B develops the IEP);
- DC Charter Schools (serve as own LEA) (about three serve 3-year-olds) (each school completes eligibility and IEP);
- DCPS Head Start (families can choose the program wanted; over 60 classrooms throughout the DCPS system) (families may register with Part B as well, and therapy services are provided by Part B in the local elementary school if the child is found eligible);
- Community-Based Head Start—DC has six agencies that provide services (over 50 classrooms throughout the city) (each program arranges for therapy through contracts or Medicaid);
- Private preschool programs (families with private insurance often use this option);
- Continuation in child care with use of Medicaid for therapy services.

The increase in the number of children in the *Part B eligibility not determined* category occurred because the majority of children exiting the Part C system either had not started the process for accessing Part B under the current guidelines put in place by Part B or had not completed the process by age 3 years. There are no written deadlines; however, if a family fails to access Part B prior to the child's third birthday or it contacts Part B very close to the child's third birthday, it is subject to the 120-day timeline that Part B uses as a deadline to determine eligibility. Part B may develop the IEP but does not honor it unless the family accepts the recommended DCPS placement. Any child in a program outside of DCPS is considered to be in placement by the family. Many families may not complete the process by the time their child is 3 years of age but do access the Part B system and complete the process sometime before the child's fourth birthday or shortly thereafter. The state finds that nearly 50 percent of the children age out in Part B services within a year after their third birthday. Improvements made in this office regarding recordkeeping enabled Part C to have more accurate data regarding status at age 3 years.

Florida—Florida's 2003–04 exiting data included reporting errors. Infants and toddlers still receiving Part C services as of their third birthday, as well as those who exited Part C on their third birthday, were excluded from the exiting count. The state corrected this error for 2004–05. Infants and toddlers who exited Part C on their third birthday were reported according to their Part B eligibility status. All infants and toddlers still receiving Part C services as of their third birthday were reported as *eligible for Part B*.

However, in reality, some of these infants and toddlers may have been awaiting eligibility determination. The state's database was unable to distinguish between these groups of infants and toddlers.

The state cross-walked its exit categories into the OSEP exit categories. Historically, infants and toddlers reported in the state category one-time evaluation were cross-walked into the OSEP category *Part B eligibility not determined*. However, as of June 2005, the state stopped using the one-time evaluation category.

Georgia—Georgia estimated race/ethnicity for 358 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

Due to a database problem, 46 infants and toddlers who exited Part C in 2004–05 had an unknown exit reason. The state proportionally distributed these 46 infants and toddlers into exit categories based on the distribution of infants and toddlers whose exit reasons were known.

The state attributed the increase in the number of infants and toddlers reported in the *Part B eligible* category and the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit with no referrals* category to emphasis the state placed on improving transition for families. First, it encouraged program managers to train service coordinators on ways to better improve families' transitions, to follow up with them on the data they collect and to provide feedback on those data. Second, the state added elements to its database to capture a child's referral information from Part C, including public schools, community settings or *home*.

The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* and *attempts to contact unsuccessful* categories to the state's nine months of experience working with infants and toddlers mandated for referral under *CAPTA*. The state believed that parents who were referred to early intervention by the Division of Family and Children's Services (DFCS) were less likely to follow through and accept early intervention services.

Guam—The decrease in the number of infants and toddlers who were determined to be *Part B eligible* resulted from the increase of cases under *moved out of state* and *attempts to contact unsuccessful*. The number of infants and toddlers who fell under these categories were of transition age and possibly eligible for Part B services.

There was an increase in the number of infants and toddlers who were *withdrawn by their parents*. Based on the program coordinator's interview with service coordinators and review of cases under this category, services were discontinued by families because parents felt the child was developing appropriately and no longer required early intervention services. Service coordinators abided by the parent's wishes and discontinued services as requested. However, families were informed that should there be any concerns with their child in the future, they could contact the program and the child's name would be placed on the Monitor Program listing. The Monitor Program has service coordinators follow up with families regarding the child's progress and families' interest in possible services.

Hawaii—There was an increase in the total number of infants and toddlers exiting Part C because of increases in the different exiting categories.

The increase in the number of infants and toddlers in the category *completion of an IFSP prior to reaching maximum age for Part C* was attributed to the increased attention that all Part C programs in Hawaii placed on timely IFSP completion.

There were decreases in the number of infants and toddlers who *exited to other programs* and *exited without a referral*. There was an increase in the number of infants and toddlers with *Part B eligibility not determined*. The changes in these categories were related to a misunderstanding in data categorization at Part C programs from 2002–04. Programs reporting data to the Part C data manager were incorrectly placing infants and toddlers with *Part B eligibility not determined* into either *not eligible for Part B, exit to other programs* or *not eligible for Part B, exit with no referrals* categories. Due to an increased focus on training in 2002, 2003 and 2004, this reporting error continued to be corrected, and programs categorized infants and toddlers accurately.

The increase in the number of infants and toddlers who *moved out of state* was due to the fact that the Hawaii Department of Health serves both civilian and military populations. There is a significant military population in Hawaii, and with the war effort in Iraq and Afghanistan, military families were entering and leaving Hawaii more frequently than in previous years as military personnel were transferred to other U.S. military bases.

Illinois—The number of Asian/Pacific Islander infants and toddlers exiting Part C increased 0.6 percent from 2003–04 to 2004–05. The state was unsure of the reasons for this increase because Asian/Pacific Islanders make up only 2.5 percent of all active IFSPs. However, the state believed outreach efforts in areas with high concentrations of Asian/Pacific Islanders may have contributed to the increase.

The state attributed the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category to the state’s successful efforts in reaching younger infants and toddlers. Because the increase in the total number of infants and toddlers exiting in this category was larger than the increase among individual racial/ethnic groups, the state believed the change was experienced uniformly statewide.

The state was unsure of the reason for the 37 percent increase in the number of infants and toddlers for whom *Part B eligibility was not determined*. The state believed the increase may have been the result of fiscal pressures on school districts. The increase in this category was more dramatic in some specific counties. The state Department of Education worked with the state’s early intervention program to improve transition performance. The state was also unsure of the reason for the increase in the number of infants and toddlers reported in the *moved out of state* category. While the change in the number of infants and toddlers was small (90), the state believed a weak economy may have forced families to leave the state.

The state attributed the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to an increase in the number of cases paid for by Medicaid. Families on Medicaid are more mobile than families not on Medicaid and are therefore less readily tracked. Black (not Hispanic) infants and toddlers and families were most likely to exit in the *attempts to contact unsuccessful* category. The state believed this may have been due to a weak economy and higher Part C staff vacancies in areas with a high black (not Hispanic) population.

Indiana—The state attributed the 929 percent increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to a change in data reporting. The state’s data system had a new data element that required service coordinators to report a child who was determined *eligible for Part B* but did not have an IEP in place by age 3 in this category. In some of these cases, a school may have determined the child was eligible for Part B services, but did not complete the IFSP, sometimes at the request of a parent. Westat provided technical assistance to the state, informing it that these infants and toddlers, if they had an IFSP in place, could be reported in the *Part B eligible* category. The state will consider reporting these infants and toddlers as *Part B eligible* in the future.

The state resubmitted its 2004 exiting data.

Iowa—The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category and the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category to technical assistance. In the 2003–04 reporting period, some IFSP teams were unsure when to report a child in the *completion of IFSP prior to reaching maximum age for Part C* and *withdrawal by parent (or guardian)* categories. Technical assistance was provided and resulted in more accurate data for the 2004–05 reporting period.

Kansas—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. The change was attributed to the fact that the state served 7 percent more infants and toddlers in 2004 than 2003. This caused an increase in referrals for services.

The decrease in the number of infants and toddlers who exited to other programs was because of data entry errors. These occurred because of a change in the lead agency and network coordinator. The new staff had to be trained in data collection and entry procedures.

There was a decrease in the number of infants and toddlers who exited without a referral. The decrease occurred because a new data reporting system was implemented. The system guided networks in increasing referrals at exit.

There was a decrease in the number of students who were *withdrawn by their parent*. The decrease was due to some networks hiring staff to work directly with families on accessing services and improved recordkeeping with new information technology data system implementation.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The change was attributed to an increase in the migrant population and an improved data reporting system.

There was a decrease in the number of infants and toddlers who *died*. This change was spread out in all but 10 of the 36 networks.

There was an increase in the number of infants and toddlers who *moved out of state* because one network that borders Oklahoma lost a major employer during this period.

Kentucky—In 2004, the state trained primary service coordinators to properly identify the status of infants and toddlers when they exit to the Central Billing and Information System (CBIS). The state credited better data reporting with the increase in the reported number of infants and toddlers in the exit categories *Part B eligible* and *not eligible for Part B, exit with no referral* and the decrease in the number of infants and toddlers reported in the exit categories *not eligible for Part B, exit to other programs* and *Part B eligibility not determined*.

The state attributed the increase in the number of infants and toddlers reported in the *withdrawal by a parent (or guardian)* category to a number of factors. First, families moved and did not leave a forwarding address. Second, families chose to stop receiving services early to avoid a family share payment, which requires parents to pay part of the cost of services once the child turns age 3. Third, some families who chose not to enroll their infants and toddlers into Part B chose another type of provider, such as home health providers, to administer services prior to the child's third birthday. Finally, some families felt their child no longer needed early intervention services.

Louisiana—In the 2004–05 exiting report, there were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C; not eligible for Part B, exit to other programs*; and *not eligible for Part B, exit with no referrals* categories. There were increases in the *Part B eligibility not determined, moved out of state, withdrawn by parent (or guardian)* and *attempts to contact unsuccessful* categories. These changes were due to a stricter adherence to EarlySteps transition policies and procedures.

The reporting period of the 2003–04 data was October 2003 to October 2004. The reporting period for the 2004–05 data was July 2004 to June 2005. There was a data entry error in the 2003–04 data collection. The state has since changed the reporting period for the 2003–04 data collection to July 2003–June 2004.

Maine—The state attributed part of the decrease in the number of infants and toddlers reported in the *moved out of state* category to the downsizing of a military installation in the area of at least one service site. The state believed the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* category was the result of normal fluctuation in a small population.

Maryland—The state attributed the number of infants and toddlers who exited in the *completion of IFSP prior to reaching maximum age for Part C* category to its emphases on early identification, program improvement efforts and best practices through continuous monitoring and training. Twenty of 24 local Infants and Toddlers Programs reported an increase of greater than 10 percent in the number of infants and toddlers who exited the program due to *completion of the IFSP prior to reaching maximum age for Part C*. The state believed these efforts, as well as addressing child and family needs through evidence-based practices, resulted in more infants and toddlers achieving their IFSP outcomes prior to age 3.

The state attributed the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* category to two jurisdictions reporting some infants and toddlers in the *not eligible for Part B, exit with no referrals* category. In the past, these jurisdictions reported more children in the *not eligible for Part B, exit to other programs* category. The state revised its transition policies, and this change may have contributed to the decrease.

Massachusetts—The state attributed the decrease in the number of infants and toddlers age 3 and the increase in the number of infants and toddlers under age 3 reported in the *completion of IFSP prior to reaching maximum age for Part C* category to a change in eligibility criteria in July 2004. This change resulted in some Part C infants and toddlers becoming ineligible for early intervention. As a result, these infants and toddlers were required to exit Part C prior to their third birthday.

In previous years, the state did not report infants and toddlers in the *moved out of state* category. Effective July 2004, the state included this as a discharge reason on each child’s exit form and reported infants and toddlers in this category. The state will continue to have this as an option on the exit form for future data collections.

The state attributed the decrease in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category to the correction of a data reporting error. In the past, infants and toddlers who moved within state or exited with an unknown reason but reappeared in Part C before the end of the reporting period were reported in the *withdrawal by parent (or guardian)* category.

The state attributed the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to the correction of a data reporting error. In prior years, the state proportionally distributed infants and toddlers with an unknown exit reason into each exit category based on the distribution of infants and toddlers with known exit reasons. In 2004–05, the state included 883 infants

and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category.

Michigan—The increase in the number of infants and toddlers in the *attempts to contact unsuccessful* category was attributed to the state's not adequately tracking the exiting reasons for infants and toddlers under the age of 3. The state developed an improved monitoring data system. The new system is called the Michigan Continuous Improvement Monitoring System. As part of system planning, Michigan implemented a data verification process.

The increase in the total number of infants and toddlers who exited Part C was due to a large increase in the number of infants and toddlers in the Part C system over the last year. The increase in child count was partly attributed to increased child find activities around the state.

The increases in the categories of *completion of IFSP prior to reaching maximum age for Part C; not eligible for Part B, exit to other programs; and withdrawal by parent (or guardian)* all corresponded with the rate of increase for the total number of infants and toddlers who exited Part C.

The *not eligible for Part B, exit with no referrals* category increased as a result of better identification of existing services for students leaving Part C at age 3. Michigan has begun to identify/develop additional supports for those infants and toddlers not eligible for Section 619 of Part B of *IDEA*. The 2004–05 administration initiated the Great Start Early Childhood Investment Corporation to develop a system of care for young infants and toddlers in the state.

Michigan estimated race/ethnicity for 135 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

Minnesota—Minnesota attributed the decrease in the *Part B eligibility not determined* category to the fact that prior to Dec. 1, 2004, Minnesota reported infants and toddlers on Dec. 1 based on their age as of Sept. 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on Dec. 1 had turned 3 after Sept. 1. Correcting reporting procedures resulted in a more accurate though reduced number of infants and toddlers in the exit categories. This correction coincided with improved training around transition procedures.

Mississippi—The increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age* was attributed to training on writing outcomes focused on obtaining measurable goals. Since the goals were clearly measurable, it was easier to determine whether infants/toddlers and their families met their goals and whether they completed their IFSP or needed to continue services. There was an increase in the number of infants and toddlers who were determined to be *Part B eligible*. There was a decrease in the number of infants and toddlers who were not determined to be *Part B eligible*. These changes were due to a transition project that was being implemented in the state. In this project, the evaluation team included assessment personnel from Parts B and C who determined eligibility for both Parts simultaneously. Implementation of the project helped to increase the number of infants and toddlers ruled eligible and transitioning to Part B in a smooth and timely manner.

There was an increase in the number of infants and toddlers who *exited to other programs*. The increase occurred because Early Head Start and Head Start increased the number of slots allocated to infants and toddlers with disabilities and/or developmental delays.

The decrease in the number of infants and toddlers who *exited Part C without a referral* was attributed to more infants and toddlers completing their IFSP prior to age 3 or transition to other programs, including Part B.

The increase in the number of infants and toddlers who *moved out of state* was due to a data entry error. The data system was capturing the number of infants and toddlers who moved out of the health district in which they were served, not out of state. The data system was changed to indicate when infants and toddlers move out of state.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent (or guardian)*. The state checked with its 60 service coordinators, and they had one or two parents who withdrew their infants and toddlers each year for various reasons. Since the total numbers were so low (116 to 138), the difference of 22 infants and toddlers from 2003 to 2004 was less than one child/family for one-third of the coordinators. This was consistent across the state. It was impossible to identify a systemic issue or trend based on these small occurrences.

Missouri—Missouri attributed the decrease in the number of infants and toddlers who exited the Part C program from 2003 to 2004 to the recent improvements in finding and referring infants and toddlers eligible for the program at younger ages. The most significant decrease in the *Part B eligible* category was due to the shift toward earlier referrals of infants and toddlers. The decrease in the *Part B eligibility not determined* category was due to the shift in age at referral as well as improved transition practices. The decrease in the *withdrawal by parent (or guardian)* category was due to parents' being happier with the program and therefore not withdrawing their infants and toddlers.

Montana—The increase in infants and toddlers exiting corresponded with the increased number of infants and toddlers in services.

The increase in infants and toddlers *exiting Part C prior to reaching maximum age* was attributed to an increase in the number of infants and toddlers who no longer qualified for Part C after the completion of the IFSP because of the increased number of referrals from *CAPTA* and premature births. After review of the IFSP and evaluation of whether the child had delays under the state's definition of 50 percent in one or 25 percent in two of the five areas of development, it may have been determined that the child was no longer eligible for services under Part C.

The increase in infants and toddlers whose *Part B eligibility was not determined* was due to public school districts not completing the Child Study Team/IEP by the child's third birthday and parents choosing not to access school services.

Nebraska—There was an increase in the number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age, were not determined to be Part B eligible* or were *withdrawn by parent*. There was a decrease in the number of infants and toddlers who were considered *Part B eligible*. These changes were attributed to the state's being a birth mandate state with the same eligibility criteria for Part C and Part B; therefore, a child who was eligible for Part C services at age 3 was automatically eligible for Part B services. Some school districts were not accurately exiting students from Part C and entering them into Part B. The state cross-walked these data with the Nebraska Health and Human Services' Connect data submitted by early intervention services coordinators. A new data element was added to the data collection process to alert school districts to correctly exit a child from Part C and enter him/her into Part B when the child reached age 3. Training emphasized this reporting concept.

Nevada—The decrease in infants and toddlers who *completed an IFSP prior to reaching maximum age* was attributed to a data entry error. Nevada discovered through data audits/data verification that the early intervention programs were incorrectly coding infants and toddlers exiting the system in this category during 2003–04. Technical assistance was provided to the early intervention programs to correct the data error in 2004–05.

There was an increase in the total number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who were in the *Part B eligible*, *Part B eligibility not determined*, *moved out of state* or *withdrawal by a parent (or guardian)* categories. These changes were due to the state's high transient rate and the increased funding received for the state's 2004–05 fiscal year. The funds enabled the state to increase the number of infants and toddlers being served.

New Hampshire—The number of infants and toddlers who *died* was not under the control of the Part C program, although a change in the economy in one region of the state due to a change in the major industry of that region may have been a contributing factor.

The increase in the number of infants and toddlers found eligible for special education by their third birthday may have been due to the state's focus on improving early childhood transition. The focus revolved around efforts to increase awareness of the regulations regarding early childhood transitions. The efforts included improvements to increase the number of infants and toddlers being identified as eligible prior to the third birthday.

It was unknown why the category *withdrawal by parent (or guardian)* increased. This issue was monitored to determine the reason and any need for intervention. Further followup indicated that these infants and toddlers would not have been found eligible for Part B if they had remained with the program.

New Jersey—There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. The change occurred because New Jersey implemented revised family cost participation policies and procedures that resulted in some families choosing to withdraw.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The increase occurred because of the new fee-for-service system implemented in 2004. The grant contract system that provided funding based on an average caseload and encouraged the practice of maintaining infants and toddlers as active cases was no longer advantageous. The fee-for-service contract requires that services consented to in an IFSP be authorized for billing and payment by the contracted early intervention program agencies at least every six months. Infants and toddlers are referred to a service coordinator if the early intervention agency is unable to contact the family and therefore unable to provide the service and receive payment. The service coordinator then attempts to contact the family and, if unsuccessful, reports the closed date and reason for entry into the electronic database.

New Mexico—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

New York—OSEP reporting guidelines instruct states to report infants and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category. The guidelines also instruct states to report infants and toddlers over the age of 3 with an unknown exit reason in the *Part B eligibility not determined* category. However, the state reported 43 infants and toddlers under the age of 3 with an unknown exit reason in the *completion of IFSP prior to reaching maximum age for Part C* category and nine infants and toddlers over the age of 3 with an unknown exit reason in the *not eligible for Part B, exit with no referrals* category. Westat informed New York it was not following the reporting guidelines and asked the state to resubmit these data.

New York's Part C program serves infants and toddlers past their third birthday. During the July 1, 2004, to June 1, 2005, reporting period, 6,709 infants and toddlers over the age of 3 enrolled in Part C. These infants and toddlers were not included in this count when they exited Part C.

New York estimated race/ethnicity for 9,325 infants and toddlers (31 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

In 2004–05, the state continued to match moved infants’ and toddlers’ records against the records of all infants and toddlers enrolled in early intervention in the entire state, as well as the records of any infants and toddlers who exited Part C during the program year. Of the 1,003 infants and toddlers who moved prior to completing Part C:

- Nearly one-half (446) were found to be enrolled in early intervention in another New York county. These infants and toddlers were not reported as exits.
- Just over one-half (525) of infants and toddlers under the age of 3 who were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *attempts to contact unsuccessful* category.
- A small proportion (32) of infants and toddlers over the age of 3 were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *Part B eligibility not determined* category.

The state’s early intervention program requires infants and toddlers to be determined eligible for Part B services in order to receive Part C services past their third birthday. These infants and toddlers are reported in the *Part B eligible* category. In 2004–05, the state reported 7,741 infants and toddlers who reached their third birthday, but who continued to receive Part C services as *Part B eligible* until the parent decided when the child would transition. In New York, because all infants and toddlers are required to have eligibility determination by age 3, if a child is determined eligible for Part B, an IEP is developed with a start date for Part B preschool services. The parent decides when the child will transition to Part B and, depending on the child’s birth date, the child can continue to receive Part C services until Jan. 2 (for infants and toddlers born from Sept. 1 through Dec. 31) or Sept. 1 (for infants and toddlers born January 1 through August 31).

New York attributed the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other programs* and *not eligible for Part B, exit with no referrals* categories and the decrease in the number of infants and toddlers reported in the *Part B eligibility not determined* category to legislation that was enacted in 2003 and implemented in 2004. The legislation requires that all infants and toddlers receive a determination for eligibility for preschool special education by their third birthday in order to remain in the early intervention program. If not eligible, the child’s exit would be recorded in the *not eligible for Part B, exit to other programs* or *not eligible for Part B, exit with no referrals* categories.

The legislation resulted in an overall decrease of 3.97 percent in the number of infants and toddlers participating in the early intervention program during this reporting period. In turn, this overall decrease influenced the data in the various categories reported in the federal tables. As a result of the overall decrease, the proportional changes in the various categories from 2003–04 to 2004–05 were actually not as large as represented.

North Carolina—North Carolina reported that infants and toddlers who did not meet eligibility criteria for Part C were reported in the exit category *completion of IFSP prior to reaching maximum age for Part C*. Infants and toddlers who transferred to another county were not included in the exit data.

The state also explained how it cross-walked its state-specific exit categories into OSEP's exit categories.

- The state's categories entered into preschool special education program, eligible for preschool program and family refused services were cross-walked into the OSEP exit category *Part B eligible*.
- The state's category not eligible for the preschool program was cross-walked into the OSEP exit category *not eligible for Part B, exit to other programs*.
- The state's other exit reason category was cross-walked into the OSEP exit category *Part B eligibility not determined*.
- The state's categories moved, address unknown and deceased were cross-walked into the OSEP exit category *moved out of state*.
- The state's categories parent refused enrollment and parent discontinued participation were cross-walked into the OSEP exit category *withdrawal by parent (or guardian)*.
- The state's lost to follow-up category was cross-walked into the OSEP category *attempts to contact unsuccessful*.
- The state's aged out without a closure report category was cross-walked into the OSEP category *Part B eligibility not determined*.

If a child within the state moved to a county in a different early intervention service area, the child's record was closed out in the first county, and a new record was opened in the receiving county. The child was not reported to OSEP as an exit.

North Carolina submitted revised data for 1998 through 2003. The July 2003 to June 2004 data were resubmitted along with the previous four years of exit data. Using July 2003 to June 2004 as the first year of comparison, there were increases in the number of infants and toddlers reported in the total, *completion of IFSP prior to reaching maximum age for Part C, Part B eligibility not determined* and the *attempts to contact unsuccessful* categories. There was a decrease in the number of infants and toddlers reported in the *moved out of state* category. The increase in the total number of infants and toddlers who exited corresponded to the increase in the total number of infants and toddlers receiving services in North Carolina over the previous few years. The increases in the numbers of infants and toddlers reported in the *Part B eligibility not determined* and *attempts to contact unsuccessful* categories were due partially to better data reporting as a result of the system reorganization.

Ohio—The increase in the total number of infants and toddlers who exited Part C was due to an overall increase in the number of infants and toddlers served, along with more concerted efforts to work closely with the Ohio Department of Education on transition issues. These efforts allowed for an improved focus on directing infants and toddlers to the appropriate next steps upon exit.

An increase in the number of infants and toddlers *eligible for Part B* services was a result of an increase in the overall number of infants and toddlers served, as well as an enhanced working relationship with the Ohio Department of Education on transitioning infants and toddlers from Part C to Part B.

The increases in the *exit to other program, exit with no referrals, deceased, moved out of state, withdrawal by parent (or guardian)* and *attempts to contact unsuccessful* categories were attributed to an increase in the total number of infants and toddlers served. This resulted in balanced increases across the exit categories.

A decrease in the number of infants and toddlers in the *Part B eligibility not determined* category was due to a more accurate understanding and assignment in determining where infants and toddlers exit.

Oklahoma—In 2003–04, the state reported some infants and toddlers as exiting who did not have active IFSPs. In 2004–05, the state corrected this error and included only infants and toddlers with active IFSPs who exited during the 12-month reporting period.

There was an increase in the number of infants and toddlers who were *Part B eligible, moved out of state* and had *unsuccessful attempts to contact*. There was a decrease in the number of infants and toddlers who had *Part B eligibility not determined*. These changes were attributed to the implementation of a new IDEA Part C database. The new system gives the state the ability to report using the parameters provided. In 2003, the old database included infants and toddlers whose eligibility had not been determined. The 2004 data collection included only infants and toddlers who were eligible for IFSP services.

Oregon—The infants and toddlers reported in the *Part B eligible* category included only those infants and toddlers determined to be eligible for Part B who entered the state’s Part B Early Childhood Special Education Program. Any infants and toddlers determined to be eligible for Part B but who did not enroll in Part B were reported in the *deceased, moved out of state, withdrawal by parent (or guardian) or attempts to contact unsuccessful* categories, as appropriate.

There was a decrease in the total number of infants and toddlers who exited Part C and the number of infants and toddlers who were *eligible for Part B*. When the 2004 data were compared with data from 2002, the total number of exiting infants and toddlers did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated increase may have happened because of Oregon’s relatively unique system of a single combined early intervention/early childhood special education program covering infants and toddlers from birth to age 5. The 2004 data collection system required that the state fill the *Part B eligible* category by matching 3-year-olds who were receiving Part B services on the current census with the same infants and toddlers who were receiving Part C services as 2-year-olds in the previous census (a match indicated a successful transition from Part C to Part B, i.e., the child must have been found *Part B eligible*). In the absence of a fixed student identification code, matches were based on the best available data. In the 2002–03 exit census, broader matching criteria were used, which resulted in a greater number of infants and toddlers being identified as successfully transitioning from Part C to Part B (probably resulting in some infants and toddlers being incorrectly identified as *Part B eligible*). In the 2003–04 count, Oregon required a more exact match, probably resulting in some undercount in the *Part B eligible* category. Infants and toddlers missed in the matching process would not show up as exited in any category.

There was an increase in the number of infants and toddlers who *exited Part C to other programs*. The increase in this category was attributed to a statewide effort to increase the number of referrals for infants and toddlers who were *not Part B eligible*. Oregon’s Special Education System Performance Review and Improvement (SPR&I) system of accountability focused on procedural compliance, including early intervention transition standards aligned with federal and state regulations. Early intervention programs with noncompliance issues related to planning for a child’s exit to a non-special education program when the child did not qualify for Part B services were required to develop and implement improvement plans to ensure that exiting infants and toddlers had a transition plan to the next *early childhood setting*. The increase was also attributed to one submitting agency. This agency changed databases during this time. The old database output (2003 data) was incompatible with the new file format from the Oregon Department of Education. A number of conversions had to be made to the data before the final submission of the 2004 data. Not all of the codes transferred correctly.

There was a decrease in the number of infants and toddlers who *exited Part C without a referral*. The decrease in this category was attributed to a statewide effort to increase the number of referrals for infants and toddlers who were not *Part B eligible*. There did not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was a decrease in the number of infants and toddlers who *moved out of state*. When the 2004 data were compared with data from 2002, the number of exiting infants and toddlers who *moved out of state* did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. There did not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. When the 2004 data were compared with data from 2002, the total number of exiting infants and toddlers who were withdrawn by a parent did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. There did not seem to be a pattern in the way the changes occurred. Only 10 programs showed a slight increase of a few infants and toddlers each, and seven programs reported the same or fewer infants and toddlers from the previous year.

There was a decrease in the number of infants and toddlers who had *unsuccessful attempts to contact*. When the 2004 data were compared with data from 2002, the number of exiting infants and toddlers who could not be contacted did not show a significant difference. It appeared that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated incident occurred because of one lead agency that changed one large program in 2003. The new agency had difficulty tracking infants and toddlers in 2003 because the previous agency was reluctant to share child records with the new agency. This was not an issue in the 2004 data collection of exit data.

Pennsylvania—The state attributed stricter transition planning requirements with increasing the total number of infants and toddlers who exited and the number of infants and toddlers reported in the exit categories *completion of IFSP prior to reaching maximum age for Part C, Part B eligibility not determined, deceased, moved out of state, withdrawal by parent (or guardian) and attempts to contact unsuccessful*.

Puerto Rico—The increase in the number of infants and toddlers reported as *Part B eligibility not determined* was explained by the challenges related to the implementation of transition policy and procedures included in the 2003 interagency agreement between the Department of Education and the Department of Health:

- New procedures for the timely development of transition plans under the new interagency agreement were not implemented.
- Personnel from both departments were struggling between the old and the new procedures for the development of transition plans for infants and toddlers transitioning to Part B services.
- Several educational regions were requiring that the child be “registered” at the Department of Education before the transition plan meeting activities (old procedures).
- Early intervention service coordinators were experiencing resistance from Department of Education personnel when trying to implement the new procedures.

The increase in the number of infants and toddlers who completed *an IFSP prior to reaching maximum age* was attributed to two factors. The first factor was the increase in the total number of infants and toddlers served (26 percent more than in 2003) of which 67 percent were in the 2 through 3 age group.

The main reason for referrals to early intervention services in this age group was speech and language delay. Many of these infants and toddlers had minimal delay and therefore achieved established outcomes quickly. The second reason was that almost 100 percent of the infants and toddlers were served in natural environments where services were integrated into the family's, infant's or toddler's daily routines, which may have contributed to earlier achievement of outcomes.

The decrease in the number of infants and toddlers who *exited Part C without a referral* was attributed to one of the seven regional Pediatric Centers. The center accounted for the majority of the infants and toddlers who were *not eligible for Part B* and *exited Part C without referral*. Families had received orientation from Head Start and Child Care Centers as other options for their infants and toddlers in case they were deemed *not eligible for Part B*. Instructions were given to these centers to provide the referral to parents of all infants and toddlers *not eligible for Part B* along with the developmental status of the child and recommendations for service (s) if any.

Rhode Island—Because Rhode Island state law mandates that, whenever possible, all children exiting Part C without completing their IFSP goals must be referred, the state did not report any infants and toddlers in the *not eligible for Part B, exit with no referrals* category.

South Carolina—There were increases in the total number of children who exited Part C, *completed an IFSP prior to reaching maximum age, were eligible for Part B* and *exited to other programs*. These changes were due to an overall increase in children served.

There was a decrease in the number of children *withdrawn by parent (or guardian)* from Part C. The decrease was attributed to the state's putting more efforts into the transition process.

There was an increase in the number of children who did not have their eligibility determined. The increase was a result of a more accurate recording of children transitioning who were not determined eligible so were not counted as *Part B eligible* because the state did not have all the information at the time.

South Dakota—The total number of infants and toddlers who exited and were *eligible for Part B* increased because there was a jump of 8.07 percent in the number of infants and toddlers served in South Dakota's Part C program. Most of the infants and toddlers served were 2- to 3-year-olds. Therefore, the number exiting was greater than the increase in infants and toddlers served.

There was an increase in the number of infants and toddlers who *exited to other programs*. The change was attributed to the state's Part C program having a 21.43 percent increase in other programs, which may have included Head Start. The increase in these programs may have occurred because the infants and toddlers did not meet the criteria for Part B under the existing Part B eligibility guidelines. There also was an increase of preschool slots statewide due to the governor's preschool initiative in his 2010 E program.

There was an increase in the number of infants and toddlers who were *not eligible for Part B*. A study was completed in January of 2006 by the 619 coordinator to determine the significant shift in *Part B eligibility not determined*. A survey was sent to school districts to request explanations. The results were that a majority of the respondents indicated that parents did not sign consent or parents refused services. The Department will continue to track this category for trends to determine if this is an anomaly to the 2004–05 reporting year.

There was an increase in the number of infants and toddlers who *moved out of state*. The increase may have occurred because South Dakota historically has low wages, which may cause people to look elsewhere for better opportunities.

Tennessee—Tennessee changed its 12-month reporting period for 2004–05. OSEP gave the state permission to use July 1 to June 30 for this data collection and future data collections. In prior data collections, the state used December to November for the 12-month reporting period.

There were decreases in seven of the 10 exiting categories. These categories included the total, *completion of IFSP prior to reaching maximum age for Part C; Part B eligible; not eligible for Part B, exit to other programs; not eligible for Part B, exit with no referrals; moved out of state; and withdrawal by parent (or guardian)*. These decreases occurred because of two major changes in the way Tennessee collected exiting data for 2004–05.

The first reason was the change in the data collection period, which may have missed some infants and toddlers who would have been reported under the former timeframe. The reason for switching the reporting period for these data was to ensure that exiting data were submitted to OSEP by November. The former timeframe did not allow the submission of exiting data by November.

The second reason for the decreases was that the state stopped collecting exiting data from all providers that serve Part C eligible infants and toddlers. Instead it collected data only from agencies that designated service coordination because it is the responsibility of these agencies to ensure procedures around transition.

Texas—The number of families who withdrew from services decreased because of the initiation of the state’s family cost share system, which began in the previous year. The sliding fee schedule also was reduced, which contributed to the decrease in withdrawals. The number of infants and toddlers who *exited to other programs* decreased because as providers reported, there was a reduction in the availability of other services and programs at the local level. The decrease in the number of *deceased* and *moved out of state* and the increase in *attempts to contact unsuccessful* categories are relatively small numbers and appear to be normal year-to-year fluctuations.

Utah—The state attributed the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category and the decrease in the number of infants and toddlers reported in the *Part B eligible* category to a correction of data reporting. In 2003, some infants and toddlers were incorrectly reported as *Part B eligible*. In 2004, these infants and toddlers were reported in the *Part B eligibility not determined* category.

The state attributed the decrease in the number of infants and toddlers reported in the *withdrawal by parent (or guardian)* category and the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to technical assistance the state provided to two Part C programs. In 2003, two programs reported infants and toddlers in the *withdrawal by parent (or guardian)* category if the family opted not to have eligibility determination completed. In 2004, the state reported these infants and toddlers in the *Part B eligibility not determined* category.

Vermont—There was an increase in the total number of infants and toddlers exiting Part C. The increase occurred because the age of entry into the Part C program was older between Dec. 2, 2003, and Dec. 1, 2004, than in the previous year.

There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. The increase was due to the fact that the base figure was low. As a result, the percentage increase was high only when valuing the number in that category. The total number of infants and toddlers exiting prior to age 3 was 76 in 2004 compared to 54 in 2003—an increase of 22 of 628 or .04 percent

There were increases in the number of infants and toddlers who were *Part B eligible* and *exited to other programs*. The changes reflected the increase in the total number of exits between 2003 and 2004.

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

Virginia—Virginia had an increase in the total number of infants and toddlers exiting. There were also increases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C, Part B eligible, Part B eligibility not determined, moved out of state and withdrawal by parent (or guardian)* categories. The state attributed these changes to the overall increase in the number of infants and toddlers served. The increase in the number of infants and toddlers was even greater for the annualized child count. Additionally, in 2002 Virginia had a significantly higher birth to age 1 population in the system. In 2004, these infants and toddlers were exiting the program in all categories.

Washington—Washington did not report race/ethnicity for 354 infants and toddlers. Of these infants and toddlers, the majority exited in the *Part B eligible; not eligible for Part B, exit to other programs; Part B eligibility not determined; attempts to contact unsuccessful; and completion of IFSP prior to reaching maximum age for Part C* categories.

The state attributed the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* and *not eligible for Part B, exit to other programs* categories to an increase in the number of infants and toddlers who left early intervention services because they no longer needed services or were not eligible for Part B.

West Virginia—The *withdrawal by parent (or guardian)* category included infants and toddlers whose parents declined further IFSP services, infants and toddlers whose parents were dissatisfied with IFSP services and infants and toddlers who had no exit reason. In some cases, when a parent declined further IFSP services, the family and IFSP team felt that the child and family no longer needed early intervention services.

The *Part B eligibility not determined* category included 24 infants and toddlers whose family requested a referral not be made, 64 infants and toddlers whose parents did not consent to transition planning, 46 infants and toddlers who were referred to Part B and were awaiting eligibility determination and 154 infants and toddlers who had no exit reason.

There were increases in the total number of infants and toddlers exiting, as well as in the number of infants and toddlers exiting in the *Part B eligible; not eligible for Part B, exit to other programs; not eligible for Part B, exit with no referrals; Part B eligibility not determined; moved out of state; and withdrawal by parent (or guardian)* categories. There were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age for Part C* and *attempts to contact unsuccessful* categories. A portion of the increased numbers across categories was due to the increased number of infants and toddlers being served.

The increase in the *Part B eligibility not determined* category was due to the following reasons: 46 infants and toddlers in this category were identified as referral made, awaiting eligibility; 88 families declined transition planning; 154 did not have further reasons documented. Part C and Part B were pursuing strategies to confirm the status of infants and toddlers who exit the Part C system at 3 years of age. Confidentiality requirements restricted confirmation to only those families who gave permission for sharing the data.

The increase in the *withdrawal by parent (or guardian)* category was due to the following reasons: 185 infants and toddlers were further identified as parent declined further IFSP service. Some of these may have been due to the child's achieving IFSP outcomes and no longer needing services. The completion of the West Virginia Birth to Three redesign resulted in several new service coordinators. Technical assistance was provided to ensure consistency in documentation of exit reasons.

There was a discrepancy in the 12-month exiting reporting period. This year, the state used January 2004–December 2004, and last year it used December 2002 to December 2003. The reporting period was Jan. 1, 2003, to Dec. 31, 2004. The year before, the reporting period was Jan. 1, 2003, to Dec. 31, 2003—the state labeled the 2003 data incorrectly.

Wisconsin—The *Part B eligibility not determined* category included 66 families who did not consent to transition planning. The *completion of IFSP prior to reaching maximum age for Part C* category included 37 infants and toddlers who reached age 3, met their IFSP goals and no longer had delays.

An increase in the *attempts to contact unsuccessful* category was due to the fact that children who exited prior to age 3 for other reasons were included in this category.

The state could not explain why there was an increase in the number of children who did not have eligibility determined for Part B. The state calculated the numbers for 2005–06, and the number dropped from 561 to 487 children. The state believed that the increase during the 2004–05 reporting period was due to natural variation.

Wyoming—There was an increase in the total number of infants and toddlers who exited Part C, exited with *completion of an IFSP prior to reaching maximum age for Part C*, were *Part B eligible*, *moved out of state* and for whom *attempts to contact* were unsuccessful. These changes resulted from the child count consistently increasing over recent years.

Table 6-6 and Table 6-12: IDEA Part C Early Intervention Services, 2004

Alaska—The state had significant year-to-year changes in eight of the 17 service categories. These changes were related to the variations that occurred within the child count.

American Samoa—There was an increase in *physical therapy* and *special instruction* services. These changes were due to a significant increase in the total infants and toddlers served, which was a result of efforts over the past two years to rebuild the entire early intervention program. These efforts included major improvements in child find as well as the assessment and evaluation of infants and toddlers. These improvements resulted in a significant increase in the number of infants and toddlers served as well as improvement in the territory's ability to provide the appropriate services. It also improved the territory's ability to collect and manage the data.

Arizona—Arizona's *other services* category included services provided by play groups.

There was a decrease in the number of children receiving services in the category *family training, counseling, home visits and other support*. There were increases in the number of children who received *medical services, nursing services, nutrition services* and *social work services*. The state was unable to explain these changes.

There was a decrease in the number of children who received *respite care*. This drop in services was a result of a clarification regarding the proper use of the service. Arizona Early Intervention Program (AzEIP) sent out a memorandum, dated Sept. 30, 2003, to its local program coordinators, management

teams, AzEIP Participating State Agency personnel and contractors titled “Clarification of Respite in Early Intervention Services.” This memorandum stated that the OSEP letter clarified that “the term ‘respite’ as used in that note is not intended to mean ‘reprieve’ or ‘rest’ but rather a child care-type service provided to enable parent(s) to participate or receive *other early intervention services* in order to meet the outcomes on a child’s IFSP.” AzEIP’s implementation of that OSEP policy clarification changed the use of *respite services* in the following years.

There was a decrease in the number of children who received *assistive technology services/devices* and *other early intervention services*. These changes were due to the collaboration with the state’s agencies to educate on the proper coding procedures

The decrease in *transportation* services was a result of providing more services in the natural environment, reducing the need for *transportation* services.

Arkansas—There was a decrease in the number of infants and toddlers reported in the category *audiology services* and *family training, counseling, home visits and other support*. These data were captured to satisfy the Medicaid requirements but not early intervention. The state acknowledged the need to simplify documentation for early intervention data collection purposes and was working toward this goal.

There were increases in the number of infants and toddlers receiving *health services, nutrition services, occupational therapy, physical therapy, psychological services, social work services, special instruction, speech-language pathology services, transportation and related costs* and *vision services*.

Among Hispanic infants and toddlers, there were increases in children receiving *medical services, nutrition services, physical therapy, special instruction, speech-language pathology services* and *transportation and related costs*.

Among white (not Hispanic) infants and toddlers, there was a decrease in children receiving *audiology services* and *family training, counseling and home visits*. There were increases in the number of infants and toddlers receiving *nutrition, occupational therapy, physical therapy, psychological services, social work services, special instruction, speech-language pathology services, transportation and related costs* and *vision services*.

These changes were attributed to the fact that during the 2002–2004 years, the lead agency implemented a procedure to improve the quality of the IFSP development to include all services listed on the IFSP. This improved the data collection process.

The Department of Developmental Services (DDS) also incorporated Children’s Medical Services (CMS) as a part of the program. The state staffs of CMS serve as case managers and are nurses also, thereby improving collaboration of *health services* and resources for early intervention and identifying additional needs in the service areas that are medically related. DDS, as a result of this move, better collaborated with other divisions and their initiatives, such as Early Periodic/Screening Diagnosis and Treatment; which is Medicaid based; Healthy Arkansas Initiatives-Child Nutrition; and the Women, Infants, and Children (WIC) Program through the Arkansas Department of Health, which is currently a part of the Department of Health and Human Services.

In addition to the above, a campaign for public awareness, Child Find, which affects the referral process, was emphasized and used in other state programs, such as Early Child Care Centers.

California—California’s *other early intervention services* category included daycare, interdisciplinary assessment services, services provided by translators and interpreters, Socialization Training Program services, reimbursement for travel and other purchases and services related to diapers, nutritional supplements and vouchers.

Because California’s services data are based on a billing system, changes in the data reported to OSEP often reflect changes in the way services are paid for rather than real changes in services delivered. California has no accurate way of determining the services paid for and provided via generic agencies (not federal Early Start funds) to the infants and toddlers in the Early Start Program. The services data reported to OSEP are an undercount of the actual total services provided because they include only those services purchased by the DDS or the California Department of Education (CDE) using federal Early Start and state General Fund Early Start monies. They do not include services from generic sources, private insurance or the Departments of Alcohol and Drugs, Social Services, Mental Health or Health Services (including California Child Services (CCS)).

The state attributed the decrease in the number of infants and toddlers reported as receiving *other early intervention services* to a change in data reporting. The Medi-Cal rate exceptions for specialized therapies are not reported in the specialized therapy category (*occupational therapy, physical therapy*). In the past, the state reported these services in the *other early intervention services* category.

The state attributed the increase in the number of infants and toddlers reported as receiving *psychological services* to its continued best practices training initiative related to Autistic Spectrum Disorders.

The state attributed the decrease in the number of infants and toddlers reported as receiving *assistive technology services/devices* to the state’s changing racial/ethnic composition. Because white (not Hispanic) infants and toddlers are historically most likely to receive this service, as the white (not Hispanic) population decreased, so did the number of infants and toddlers reported as receiving *assistive technology services/devices*.

The state attributed the decrease in the number of infants and toddlers reported as receiving *vision and audiology services* to fewer children with low-incidence disabilities. These services were purchased by CDE and were provided most often to infants and toddlers with low-incidence disabilities; however, access to immunizations made some of these conditions rare. The state also attributed the decrease in the number of infants and toddlers reported as receiving *audiology services* to an expansion of its Newborn Hearing Screening Program, which is a generic source and not reported in these data.

The CDE provides virtually all *social work and family training, counseling, home visits and other support services*. The decreases in the number of infants and toddlers reported as receiving these services paralleled the increase in the number of infants and toddlers reported as receiving *psychological services*.

The state attributed the decrease in the number of infants and toddlers reported as receiving *medical services* to a change in who pays for these services. The state streamlined its Healthy Infants and Children’s program, and schools and regional centers paid for some of the costs for *medical services*. These were generic sources and were not reported in these data.

The state attributed the decrease in the number of infants and toddlers reported as receiving *respite care* to payments for this service not being authorized. *Respite care* frequently appeared on IFSPs as a non-required service, and the state authorized fewer payments for these services.

California estimated race/ethnicity for 3,282 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Because this data collection was a duplicated count, the sum of the number of infants and toddlers who had a race/ethnicity estimated in each service category did not equal the total number of infants and toddlers for whom race/ethnicity was estimated. All of these infants and toddlers received services through the DDS.

Colorado—Colorado’s *other services* category included services provided by a health nurse.

The state attributed the decrease in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support* to budget cuts experienced by the state’s mental health system. This system typically provided *family training, counseling, home visits and other support*. The state also believed there was confusion among service providers about what constituted a home visit and trained service providers about when to report a home visit to correct the problem.

The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices, audiology services, nutrition services, occupational therapy, physical therapy* and *speech-language pathology services* to the state’s better addressing the needs of its infants and toddlers using transdisciplinary service models. As a result of these models, providers were more involved with infants and toddlers and gained knowledge on appropriate service delivery.

Connecticut—There was an increase in *assistive technology services/devices* for white (not Hispanic) infants and toddlers. Connecticut clarified to its providers that all *assistive technology services/devices* must be listed as an IFSP service and entered into the data system, even if those devices are low-cost, low-tech items. Previously, providers listed and entered only devices for which they requested state reimbursement. This caused an overall reported increase in the numbers of infants and toddlers receiving *assistive technology services/devices* from 411 to 630. While the number of white (not Hispanic) infants and toddlers receiving *assistive technology services/devices* increased significantly from Dec. 1, 2003, white (not Hispanic) infants and toddlers, as a percentage of all infants and toddlers receiving *assistive technology services/ devices*, actually decreased from 72 percent on Dec. 1, 2003, to 70 percent on Dec. 1, 2004.

Delaware—Delaware’s *other early intervention services* category included developmental assessments. There was a decrease in *family training, counseling, home visits and other support; nursing services; nutrition services; physical therapy; social work services; vision services; and other early intervention services*. These decreases were attributed to data entry errors. The numbers in the service categories did not decrease because of a decrease in the services available, but as a result of a delay in data entry. The delay in data entry resulted from data entry staff turnover and data analyst vacancies. The vacancies were filled; however, the state experienced a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst took all possible measures to be current with data. Additionally, the state cross-trained staff to minimize future delays in data entry and data monitoring.

District of Columbia—There were decreases in the number of infants and toddlers served in *family training, counseling, home visits and other support; medical services; nursing services; occupational therapy; physical therapy; psychological services; speech-language pathology services; and transportation and related costs*. The District of Columbia attributed these changes to difficulty the Part C office had with accurate reporting due to the lack of a reliable database. Recognizing this problem, the District performed a child validation review and count. The District audited all of its records to ensure an accurate account of the infants and toddlers in the system.

Florida—Florida’s *other early intervention services* category included providing general equipment and services provided by Head Start. General equipment included supplies, materials and medical equipment such as prosthetics, orthotics and tracheotomy tubes.

The state used Family Support Plan Service Authorization (FSPSA) records as its data source rather than records of services delivered and paid for by Part C. The state planned to review these data quarterly and focus on improving the quality of these records as part of the state’s continuous improvement plan.

The state attributed the decrease in the number of infants and toddlers reported as receiving *medical and health services* to better data reporting. In the past, the state included non-early intervention services in these categories.

Georgia—Georgia’s *other early intervention services* category included applied behavioral analysis.

Georgia had significant year-to-year changes in 14 of the 17 service categories. The state was uncertain of the reason for these changes, but believed its shift toward a primary coach model of early intervention service delivery may have affected these data. In this model, the multidisciplinary team consists of professional staff, but services are provided through an individual professional or primary coach who, along with the family, has access to the entire multidisciplinary team. Under this model, infants and toddlers may not necessarily be receiving more services, but they do have access to a full complement of professionals who frequently discuss the child’s issues and come together more often to discuss each child.

The state attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to an increase in the number of services that were available to families in their own settings, resulting in less need for families to travel to services.

Guam—The increase in the number of *audiology* services provided was a result of a major state and national effort to implement newborn hearing screening programs. The University of Guam, Guam Early Hearing Detection and Intervention (GEHDI) Project was established in 2002. The program went into full force in 2004. The increase in referrals from GEHDI resulted in the need to assist in the identification of infants and toddlers with auditory impairment.

There was an increase in number of *family training, counseling, home visits and other support* services. The increase was attributed to services during the home sessions that emphasized the importance of assisting the family in understanding the needs of the child and enhancing the child’s development. The data for the number of services provided in the *home* setting should reflect the data for *family training, counseling, home visits and other support*.

Hawaii—The decrease in *assistive technology services/devices* was due to fewer requests for those services. The fewer requests resulted from assistive technology staff providing extensive training to early intervention providers. The move toward training instead of direct services was driven by the dramatic increase in travel costs to neighbor islands. Followup is carried out increasingly by program staff instead of assistive technology staff.

The increase in *audiology services* was due to a strengthened relationship between the Hawaii Early Intervention Section and pediatricians, the Newborn Hearing Screening Program and local audiological programs at hospitals to identify more infants and toddlers with hearing loss.

There were increases in *occupational therapy*, *physical therapy* and *speech-language pathology* services. These changes were attributed to the increased provision of Comprehensive Developmental Evaluations (CDEs) to infants and toddlers referred for early intervention services. The new provision helped Hawaii move away from evaluating infants and toddlers only on the specific areas of concern and, instead, evaluating all of their areas of development.

The increase in *transportation and related costs* was due to the increase in the number of taxis provided for families to come to CDE appointments when the family would prefer that services not be provided in the *home*. The increased use of taxis resulted from a pilot program in 2004. The program at Kapiolani Medical Center provided CDE's for infants and toddlers but only in the *hospital (in patient)* setting. The taxi service was used so that CDE's would meet timelines.

Illinois—Illinois estimated race/ethnicity for 3.7 percent of infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices* to increased understanding of the value of these services as well as to an increase in the availability of assistive equipment.

The state attributed the increase in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support* to an increase in the Hispanic caseload. This category included translation-related services, and Hispanic families were more likely than other races/ethnicities to receive this service. The increase in the Hispanic population was proportionately similar to the increase in the number of infants and toddlers reported in the *family training, counseling, home visits and other support* category.

The state believed the increases in the number of infants and toddlers reported as receiving *occupational therapy, physical therapy, special instruction* and *speech-language pathology* services were the result of an increase in the total number of infants and toddlers receiving services.

The state attributed the increase in the number of infants and toddlers reported as receiving *nutrition services* to an increased understanding of the importance of these services. The state attributed the increase in the number of infants and toddlers reported as receiving *psychological services* to the statewide implementation of a social-emotional consultation program during the 2005 fiscal year.

Indiana—The state attributed the increase in number of infants and toddlers reported as receiving *occupational therapy, physical therapy* and *special instruction* to an increase in the number of infants and toddlers diagnosed with pervasive developmental delays (PDD) and sensory processing issues. These infants and toddlers are more likely to use these services. The state believed it was able to diagnose more infants and toddlers with PDD and sensory processing issues due to emphasizing the importance of these diagnoses to service providers when they conducted evaluations.

Kansas—The state's Part C Infant Toddler database was developed and implemented in 2003 and 2004. A review of service definitions and data entry was provided throughout these two years. Through paper and database comparisons, reporting errors were discovered and noted in some service areas. The data received in 2004 were more representative of services provided and more accurate. The change in the collection system was reflected in the differences in data tables between the two years.

The decrease in *audiology* services was attributed to a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state's Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

There was an increase in *respite care* services because of one network's emphasis on the newly created newborn at-risk identification screening program.

There was a decrease in *social work services* because one network decreased by 56 infants and toddlers, which was an 88 percent decrease after a shift in service delivery from a *hospital (in patient)* setting to community-based settings.

The decrease in *medical services* was due to the decreases in services provided to all racial/ethnic categories. These changes occurred because the state's networks indicated that the number of infants and toddlers with medical evaluations and diagnoses before referral to the network increased. This may have been due to the American Academy of Pediatrics' emphasis on the importance of developmental evaluation in a physician's education and practice and the networks' collaboration with their local physicians. Thus, there was less need for referral to a physician for this purpose. Another reason was that the networks that had significant changes in *medical services* also had an 8 percent decrease in the number of infants and toddlers served between 2003 and 2004.

There was an increase in *physical therapy services* because one network had a large increase due to the number of referrals from sources such as NICUs and physicians.

There was a decrease in *other early intervention services* because some activities listed in the past under this category should have been counted under other service areas. The activities were moved to the appropriate service categories.

There were increases in the number of black (not Hispanic) infants and toddlers who received *family training, counseling, home visits and other support; nutrition; and transportation and related costs*. These increases occurred because of an 11 percent increase in the black (not Hispanic) population. One of the main increases occurred in a network that saw an increase in the number of black (not Hispanic) infants and toddlers served after the development of a community at-risk identification program.

There was an increase in the number of black (not Hispanic) infants and toddlers who received *respite care* services because one network created a newborn at-risk identification screening program. This one network made up the entire 85 percent increase.

There was an increase in the number of black (not Hispanic) infants and toddlers who received *special instruction* because nine of 36 networks had changes in their child count. The network with the largest increase attributed it to the creation of the newborn at-risk identification screening program.

The increase in the number of Asian/Pacific Islanders who received *occupational therapy services* was attributed to a statewide increase of 10 percent in Asian and 10 percent in Pacific Islander populations in Kansas. There was also an 8 percent increase in the number of Asian/Pacific Islander infants and toddlers served in infant/toddler services.

The decrease in the number of Asian/Pacific Islanders who received *audiology* services was due to changes in *audiology* services provided in seven of the 36 networks. There was a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state's Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

The decrease in *vision services* provided to white (not Hispanic) infants and toddlers was attributed to data entry errors. These were discovered through the implementation of a new data system and subsequent training. Some networks were counting vision screening in the vision category. One network also had an 8 percent decrease in the number of white (not Hispanic) infants and toddlers served in 2004.

The decrease in the number of white (not Hispanic) infants and toddlers who were provided with *other early intervention services* was due to data entry errors. In 2003, a number of networks reported positions and other agencies under *other early intervention services* rather than actual services. The state notified and trained the networks to let them know that these were incorrect designations for *other early intervention services*.

The decrease in the number of white (not Hispanic) infants and toddlers who received *audiology services* was attributed to a statewide decrease in *audiology services* by 150 infants and toddlers. One hundred thirty-five of these infants and toddlers were tracked to Johnson County (Kansas City). At that time, Kansas' Newborn Hearing Screening program trained the Johnson County Early Head Start staff to assist in identifying a need for hearing services.

The decrease in *medical services* provided to white (not Hispanic) infants and toddlers was due to two networks' having significant decreases in their white (not Hispanic) population.

The 13.45 percent statewide increase in the number of white (not Hispanic) infants and toddlers who received *physical therapy* was due to a decrease of 56 infants and toddlers in one network. This was an 88 percent decrease after a shift in service delivery from a *hospital (in patient)* setting to community-based settings.

The increase in the number of Hispanic infants and toddlers who received *nursing services* was attributed to a significant increase in Hispanic population in two networks.

Kansas' *other early intervention services* category included translation and interpretation.

Kentucky—The state attributed decreases in nearly all service categories to a new state policy. To reduce the number of unnecessary services listed on an IFSP, on July 1, 2004, the state implemented regulations limiting the number of services that could be listed on the IFSP. If infants and toddlers required additional services, the IFSP team requested a record review. The state also attributed the decreases in nearly all service categories to training service providers on the consultative model of service delivery, which stresses the training of caregivers to implement strategies and activities into the daily routines of the family to increase the amount of early intervention services the child receives.

Louisiana—Louisiana's *other early intervention services* category included services provided by bilingual and sign language interpreters.

There was an increase in nine of the 17 service categories. These increases were a result of Louisiana's comprehensive child find and public awareness efforts. More infants and toddlers were identified and eligible, resulting in increases in services across all races/ethnicities.

Maine—The state believed the increase in the number of infants and toddlers reported as receiving *nursing services* was the result of normal fluctuation in a small population.

Maryland—The state attributed the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices, nursing services, physical therapy, psychological services, social work services* and *special instruction* to a 12 percent increase in the child count. The IFSP process is individualized to meet each child's needs, and the state believed these increases reflected the needs of the infants and toddlers.

The state attributed the decrease in the number of infants and toddlers reported as receiving *health services, nutrition services* and *transportation and related costs* to an IFSP process. The state believed these decreases reflected the needs of the infants and toddlers served. The state partly attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to an increase in the number of infants and toddlers receiving services primarily in the *home*, reducing the need to travel for services.

The state attributed racial/ethnic differences in the receipt of services to its IFSP process and believed the differences reflected the services each child needs.

For the 2005 data collection, Maryland continued to use the last Friday in October as its data collection date for Part C. Although historically this was not a data collection option for Part C, Maryland's Part C program is run by the state's Department of Education, and Maryland's Part B program uses an October count date.

Maryland's *other early intervention services* category included interpretation and behavior modification.

Massachusetts—The state attributed the decrease in the number of infants and toddlers reported as receiving *assistive technology services/devices* to a change in the way the state gathered its data. Previously, the state reported the number of infants and toddlers using an assistive technology device. Effective July 2004, the state required that each IFSP specify whether a child received assistive technology services as part of the child's service plan. Following OSEP's instructions, infants and toddlers who used an assistive technology device, but did not receive assistive technology services, were no longer reported.

The state attributed the increase in the number of infants and toddlers reported as receiving *special instruction* to an increased public awareness of autism, which was the result of nationwide media presentations during National Autism Awareness month in February 2005. The state reported specialty services for infants and toddlers with autism as *special instruction*. The state also attributed the increase in the number of infants and toddlers reported as receiving *special instruction* to statewide trainings provided to early intervention clinicians on identifying early signs of autism.

Michigan—Michigan's *other early intervention services* category included services provided by informal supports, playgroups, Ages and Stages and other evaluations. Ages and Stages is an evaluation tool used in several service areas that has age-specific tests to help determine the child's development status. There were decreases in the number of infants and toddlers who received *audiology services*. There was an increase in the number of infants and toddlers who received *family training, counseling, home visits and other support; health services; physical therapy; and respite care*. Michigan could not provide an explanation for these significant year-to-year changes and planned on conducting further investigation.

There was an increase in black (not Hispanic) infants and toddlers and a decrease in the number of Hispanic infants and toddlers served. The state needed to further examine why the number of Hispanic infants and toddlers served decreased.

Minnesota—Minnesota attributed the increase in all services categories to the data being collected for the first time from IFSPs. Dec. 1, 2004, was the first time that data were drawn from IFSPs and tied to individual infants and toddlers. Prior to 2004, local interagency coordinating committees reported service data in an aggregate form. The data for 2004 represented information that was substantially more accurate. For the first time, the state was able to report the data by race/ethnicity.

Mississippi—The decrease in the number of *audiology* services provided was because the service coordinators may not have coordinated as many of these services.

The decrease in the number of *family training, counseling, home visits and other support* was due to coding within the data system. The data system lists the provider type versus the service type.

The increase in *occupational therapy* services was attributed to more occupational therapists becoming available in the state’s early intervention system.

The decrease in the amount of *social work services* was due to the fact that many of the service coordinators are social workers. *Social work services* are a part of service coordination and may not have been counted as a separate service.

The increase in *special instruction* occurred because of training to the service coordinators. The training brought out that special instructors can serve babies and families with diverse needs. In the past, special instructors were assigned to a family only if cognitive delays were identified on the evaluation instrument.

The increase in *speech-language pathology* services was attributed to more speech language pathologists becoming available in the state’s early intervention system.

The decrease in *other early intervention services* occurred because the state no longer used this category in its data system. The state now asks for an explanation of “other” and assigns those services to a specific category.

Missouri—Missouri’s *other early intervention services* category included services by an interpreter.

The state attributed the decrease in the number of infants and toddlers receiving *assistive technology services/devices* to improvements in the availability of information needed to make appropriate decisions about assistive technology purchases.

Montana—Montana’s *other early intervention services* category included massage therapy, vision therapy, evaluation/assessment services, therapeutic horseback riding, kindermusic, swimming, high-risk infant screening and travel assistance for medical and therapy care. This category also included services provided by family support specialists, Early Head Start, toddler groups, spina bifida clinics, NICU follow-up clinics, AWARE (a nonprofit human services agency), cranial facial clinics, a genetics clinic, a preschool for infants and toddlers with hearing impairments, services provided by deaf-blind educators in the Office of Public Instruction and MonTECH. AWARE provides development delay and mental health services, and MonTECH provides adaptive equipment through the University of Montana.

Montana attributed the decrease in the number of infants and toddlers receiving *health services* to redistribution of infants and toddlers into the other service areas and to closer adherence to the definition of *health services*.

Montana attributed the increase in the number of infants and toddlers receiving *nursing services* to serving more infants and toddlers who were medically fragile and more families utilizing public health services.

Montana attributed the increase in the number of infants and toddlers receiving *occupational therapy* services to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers with sensory issues.

Montana attributed the increase in the number of infants and toddlers receiving *physical therapy* services to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers who needed feeding instructions.

Montana attributed the decreases in *psychological services* to a decrease in the number of Part C infants and toddlers needing emotional and developmental evaluations. In addition, families may not have requested those services due to their lack of availability in their geographic locations. Families were made aware of the closest services, but often chose not to utilize them.

Montana attributed the decrease in *respite care* to the increase in the number of infants and toddlers being served in Part C. The state wanted to ensure that the entitled services were met first. *Respite* was provided based upon extenuating needs, e.g., surgery of a parent, death in the family.

Montana attributed the decrease in *social work services* to an error in entering data and entering items under a different service category.

Montana attributed the increase in *transportation and related costs* to serving more families in rural areas. Montana attributed the increase in *vision services* to an increase of infants and toddlers who need follow up for vision due to premature birth or other established conditions.

Montana attributed the increase in the number of infants and toddlers receiving *other early intervention services* to an increase in the total number of infants and toddlers being served in Part C.

Montana attributed the decrease in *audiology services* to infants and toddlers being screened before they enter services.

Montana attributed the decrease in *health services* to a closer adherence to the definition of the service and families utilizing public health services.

Montana attributed the increase in *nursing services* to redistributing infants and toddlers into the other service areas and to closer adherence to the definition.

Montana attributed an increase in *nutrition services* and *speech-language pathology services* to the increase in the number of infants and toddlers being served in Part C and more infants and toddlers being served who were medically fragile.

Montana attributed the decrease in *special instruction* to removing family support specialists from *special instruction* and placing them under the *other early intervention services* category.

Montana attributed the increase in *medical services* and *occupational therapy* to an increase in referrals from the reservation, along with an increase in NICU and medically related referrals.

Nebraska—The increases in the number of infants and toddlers who received *assistive technology services/devices*, *occupational therapy* and *physical therapy* were attributed to the increase in the number of infants and toddlers serve and to an increase in the complexity of the needs that required specialized therapies.

The decrease in *transportation and related costs* was due to the state's providing technical assistance on the provision of services in natural environments. Services in natural environments require fewer *transportation services*.

The increases in *occupational* and *physical therapy* for black (not Hispanic) infants and toddlers were attributed to an increase in the number of infants and toddlers served and to the increasing complexity of needs that required specialized therapies.

The increases in the number of white (not Hispanic) infants and toddlers receiving *assistive technology services/devices*, *occupational therapy* and *physical therapy* were attributed to an increase in the number of infants and toddlers served and to the increasing complexity of needs that required specialized therapies.

Nevada—Nevada’s *other early intervention services* category included intensive behavioral services.

There were increases in the total number of infants and toddlers and white (not Hispanic) infants and toddlers receiving *assistive technology services/devices*; *audiology services*; *family training, counseling, home visits and other support*; *nutrition services*; *occupational therapy*; *physical therapy*; *special instruction*; *speech-language pathology services* and *vision services*. There were also increases in the number of Asian/Pacific Islander, black (not Hispanic) and Hispanic infants and toddlers who received *family training, counseling and home visits*; *special instruction*; and *speech-language pathology services*. Black (not Hispanic) and Hispanic infants and toddlers also had an increase in *physical therapy*. Hispanic infants and toddlers had an increase in *nutrition services* and *occupational therapy*. These increases were attributed to the increase in the total number of infants and toddlers receiving Part C services. These changes occurred because of a \$3.5 million increase of funds during the state’s 2004–05 fiscal year. As a result of this funding, the state was able to increase the number of direct service personnel providing early intervention services, which in turn allowed the state to serve more infants and toddlers.

The decrease in the total number of infants and toddlers and all race/ethnicity groups that received *other early intervention services* was due to the state’s receiving technical assistance from OSEP, which advised the state not to report service coordination as a service.

New Hampshire—New Hampshire’s *other early intervention services* category included family support.

The decrease in *respite care* services was attributed to the large decrease in the Hispanic population (98 percent). New Hampshire acknowledged that it needed to investigate why so many Hispanic families received *respite care* in 2003 (42) compared to other race/ethnicity groups to understand why there was such a sharp decrease. Only one or two regions in the state have large Hispanic communities. New Hampshire posited that there could have been an error in entering the race/ethnicity data.

There was an overall decrease in the number of students receiving *other early intervention services*. These services included Developmental Services’ Family Support Program and transdisciplinary services. Transdisciplinary service is used as a method of providing services, as opposed to a specific service.

New Jersey—The decrease in *assistive technology services/devices* was due to a data reporting issue. *Assistive technology* was often provided through other service types and recorded as such. It was often written as a strategy incorporated into the service type, for example, a speech language pathologist who was using an alternative communication system with the child and family when providing speech and language services.

The increase in *family training, counseling, home visits and other support* was due to a change to a fee-for-service contract that provided payment based on services delivered in accordance with the IFSP and encouraged IFSP teams to consider and include family training. Under the contract system, all services provided were bundled under an average cost per child.

The decreases in *nursing services* and *social work services* were due to technical assistance that ensured appropriate identification of the service provided. It was determined that the discipline and not the service provided was driving how the service was reported. It was made clear that a nurse providing *special instruction* or family training was not to be reported as a *nursing service*. Social workers were often providing family training and counseling services

The decrease in *vision services* (98 percent) was due to a data reporting issue. *Vision services* often are provided in consultation with other service types and recorded as such. Providing *vision services* is written often as a strategy incorporated into the service type.

The increase in the number of Asian/Pacific Islander infants and toddlers who received *occupational therapy* was attributed to changes in the service needs identified as the population changed from year to year. New Jersey was concerned that new agencies and practitioners may not readily accept and implement the philosophy of early intervention, resulting in an increase in therapy-specific services.

The decreases in the number of black (not Hispanic) infants and toddlers who received *occupational therapy*, *physical therapy*, *social work services*, *special instruction*, *speech-language pathology* services and *vision services* were directly related to a decrease in the number of black (not Hispanic) infants and toddlers in the child count.

The increases in the number of Hispanic infants and toddlers who received *family training*, *counseling*, *home visits and other support*; *physical therapy*; and *speech-language pathology* services were directly related to an increase in the number of infants and toddlers in the child count.

The decreases in the number of white (not Hispanic) infants and toddlers who received *assistive technology services/devices* and *vision services* were attributed to a data reporting issue. *Assistive technology* and *vision services* often were provided through other service types and recorded as such.

New Mexico—*Other early intervention services* decreased to zero because up until this reporting period, New Mexico and a few other states reported service coordination under *other early intervention services*. OSEP made it clear that service coordination should not be counted.

New York—New York's Part C program serves infants and toddlers past their third birthday. On Dec. 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. The services received by these infants and toddlers were not included in this count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimated race/ethnicity at the county level.

New York attributed the decrease in *audiology* services and *respite care* to the overall decrease in the numbers of infants and toddlers participating in the early intervention program during this reporting period. Specifically regarding the decrease in *audiology* services, one municipality in particular appeared to be contributing to this decrease. New York intended to follow up with the municipality and identify the hospitals involved in newborn hearing screening to ensure infants and toddlers were appropriately referred to the early intervention program.

New York attributed the decrease in *respite care* to the fact that it had been working with a number of municipalities, and one large municipality in particular, to ensure they were applying state *respite care* guidelines correctly and consistently. New York expected to see a decrease when the guidelines were appropriately applied.

North Carolina—The state’s early intervention database reports data on *special instruction* received in the *home* and in a center-based setting. Both of these were reported in the *special instruction* service category.

There was an increase in the number of infants and toddlers reported as receiving *psychological services*. There were decreases in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support; health services; medical services; nursing services; nutrition services; respite care; social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There were also some changes along racial/ethnic lines:

- The number of Asian/Pacific Islander infants and toddlers reported as receiving *special instruction* and *other early intervention services* decreased 100 percent.
- Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *family training, counseling, home visits and other support; health services; medical services; nutrition services; occupational therapy; respite care, social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *audiology services*.
- Hispanic infants and toddlers showed decreases in the number reported as receiving *family training, counseling and home visits; medical services; transportation and other early intervention services* (100 percent). There were increases in the number of infants and toddlers reported as receiving *audiology, occupational and physical therapy and speech language pathology services*.
- White (not Hispanic) infants and toddlers showed decreases in the number reported as receiving *family training, counseling, home visits and other support; health services; medical services; nursing services; physical therapy; respite care; social work services; special instruction; transportation and related costs; vision services and other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *psychological and health services*.
- Among American Indian/Alaska Native infants and toddlers, there was a 100 percent decrease in the number reported as receiving *other early intervention services*.

These changes were attributed to the data reported in the *family training, counseling, home visits and other support* category being refined from previous years to include only those services provided by social workers, psychologists and other qualified personnel as defined by the federal regulations. Previous years’ data included these services provided by personnel other than those in the federal regulations. This change made North Carolina consistent with the federal regulations. Also, in past years, North Carolina reported any other service identified for a child, including non-early intervention services, in the *other early intervention services* category. North Carolina did not define any other services as early intervention services and, therefore, reported zero for this category, which means that non-early intervention services were no longer reported in the table.

North Dakota—There were significant increases in the year-to-year changes for 13 of the 17 service categories. These changes were due to an intensive training program that focused on the requirement to record all supports the family receives. The training was initiated because not all service coordinators or infant development primary coach/home visitors were recording consultative services.

Ohio—The decrease in the number of infants and toddlers receiving *assistive technology services/devices* was attributed to the redefinition of assistive technology to match the OSEP definition. The state’s data dictionary was updated with the definition and distributed to all county-level project directors. This led to a better understanding of these services.

The state attributed the decrease in the number of infants and toddlers reported as receiving *nursing services* to a partnership with the Bureau for Children with Medical Handicaps, which resulted in many *nursing services* reclassified as service coordination.

The state attributed the decrease in the number of infants and toddlers reported as receiving *respite care* to the data reporting of one large, urban county. This county had a contract for *respite care* that ended prior to this count date.

The state attributed the decrease in the number of infants and toddlers reported as receiving *transportation and related costs* to a partnership with the Ohio Department of Job and Family Services. This partnership allowed Medicaid-eligible infants and toddlers to use transportation covered by Medicaid, resulting in fewer infants and toddlers having *transportation and related costs* on their IFSPs.

The state attributed the increase in the number of infants and toddlers reported as receiving *health, nutrition and medical services* to a partnership with the Bureau for Children with Medical Handicaps that resulted in the Part C program working with medical homes, which often provide these services.

The state attributed the increase in the number of infants and toddlers reported as receiving *vision services* to the availability of a new vision screening tool, which led to fewer infants and toddlers being identified as requiring these services.

A decrease in the number of infants and toddlers receiving *audiology services* was due to the full implementation of the Universal Newborn Hearing Screening program in the last half of 2004.

The increases in the Asian/Pacific Islander, black (not Hispanic), Hispanic and white (not Hispanic) race/ethnicity categories were due to an increase in the overall number of infants and toddlers served.

Infants and toddlers who were from Somalia were reported in the black (not Hispanic) race/ethnicity category.

Ohio’s *other early intervention services* category included child care, Children’s Protective Services, clothing, dental and orthodontic services, drug and alcohol counseling, educational services, financial services, genetic counseling, housing services, legal services, music therapy, recreational and social services, rehabilitation services and temporary shelter.

Oklahoma—Oklahoma’s *other early intervention services* category included services provided by psychological assistants.

The *family training, counseling, home visits and other support* category included family therapy and services provided by a child guidance specialist. The *health services* category included services provided by pediatricians and other physicians. The *social work services* category may have included services provided by a resource coordinator. The *special instruction* category included child development services. The *vision services* category included services provided by orientation and mobility specialists.

In 2003 and 2004, the state did not report any infants and toddlers as receiving *audiology* services. However, all infants and toddlers who fail a hearing screening are referred to an audiologist for evaluation. This service information was not collected on the IFSP. The state planned to collect these data in the future. In 2004, the state also did not report any infants and toddlers as receiving *transportation services*. While Oklahoma's early intervention program provided this service, the information was not collected on the IFSP. The state planned to collect these data in the future.

Oregon—The increase in *audiology* services was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. There were small increases in *audiology* services (one to 10 infants and toddlers) across a number of agencies.

The decrease in *nursing service* was due to one large agency's data. This agency found that some infants and toddlers received *nursing services* from both the EI/ECSE program and another community-based program. In 2004, the agency worked to ensure that infants and toddlers needing *nursing services* received the services from only one program (from the community-based source or the EI/ECSE agency).

The decrease in *nutrition services* was attributed to small decreases in the numbers of infants and toddlers receiving *nutrition services* in several agencies. One of these agencies changed how it was coding feeding services—from the *nutrition services* code to the *nursing services* or *occupational therapy* code.

The increase in *psychological services* was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The largest program in the state grew by a total of 88 infants and toddlers from 2003 to 2004. Eleven additional infants and toddlers in the program received *psychological services* in 2004.

The increase in *social work services* was attributed to one large agency that showed a large increase in infants and toddlers receiving *social work services*. This agency reported that all infants and toddlers receiving early intervention service coordination also received *social work services*. There was also an overall increase in infants and toddlers receiving early intervention services in this agency.

The increase in *special instruction* was attributed to four agencies. One agency also made a change in how it reported services. In 2004, all (276) infants and toddlers in the program were reported as receiving *special instruction*, an increase from 23 infants and toddlers reported the previous year.

The increase in *transportation and related costs* was accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. Two of the largest agencies showed the most increase in infants and toddlers receiving this service.

There was a decrease in *vision services*. No one agency accounted for the decrease. Seventeen fewer infants and toddlers received *vision services* from 2003 to 2004. This decrease was reported across eight agencies. The change appeared to be due to chance.

The decrease in *other early intervention services* was accounted for by two of the agencies that reported the largest increases in the *special instruction* category of early intervention services. The same two programs showed the largest decreases in *other early intervention services* from 2003 to 2004. It appeared that these programs shifted coding from the *other early intervention services* to the *special instruction* coding category in 2004. Another agency reported that it was switching databases during this time, and the old database output was incompatible with the new file format from the Oregon Department of Education. A number of conversions had to be made to the data before the final submission of the 2004 special education child count data. Not all of the codes (including those for *other early intervention services*) transferred correctly.

The increase in *special instruction* services for Asian, Hispanic and white (not Hispanic) infants and toddlers was due to one agency reporting a large number of infants and toddlers receiving *special instruction* services. This agency reported almost all (250/276) infants and toddlers in the program as receiving *special instruction*.

The increase in the number of black (not Hispanic) infants and toddlers who received *speech-language pathology* services was attributed to one large agency. This agency reported an increase of 135 black (not Hispanic) infants and toddlers receiving Part C services in its program in 2004. Four other agencies also reported increases in *speech-language pathology* services for black (not Hispanic) infants and toddlers but to a lesser degree than the large agency.

The increase in the number of Hispanic infants and toddlers who received *social work services* and *transportation and related costs* was due to a large number of Hispanic infants and toddlers reported at one agency.

Oregon could not provide an explanation for the decrease in *other early intervention services* for Hispanic infants and toddlers.

The increase in *audiology* services for white (not Hispanic) infants and toddlers was accounted for by small increases across a number of agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white (not Hispanic).

The decreases in the number of white (not Hispanic) infants and toddlers who received *nursing services* or *nutrition services* were attributed to one agency that had significant decreases in the number of white (not Hispanic) infants and toddlers served.

The increase in *transportation and related costs* for white (not Hispanic) infants and toddlers was accounted for by increases of this service in two large agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white (not Hispanic).

The decrease in *vision services* for white (not Hispanic) infants and toddlers was accounted for by small decreases across a number of agencies.

Oregon's *other early intervention services* category included augmentative communication, autism-related services, behavior consultations, interpretation, sign language services, transition services, English as a second language/migrant services and services provided by instructional assistants.

Pennsylvania—There was a decrease in the number of infants and toddlers reported as receiving *social work services* and an increase in the number of infants and toddlers reported as receiving *nutrition services*. There were also some changes along racial/ethnic lines:

- There were increases in the number of Asian/Pacific Islander infants and toddlers reported as receiving *occupational therapy*, *special instruction* and *speech-language pathology* services.
- There were decreases in the number of black (not Hispanic) infants and toddlers reported as receiving *assistive technology services/devices* and increases in the number of black (not Hispanic) infants and toddlers reported as receiving *nutrition services* and *special instruction*.
- There was an increase in Hispanic infants and toddlers reported as receiving *special instruction*.

- There were decreases in the number of white (not Hispanic) infants and toddlers reported as receiving *social work services* and *vision services*. There were increases in the number of white (not Hispanic) infants and toddlers reported as receiving *audiology*; *family training*, *counseling*, *home visits and other support*; and *nutrition services*.

The changes noted in these areas would be driven by the individualized needs identified through the evaluation process and the IFSP.

Puerto Rico—The increase in *audiology* services was explained by a monitoring finding. *Audiology* services were included among the strategies and activities identified for outcomes expected to be achieved by the child and the family, but were not included as a service in the IFSP early intervention services section. As a result, not all *audiology* services provided were included in the data collection. In addition, there was an increase in the FTE of audiologists during 2003–04, making the services more accessible.

The increase in *special instruction* services is explained by a policy change. *Special instruction* must be specified in an IFSP whenever the early intervention services include providing families with information, skills and support related to enhancing the skill development and/or working with the child to enhance the child development.

Rhode Island—Rhode Island estimated race/ethnicity for 451 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

Rhode Island’s *other early intervention services* category included developmental monitoring, interpretation and transition planning.

All infants and toddlers also received service coordination, but this service was not reported in these data.

South Carolina—South Carolina’s *other early intervention services* category included autism and interpretation services.

There was a decrease in *audiology* and *vision services* and an increase in *special instruction* services. These changes were due to normal increases in the service categories that came with serving more children.

The increase in *other early intervention services* was attributed to an increase in Spanish interpreters to serve the increased Hispanic population.

South Dakota—There was an increase in the use of *assistive technology services/devices*. The change reflected the increase in the number of infants and toddlers being served, increased awareness of appropriate devices and the children’s specific needs based on the decisions of the local IFSP team.

There was an increase in the use of *special instruction*. The increase was attributed to more *special instruction* educators in rural areas than speech therapists; therefore, local IFSP teams addressed expressive and receptive issues through *special instruction*.

The 150 percent increase in the number of Hispanic infants and toddlers who received *physical therapy* reflected an increase in the number of Hispanic infants and toddlers overall.

The number of white (not Hispanic) infants and toddlers who received *assistive technology services/devices* increased because IFSP teams were more aware of appropriate services relating to assistive technology and devices. Because of the increase in child count and the majority of infants and

toddlers being white (not Hispanic), it was expected that *assistive technology services/devices* for white (not Hispanic) infants and toddlers would increase as well.

There are two reasons for the increase in *special instruction* for American Indian/Alaska Native infants and toddlers. First, the majority of Native American infants and toddlers lived in rural areas. There were more *special instruction* educators in rural areas than speech therapists; therefore, local IFSP teams addressed expressive and receptive issues through *special instruction*. Second, there was an increase in the Native American population from 2003 to 2004 of 37.7 percent.

Tennessee—Tennessee’s *other early intervention services* category included interpretation, translation, feeding therapy and music therapy.

Texas—Texas’ *other early intervention services* category included behavioral intervention and music therapy.

The increase in the number of infants and toddlers with *audiology* and *vision services* was the result of efforts to better identify infants and toddlers with these needs and better community and agency coordination. The increase in *assistive technology services/devices* was due to efforts to improve documentation of these needs. The increase in *respite services* was the result of local efforts to identify additional *respite* resources. Almost all of the other large changes were the result of natural fluctuation in the types of infants and toddlers served on any given day and resulting large changes in percentages for low-frequency services.

Utah—The state attributed the increase in the number of infants and toddlers reported as receiving *transportation and related costs* to a data reporting error. The state believed these data were underreported in 2003 and was working to ensure these data are reported accurately.

The state attributed the increase in the number of Hispanic infants and toddlers reported as receiving *family training, counseling, home visits and other support; special instruction; transportation and related costs; and vision services* to an increase in the total Hispanic population in the state.

Vermont—Vermont’s *other early intervention services* category included child care and services provided by personal care assistants/aides.

The decrease in *audiology services* was due to the drop in the number of infants and toddlers with active IFSPs from 2003 to 2004.

The increase in *family training, counseling, home visits and other support* was attributed to an increase in efforts to use family training visits that are offered through other services.

The increase in *health services* was mainly due to infants and toddlers and their IFSP team needing consultation from physicians.

The increase in *medical services* was due to a rise in the number of infants and toddlers who were referred for and received medical/diagnostic evaluations, many of which were related to Autism Spectrum Disorders.

The decrease in *occupational therapy* and *physical therapy* was attributed to the overall drop in the number of active infants and toddlers from 2003 to 2004.

The decrease in *respite care* services was due to a narrowing of the definition. *Respite care* was redefined to reflect the OSEP definition. *Respite care* now allows only for parents to support themselves around their child's delay or disability with support groups, educational forums or even to take part in their child's therapy session so that they can continue working between those sessions. Before this definition, *respite care* had been used as a payer of last resort as a chance for the parents to have a "break" from the care of their child.

The changes in the number of white (not Hispanic) infants and toddlers served corresponded with the changes of the total number of infants and toddlers served in each service. These numbers were compatible because 92 percent of the infants and toddlers served under Part C in Vermont were white (not Hispanic).

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the changes occurred.

Virginia—Virginia had an increase in the number of infants and toddlers reported as receiving *social work services*. There were decreases in the number of infants and toddlers reported as receiving *occupational therapy, transportation and related costs, vision services* and *other early intervention services*. There were also some changes along racial/ethnic lines. Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational and physical therapy, speech-language pathology services* and *other early intervention services*. Among Hispanic infants and toddlers, there was a decrease in the number of infants and toddlers reported as receiving *occupational therapy* and an increase in the number of infants and toddlers reported as receiving *physical therapy*. Among white (not Hispanic) infants and toddlers, there were decreases in the number reported as receiving *occupational therapy* and *other early intervention services*. There were increases in the number of white (not Hispanic) infants and toddlers reported as receiving *assistive technology* and *social work services*. Virginia attributed all of these changes to the state's continued emphasis on individualizing Part C services in natural environments based on the specific priorities and needs of the child and family.

The changes implemented by Virginia included technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia created the *Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places* technical assistance document. Because of the increased adoption of the practices outlined in the document, Part C services were more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

Washington—Washington did not report race/ethnicity for 16 infants and toddlers receiving *assistive technology services*; 18 infants and toddlers receiving *audiology services*; 92 infants and toddlers receiving *family training, counseling, home visits, and other support*; 22 infants and toddlers receiving *health services*; 15 infants and toddlers receiving *medical services*; 29 infants and toddlers receiving *nursing services*; 40 infants and toddlers receiving *nutrition services*; 152 infants and toddlers receiving *occupational therapy*; 139 infants and toddlers receiving *physical therapy*; 19 infants and toddlers receiving *social work services*; 240 infants and toddlers receiving *special instruction*; 207 infants and toddlers receiving *speech language pathology*; 21 infants and toddlers receiving *transportation and related costs*; and 14 infants and toddlers receiving *vision services*.

There were flagged changes in 14 of the 17 services categories. The state suggested that the services were individualized and should not be consistent from year to year. The state also expected to see differences. The data may show general trends and patterns from year to year. The state also attributed these flags to

changes in the overall child count. A total of 232 more infants and toddlers received early intervention services based on the December 1 count.

West Virginia—West Virginia's *other early intervention services* category included interpretation.

There were increases in the number of infants and toddlers reported as receiving *assistive technology services/devices; audiology; family training, counseling, home visits and other support; nursing services* (306 percent); *nutrition services; physical therapy; psychological services; social work* (316 percent); and *speech-language pathology services*. There was a decrease in the number of infants and toddlers reported as receiving *medical services*. There were also some changes along racial/ethnic lines:

- Among black (not Hispanic) infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational therapy* and *special instruction*.
- Among white (not Hispanic) infants and toddlers, there were increases in the number reported as receiving *assistive technology services/devices; audiology services; family training, counseling, home visits and other support; nursing services* (306 percent); *nutrition services; physical therapy; psychological services; social work services* (295 percent); and *speech-language pathology services*. There was a decrease in the number of infants and toddlers reported as receiving *medical services*.

These changes were a result of the individualized needs of eligible infants and toddlers. The West Virginia Birth to Three system redesign was fully implemented in 2003, allowing for the enrollment and availability of increased numbers of service providers to meet the individual needs of eligible infants and toddlers and families. The decrease in the number of black (not Hispanic) infants and toddlers reflected the overall child count of infants and toddlers declining by 12 infants and toddlers. The changes with white (not Hispanic) infants and toddlers reflected the overall year-to-year changes.

Wyoming—There were increases in the number of infants and toddlers who received *occupational therapy, physical therapy, social work services* (300 percent), *special instruction* and *speech-language pathology services*. There was a decrease in the number of infants and toddlers who received *other early intervention services* (100 percent). These increases were explained largely by the increasing child count over the 2003–04 period. The *social work services* increase began with a small base, and, hence, the 300 percent increase represented a small count increase. This increase in *social work services* was largely based on the 240 percent increase in Native American infants and toddlers served. The increase was the result of a focus on improving social services to local residents and a short-term staffing problem. The decrease in *other early intervention services* was a result of improved data cleansing and improved training with center staff.

Appendix B
Population Data

Table B-1. Estimated resident population birth through age 2, by state: 1996, 2004 and 2005

State	Number			Change in number ^a		Percentage change in number ^b	
	1996	2004	2005	2005 less 1996	2005 less 2004	2005 less 1996	2005 less 2004
	Alabama	175,356	176,839	178,392	3,036	1,553	1.73	0.88
Alaska	28,702	30,150	30,677	1,975	527	6.88	1.75
Arizona	212,973	272,730	277,127	64,154	4,397	30.12	1.61
Arkansas	106,196	111,706	113,407	7,211	1,701	6.79	1.52
California	1,595,022	1,600,314	1,618,454	23,432	18,140	1.47	1.13
Colorado	161,005	204,418	202,570	41,565	-1,848	25.82	-0.90
Connecticut	133,139	127,491	125,816	-7,323	-1,675	-5.50	-1.31
Delaware	29,789	32,810	33,543	3,754	733	12.60	2.23
District of Columbia	22,190	22,101	24,091	1,901	1,990	8.57	9.00
Florida	553,281	655,203	670,544	117,263	15,341	21.19	2.34
Georgia	327,390	411,041	417,314	89,924	6,273	27.47	1.53
Hawaii	52,505	55,480	54,944	2,439	-536	4.65	-0.97
Idaho	54,048	62,502	64,880	10,832	2,378	20.04	3.80
Illinois	539,862	535,294	539,978	116	4,684	0.02	0.88
Indiana	244,311	255,744	257,903	13,592	2,159	5.56	0.84
Iowa	108,828	109,781	110,209	1,381	428	1.27	0.39
Kansas	107,718	114,457	113,903	6,185	-554	5.74	-0.48
Kentucky	156,064	159,785	163,414	7,350	3,629	4.71	2.27
Louisiana	190,849	196,629	195,733	4,884	-896	2.56	-0.46
Maine	42,183	40,683	40,873	-1,310	190	-3.11	0.47
Maryland	213,123	225,878	229,517	16,394	3,639	7.69	1.61
Massachusetts	242,263	239,325	237,566	-4,697	-1,759	-1.94	-0.73
Michigan	401,104	386,170	388,003	-13,101	1,833	-3.27	0.47
Minnesota	188,390	202,070	205,091	16,701	3,021	8.87	1.50
Mississippi	119,975	125,719	129,192	9,217	3,473	7.68	2.76
Missouri	217,029	225,324	228,675	11,646	3,351	5.37	1.49
Montana	32,655	31,787	32,706	51	919	0.16	2.89
Nebraska	67,852	75,083	75,576	7,724	493	11.38	0.66
Nevada	75,203	100,764	103,863	28,660	3,099	38.11	3.08
New Hampshire	44,723	43,104	42,834	-1,889	-270	-4.22	-0.63
New Jersey	340,143	352,327	348,710	8,567	-3,617	2.52	-1.03
New Mexico	79,739	80,714	81,324	1,585	610	1.99	0.76
New York	783,492	756,205	752,146	-31,346	-4,059	-4.00	-0.54
North Carolina	299,525	357,551	361,197	61,672	3,646	20.59	1.02
North Dakota	24,586	21,842	22,875	-1,711	1,033	-6.96	4.73
Ohio	453,375	435,667	440,192	-13,183	4,525	-2.91	1.04
Oklahoma	134,125	147,755	148,586	14,461	831	10.78	0.56
Oregon	126,914	134,621	134,794	7,880	173	6.21	0.13
Pennsylvania	447,642	432,315	438,037	-9,605	5,722	-2.15	1.32
Rhode Island	39,094	36,866	39,343	249	2,477	0.64	6.72
South Carolina	152,849	167,751	168,256	15,407	505	10.08	0.30
South Dakota	30,063	31,624	32,168	2,105	544	7.00	1.72
Tennessee	215,475	232,302	234,518	19,043	2,216	8.84	0.95
Texas	943,892	1,121,408	1,129,466	185,574	8,058	19.66	0.72
Utah	115,343	141,906	143,336	27,993	1,430	24.27	1.01
Vermont	20,988	18,606	19,088	-1,900	482	-9.05	2.59
Virginia	270,575	299,736	310,381	39,806	10,645	14.71	3.55
Washington	228,253	230,108	237,834	9,581	7,726	4.20	3.36
West Virginia	62,577	60,914	61,785	-792	871	-1.27	1.43
Wisconsin	193,533	203,618	205,118	11,585	1,500	5.99	0.74
Wyoming	18,804	19,081	19,194	390	113	2.07	0.59
50 States and DC	11,424,715	12,113,299	12,235,143	810,428	121,844	7.09	1.01
American Samoa	-	-	-	.	.	.	.
Guam	-	-	-	.	.	.	.
Northern Marianas	-	-	-	.	.	.	.
Puerto Rico	190,655	154,096	150,949	-39,706	-3,147	-20.83	-2.04
Virgin Islands	-	-	-	.	.	.	.

Source: U.S. Bureau of the Census. Population data for 1996 accessed September 2004 from <http://www.census.gov/popest/archives/EST90INTERCENSAL/STCH-Intercensal/STCH-icen1996.txt>. Population data for 2004 and 2005 accessed August 2006 from http://www.census.gov/popest/states/files/SC-EST2005-AGESEX_RES.csv. These data are now archived at <http://www.census.gov/popest/archives>.

^aChange in number = 2005 number minus 2004 number or 2005 number minus 1996 number.

^bPercentage change in number = change in number divided by 1996 number or 2004 number, multiplied by 100.

- Data not available.

. Cannot be calculated.

Table B-2. Estimated resident population birth through age 2, by race/ethnicity and state: 2005

State	Number					Race/ ethnicity total
	American Indian/ Alaska Native	Asian/ Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	
Alabama	355	1,453	56,297	8,593	111,694	178,392
Alaska	7,409	1,461	951	2,790	18,067	30,678
Arizona	18,512	5,680	8,243	122,321	122,371	277,127
Arkansas	572	1,355	22,413	10,264	78,801	113,405
California	5,399	179,378	96,891	818,243	518,544	1,618,455
Colorado	1,046	5,288	7,426	62,771	126,041	202,572
Connecticut	445	5,189	14,617	22,455	83,110	125,816
Delaware	52	1,106	8,817	4,094	19,475	33,544
District of Columbia	10	458	15,004	3,678	4,941	24,091
Florida	1,667	14,773	151,244	176,286	326,575	670,545
Georgia	543	11,319	139,042	55,597	210,810	417,311
Hawaii	56	31,149	1,707	8,837	13,193	54,942
Idaho	951	582	231	9,030	54,086	64,880
Illinois	434	22,690	96,566	124,845	295,442	539,977
Indiana	240	3,257	27,756	20,639	206,010	257,902
Iowa	453	2,158	3,202	7,622	96,773	110,208
Kansas	1,012	2,860	7,449	15,783	86,801	113,905
Kentucky	167	1,819	14,029	5,954	141,443	163,412
Louisiana	987	2,605	82,097	5,318	104,727	195,734
Maine	215	491	405	573	39,188	40,872
Maryland	331	11,182	76,975	23,604	117,425	229,517
Massachusetts	356	13,920	19,287	32,342	171,662	237,567
Michigan	1,294	11,242	67,635	23,893	283,940	388,004
Minnesota	3,696	9,967	14,468	14,709	162,252	205,092
Mississippi	749	839	58,701	1,918	66,985	129,192
Missouri	651	3,782	33,537	10,655	180,050	228,675
Montana	4,072	175	95	1,201	27,163	32,706
Nebraska	1,153	1,359	4,048	10,099	58,917	75,576
Nevada	1,119	5,792	8,777	38,851	49,323	103,862
New Hampshire	49	1,130	409	1,791	39,454	42,833
New Jersey	263	28,768	54,405	81,917	183,359	348,712
New Mexico	11,123	888	1,245	43,006	25,062	81,324
New York	1,457	55,420	136,010	167,306	391,953	752,146
North Carolina	4,871	7,758	86,573	48,025	213,969	361,196
North Dakota	2,590	202	209	539	19,335	22,875
Ohio	464	7,342	66,423	16,185	349,779	440,193
Oklahoma	14,566	2,392	13,327	17,264	101,037	148,586
Oregon	1,666	5,454	2,283	25,481	99,910	134,794
Pennsylvania	432	12,426	60,193	36,910	328,075	438,036
Rhode Island	314	1,374	3,277	7,718	26,660	39,343
South Carolina	381	2,035	57,280	11,000	97,561	168,257
South Dakota	5,551	249	248	1,196	24,924	32,168
Tennessee	338	3,590	49,805	14,720	166,064	234,517
Texas	1,952	34,878	130,149	546,961	415,526	1,129,466
Utah	1,573	2,823	756	20,973	117,210	143,335
Vermont	14	269	128	192	18,486	19,089
Virginia	318	16,193	69,943	33,037	190,890	310,381
Washington	4,047	15,996	8,631	42,266	166,893	237,833
West Virginia	38	337	1,848	433	59,129	61,785
Wisconsin	2,606	5,637	18,460	16,661	161,752	205,116
Wyoming	767	109	106	1,947	16,267	19,196
50 States and DC	109,326	558,599	1,799,618	2,778,493	6,989,104	12,235,140
American Samoa	-	-	-	-	-	-
Guam	-	-	-	-	-	-
Northern Marianas	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-
U.S. and outlying areas	-	-	-	-	-	-

Source: U.S. Bureau of the Census. Population data for 2005 accessed August 2006 from http://www.census.gov/popest/states/asrh/files/sc_est2005_allldata6.csv.

Notes: The following rules were used to assign Census' 12 race and ethnicity combinations to one of the five race/ethnicity categories used by the U.S. Department of Education. All of Census' Hispanic categories, regardless of race, were combined and reported as Hispanic. The categories Asian Alone not Hispanic and the Native Hawaiian and Other Pacific Islander Alone not Hispanic were combined and reported as Asian/Pacific Islander. The Census category Two or More Races, not Hispanic, was proportionately distributed into the four non-Hispanic categories according to the relative size of these categories.

- Data not available.

Continued on next page

**Table B-2. Estimated resident population birth through age 2, by race/ethnicity and state: 2005
(continued)**

State	Percent of race/ethnicity total ^a						Race/ ethnicity total (%)
	American Indian/ Alaska Native (%)	Asian/ Pacific Islander (%)	Black (not Hispanic) (%)	Hispanic (%)	White (not Hispanic) (%)		
Alabama	0.20	0.81	31.56	4.82	62.61	100.00	
Alaska	24.15	4.76	3.10	9.09	58.89	100.00	
Arizona	6.68	2.05	2.97	44.14	44.16	100.00	
Arkansas	0.50	1.19	19.76	9.05	69.49	100.00	
California	0.33	11.08	5.99	50.56	32.04	100.00	
Colorado	0.52	2.61	3.67	30.99	62.22	100.00	
Connecticut	0.35	4.12	11.62	17.85	66.06	100.00	
Delaware	0.16	3.30	26.28	12.20	58.06	100.00	
District of Columbia	0.04	1.90	62.28	15.27	20.51	100.00	
Florida	0.25	2.20	22.56	26.29	48.70	100.00	
Georgia	0.13	2.71	33.32	13.32	50.52	100.00	
Hawaii	0.10	56.69	3.11	16.08	24.01	100.00	
Idaho	1.47	0.90	0.36	13.92	83.36	100.00	
Illinois	0.08	4.20	17.88	23.12	54.71	100.00	
Indiana	0.09	1.26	10.76	8.00	79.88	100.00	
Iowa	0.41	1.96	2.91	6.92	87.81	100.00	
Kansas	0.89	2.51	6.54	13.86	76.20	100.00	
Kentucky	0.10	1.11	8.59	3.64	86.56	100.00	
Louisiana	0.50	1.33	41.94	2.72	53.50	100.00	
Maine	0.53	1.20	0.99	1.40	95.88	100.00	
Maryland	0.14	4.87	33.54	10.28	51.16	100.00	
Massachusetts	0.15	5.86	8.12	13.61	72.26	100.00	
Michigan	0.33	2.90	17.43	6.16	73.18	100.00	
Minnesota	1.80	4.86	7.05	7.17	79.11	100.00	
Mississippi	0.58	0.65	45.44	1.48	51.85	100.00	
Missouri	0.28	1.65	14.67	4.66	78.74	100.00	
Montana	12.45	0.54	0.29	3.67	83.05	100.00	
Nebraska	1.53	1.80	5.36	13.36	77.96	100.00	
Nevada	1.08	5.58	8.45	37.41	47.49	100.00	
New Hampshire	0.11	2.64	0.95	4.18	92.11	100.00	
New Jersey	0.08	8.25	15.60	23.49	52.58	100.00	
New Mexico	13.68	1.09	1.53	52.88	30.82	100.00	
New York	0.19	7.37	18.08	22.24	52.11	100.00	
North Carolina	1.35	2.15	23.97	13.30	59.24	100.00	
North Dakota	11.32	0.88	0.91	2.36	84.52	100.00	
Ohio	0.11	1.67	15.09	3.68	79.46	100.00	
Oklahoma	9.80	1.61	8.97	11.62	68.00	100.00	
Oregon	1.24	4.05	1.69	18.90	74.12	100.00	
Pennsylvania	0.10	2.84	13.74	8.43	74.90	100.00	
Rhode Island	0.80	3.49	8.33	19.62	67.76	100.00	
South Carolina	0.23	1.21	34.04	6.54	57.98	100.00	
South Dakota	17.26	0.77	0.77	3.72	77.48	100.00	
Tennessee	0.14	1.53	21.24	6.28	70.81	100.00	
Texas	0.17	3.09	11.52	48.43	36.79	100.00	
Utah	1.10	1.97	0.53	14.63	81.77	100.00	
Vermont	0.07	1.41	0.67	1.01	96.84	100.00	
Virginia	0.10	5.22	22.53	10.64	61.50	100.00	
Washington	1.70	6.73	3.63	17.77	70.17	100.00	
West Virginia	0.06	0.55	2.99	0.70	95.70	100.00	
Wisconsin	1.27	2.75	9.00	8.12	78.86	100.00	
Wyoming	4.00	0.57	0.55	10.14	84.74	100.00	
50 States and DC	0.89	4.57	14.71	22.71	57.12	100.00	
American Samoa	.	.	.	.	.	.
Guam	.	.	.	.	.	.
Northern Marianas	.	.	.	.	.	.
Puerto Rico	.	.	.	.	.	.
Virgin Islands	.	.	.	.	.	.
U.S. and outlying areas	.	.	.	.	.	.

^aPercent = population in the race/ethnicity column divided by the race/ethnicity total column, multiplied by 100. The sum of the race/ethnicity percentages may not equal 100 percent because of rounding.

. Cannot be calculated.

Appendix C

Budget Data

Table C-1. State grant awards under Parts B and C of IDEA: Federal fiscal year 2006

State	Part B, Section 611	Part B, Section 619	Part C
Alabama	167,634,539	5,599,787	5,975,115
Alaska	32,451,580	1,263,865	2,138,714
Arizona	162,327,526	5,378,592	9,215,123
Arkansas	103,400,423	5,362,909	3,774,372
California	1,130,940,237	38,677,085	54,072,123
Colorado	137,481,329	4,955,794	6,906,967
Connecticut	122,566,945	4,903,638	4,307,723
Delaware	29,741,783	1,257,388	2,138,714
District of Columbia	14,954,256	247,636	2,138,714
Florida	580,456,790	18,482,473	22,138,291
Georgia	285,369,440	9,821,015	13,888,437
Hawaii	36,801,265	1,002,741	2,138,714
Idaho	50,036,448	2,186,122	2,138,714
Illinois	466,849,594	17,650,453	18,086,752
Indiana	235,740,001	8,896,223	8,641,192
Iowa	112,541,643	3,990,543	3,709,329
Kansas	98,509,450	4,332,784	3,867,324
Kentucky	145,505,322	10,210,755	5,398,887
Louisiana	174,506,030	6,479,600	6,643,788
Maine	50,442,155	2,512,715	2,138,714
Maryland	184,573,624	6,673,967	7,632,067
Massachusetts	261,680,975	9,889,606	8,086,420
Michigan	369,261,760	12,563,792	13,048,084
Minnesota	174,985,014	7,426,561	6,827,631
Mississippi	109,702,542	4,227,760	4,247,850
Missouri	209,399,652	6,013,302	7,613,348
Montana	33,879,040	1,184,868	2,138,714
Nebraska	68,833,781	2,256,430	2,536,938
Nevada	61,046,424	2,249,894	3,404,659
New Hampshire	43,747,597	1,557,434	2,138,714
New Jersey	333,206,250	11,374,919	11,904,582
New Mexico	84,015,541	3,186,991	2,727,201
New York	699,789,265	33,742,308	25,550,992
North Carolina	288,431,050	11,309,601	12,081,093
North Dakota	24,149,971	816,499	2,138,714
Ohio	403,484,832	12,552,373	14,720,511
Oklahoma	136,350,331	3,655,257	4,992,412
Oregon	118,887,274	3,863,597	4,548,634
Pennsylvania	393,753,113	13,977,054	14,607,252
Rhode Island	40,312,171	1,671,061	2,138,714
South Carolina	161,464,733	7,138,751	5,668,046
South Dakota	28,768,898	1,464,899	2,138,714
Tennessee	214,982,394	6,889,673	7,849,124
Texas	888,269,029	22,953,699	37,890,634
Utah	98,326,665	3,564,265	4,794,783
Vermont	23,285,183	866,996	2,138,714
Virginia	259,641,368	9,125,517	10,127,614
Washington	204,037,061	8,166,835	7,774,992
West Virginia	70,009,031	3,482,965	2,138,714
Wisconsin	191,909,223	9,469,801	6,879,936
Wyoming	24,428,464	1,059,920	2,138,714
BIA schools	86,306,409	0	5,387,653
50 states and D.C. (including BIA schools)	10,429,175,421	377,588,713	427,469,875
American Samoa	6,122,495	0	592,467
Guam	13,575,347	0	1,449,722
Northern Marianas	4,652,485	0	454,521
Puerto Rico	99,227,228	3,162,317	5,660,545
Virgin Islands	8,628,258	0	772,790
U.S. and outlying areas	10,561,381,234	380,751,030	436,399,920

Source: U.S. Department of Education, "President's FY 2006 Budget Request for the U.S. Department of Education: State tables by program." These data were compiled for Web posting by the Budget Service on October 5, 2006. Accessed October 2006 from <http://www.ed.gov/about/overview/budget/statetables/07stbyprogram.xls>.

Notes: Detail may not add to total due to rounding.

Amounts listed for IDEA, Part B Section 611 do not include funding for studies and evaluation or a competition for Pacific Basin entities. When included, the total appropriation for Part B is \$10,582,961,000.

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

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